

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Westlake		STREET ADDRESS, CITY, STATE, ZIP CODE  26520 Center Ridge Rd Westlake, OH 44145	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37100</p> <p>Based on medical record review, staff interview and facility policy review, the facility failed to monitor Resident #97 for injuries after a fall. This affected one resident (#97) of three resident injuries reviewed. The facility census was 94.</p> <p>Findings Include:</p> <p>Resident #97 was admitted to the facility on [DATE] with diagnoses including dementia, depression, insomnia, drug induced subacute dyskinesia, mixed hyperlipidemia, urinary incontinence, and constipation.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 12/08/24, revealed Resident #97 had severe cognitive impairment.</p> <p>Review of the progress notes, dated 12/05/24, revealed Resident #97 was found with her knees on the ground, legs out of her bed, and head/torso still lying on her bed. Staff documented that there was discoloration to Resident #97's knees and a small area to her right elbow. There was no other documentation to describe what the injuries/areas looked like.</p> <p>Review of Resident #97 medical records, including bath/shower records, skin assessments, progress notes, fall investigation documents, or other medical records, found no documentation of follow up to the discoloration to her knees and an area to her right elbow. The next documentation that was found was a bath/shower log on 12/08/24, which had no skin issues documented on it.</p> <p>Interview with the Director of Nursing (DON) on 01/10/25 at 1:45 P.M. and 2:20 P.M. revealed documentation supported that after staff found Resident #97 on the floor on 12/05/24, she had discoloration to her knees and an area to her right elbow. She confirmed she does not know the extent of the injuries or discoloration. She confirmed there was no documentation to support monitoring being done for these areas to determine if they were injuries or if they simply were marks on her body from falling out of bed. She confirmed when there were documented areas on a resident's body, routine monitoring should be completed until the area has been resolved.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Westlake		STREET ADDRESS, CITY, STATE, ZIP CODE  26520 Center Ridge Rd Westlake, OH 44145	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility Basic Skin Management policy, dated 11/21/24, revealed upon admission, residents have a risk assessment completed. It is completed weekly for the first four weeks of admission, and then monthly after that. All residents have preventative measures in place that include pressure redistribution mattresses on all beds, wheelchair cushions, heel boots, or suspension if needed, frequent repositioning per Certified Nurse Aides (CNAs) and activity of daily living (ADL) care, incontinent care provided with skin cleansers/wipes, and barrier cream application if needed. It is the responsibility of the CNAs and therapy department to notify nursing if a change to a resident's skin is identified. Notification may be entered into the electronic medical record (EMR) and will alert nurse on the EMR dashboard. Orders are required for skin and wound care. Nursing administration should monitor the wound care program daily utilizing EMR to review timely completion of daily assessments.</p> <p>This deficiency represents noncompliance investigated under Master Complaint Number OH00161130.</p>		