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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365071	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beachwood Pointe Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on medical record review, observations, interview and facility policy review, the facility failed to ensure a sanitary resident environment. The affected two (Residents #17 and #30) of three residents observed for environment. This had the potential to affect all residents residing on the first and second floor who utilized the second-floor shower. The facility census was 101.Findings include:Review of the medical record for Resident #17 revealed an admission date of 12/24/25. Diagnoses included type two diabetes, chronic pain, anxiety disorder, muscle weakness, and age-related nuclear cataract, bilateral.Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/06/26, revealed Resident #17 had intact cognition. The resident required substantial assistance for bed mobility and transfers. Resident #17 utilized an electric wheelchair.Observations of the facility on 02/03/26 at 8:08 A.M. noted the hallway for rooms 110 through 122 were heavily soiled with salt from snow, gum, dried stains, and other miscellaneous debris. These findings were verified by Certified Nurse Assistant (CNA) #366.Observations on 02/03/26 at 3:15 P.M. noted the second-floor main shower had two used bars of soap lying on the shower floor and three used bottles of body soap on the shelf in the shower stall. The floor of the shower stall was covered with rust stains and mold, the shower chair and bed had dried stains on the seat and frame. These findings were verified by Unit Manager #329.Interview on 02/03/26 at 10:04 A.M., Resident #17 stated the shower was very dirty, and she didn't want to shower in there.Interview on 02/03/26 at 1:18 P.M., Resident #30 stated she will not shower because the only working shower is on the second floor, and it was disgusting. Resident #30 stated the shower chairs were covered in feces and urine.Review of the facility policy titled Homelike Environment, dated 2001, noted facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting including a clean, sanitary and orderly environment.This deficiency represents non-compliance investigated under Complaint Number 2732435.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, interview and facility policy review, the facility failed to ensure plans of care were created and/or revised in a timely manner. This affected one (Resident #17) of three residents reviewed for care plans. The facility census was 101.Findings include:Review of the medical record for Resident #17 revealed an admission date of 12/24/25. Diagnoses included type two diabetes, chronic pain, anxiety disorder, muscle weakness, and age-related nuclear cataract, bilateral.Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/06/26, revealed Resident #17 had impaired cognition and required substantial assistance for bed mobility and transfers. Resident #17 utilized an electric wheelchair. Resident #17 experienced frequent incontinence of bowel and bladder.Review of the plans of care noted the facility created plans of care dated 12/24/25 for malnutrition and activities.Interview on 02/05/26 at 3:50 P.M., the MDS Nurse #406 stated the plans of care should be created when the resident is admitted .Further review of plans of care dated 02/03/26 for Resident #17 noted the facility created plans of care for diabetes mellitus, polypharmacy, hypertension, use of antidepressant, and activities of daily living. No plan of care for transfers via a mechanical lift, resident had verbal aggression toward staff and peers, and incontinence of bowel and bladder.Interview on 02/05/26 at 11:30 A.M., the Director of Nursing (DON) verified the lack of plans of care for Resident #17.Review of the undated facility policy titled Care Plans, Comprehensive Person-Centered noted the Interdisciplinary Team, in conjunction with the resident and his/her family will develop and implement a comprehensive, person-center care plan for each resident.This deficiency was an incidental finding identified during the complaint investigation.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on medical record review, interview and facility policy review, the facility failed to ensure incontinence care was completed as ordered and as needed. This affected two (Resident #5 and Resident #17) who were dependent on staff for care of three residents reviewed for incontinence care. The facility census was 101.Findings include:1. Review of the medical record for Resident #5 revealed an admission date of 02/23/24. Diagnoses included spastic hemiplegia affecting right dominant side, osteoarthritis and hypertension.Review of the plan of care dated 12/11/24 noted Resident #5 had episodes of incontinence related to aging process. Interventions included checking resident every two hours and assisting with toileting as needed and providing peri-care after each incontinent