

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Beachwood Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 23900 Chagrin Blvd Beachwood, OH 44122	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>39333</p> <p>Based on observation and interview, the facility failed to maintain a clean, safe, and sanitary environment. This affected Resident #67 and had the potential to affect all 90 residents in the facility. The facility census was 90.</p> <p>Findings include:</p> <p>Observation of Resident #67's room on 04/23/24 at 10:50 A.M. revealed the door was hanging off the close. This was verified during interview with Registered Nurse #200 at time of observation.</p> <p>Observation on 04/23/24 at 11:02 A.M. with State tested Nursing Assistant (STNA) # 202 of the dining room on the third floor revealed the window shades had food splatter on them and a cabinet door was hanging off. This was verified during interview with STNA #202 at time of observation.</p> <p>Observation of the shower room on 04/23/24 at 11:35 A.M. with STNA #205 revealed the ceiling paint was peeling and there was mold and paper on the floor. This was verified during interview with STNA # 205 at time of observation.</p> <p>Interview on 04/24/24 at 10:09 A.M. with Housekeeping Supervisor #216 revealed the dining room was cleaned before and after breakfast and lunch every day; it was not cleaned after dinner because housekeeping did not work in the evenings.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153302, OH00152029, and OH00151866.</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
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