episode.Review of the quarterly Minimum Data Set (MDS) assessment, dated 12/11/25, revealed Resident #5 had impaired cognition. The resident was dependent on staff for all activities of daily living. Resident #5 utilized an electric wheelchair. Resident #5 experienced frequent incontinence of bowel and bladder.Review of the incontinence sheets dated 01/06/26 through 02/03/26 for Resident #5 noted, on average, staff changed Resident #5 twice a day.Interview on 02/03/26 at 8:17 A.M., Resident #5 stated she had to wait a long time to get changed if staff showed up at all. Resident #5 could not provide specific times or dates when she waited long periods of time.2. Review of the medical record for Resident #17 revealed an admission date of 12/24/25. Diagnoses included type two diabetes, chronic pain, anxiety disorder, muscle weakness, and age-related nuclear cataract, bilateral.Review of the quarterly MDS assessment, dated 01/06/26, revealed Resident ##17 had intact cognition. The resident required substantial assistance for bed mobility and transfers. Resident #17 utilized an electric wheelchair. Resident #17 experienced frequent incontinence of bowel and bladder.Revie of the plan of care dated 02/04/26 noted Resident #17 had episodes of incontinence and depends on staff for assistance. Interventions included applying skin moisturizers/barrier creams as needed and providing assistance with toileting/incontinent care as needed.Review of the incontinence sheets dated 01/06/26 through 02/03/26 noted, on average, staff changed Resident #17 twice a day.Interview on 02/03/26 8:23 A.M. Licensed Practical Nurse (LPN) #435 stated sometimes staffing is short and it takes longer to get residents changed. LPN #305 stated staff try their best to complete tasks promptly.Interview on 02/03/26 at 8:42 A.M. Certified Nurse Assistant (CNA) #302 stated residents have longer wait times when the facility is short staffed.Interview on 02/03/26 at 10:04 A.M., Resident #17 stated she had been left in a soiled brief for hours throughout the week. Interview on 02/05/26 at 11:30 A.M., the Director of Nursing (DON) verified the lack of documentation indicating incontinence care was completed as ordered and as needed.This deficiency represents non-compliance investigated under Complaint Number 2732435.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure each resident's drug regimen must be free from unnecessary drugs. Based on medical record review, interview and facility policy review, the facility failed to ensure physician orders were updated and blood glucose levels were monitored appropriately. This affected one (Resident #17) of three residents reviewed for physician orders. The facility census was 101.Findings include:Review of the medical record for Resident #17 revealed an admission date of 12/24/25. Diagnoses included type two diabetes, chronic pain, anxiety disorder, muscle weakness, and age-related nuclear cataract, bilateral.Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/06/26, revealed Resident #17 had intact cognition. The resident required substantial assistance for bed mobility and transfers and utilized an electric wheelchair.Review of the plan of care dated 02/03/26 noted Resident #17 had diabetes mellitus two and was insulin dependent. Interventions included administering diabetes medications as ordered by the physician and monitoring side effects and effectiveness.Review of the December 2025 and January 2026 medication administration record (MARs) indicated an order for Humalog KwikPen solution per sliding scale dated 12/27/25 through 01/17/26 subcutaneously three times a day. Further review noted no new order for the sliding scale was provided. Resident #17 also had an order for a freestyle libre device for continuous blood glucose monitoring dated 12/31/25 through 01/13/26. No new order was provided.Review of blood glucose monitoring dated 01/19/26 through 02/02/26 noted staff checked Resident #17's blood sugar one time on 01/19/26, two times on 01/20/26 and 01/21/26, one time on 01/22/26, none on 01/23/26, and two times on 01/24/26, one on 01/27/26, none on 01/28/26, 01/29/26, 01/30/26, 01/31/26, 02/01/26, and 02/02/26.Interview on 02/03/26 at 10:04 A.M., Resident #17 stated staff were not checking her blood glucose levels throughout the day.Interview on 02/03/26 at 11:38 A.M., Licensed Practical Nurse (LPN) #333 stated she checked Resident #17's blood glucose level that morning but did not have an order to check it. LPN #333 stated it was very confusing because staff were checking the blood sugar randomly and not throughout the day. LPN #333 stated she would contact the physician to get verification of order.Interview on 02/03/26 at 12:09 P.M., with the physician revealed the physician was unaware that there was no order to check blood sugars before meals. The physician stated it made no sense to check when there was a plan in place, that he would put another order in that day. Resident #17 now has an order to check blood sugar levels before each meal.Interview on 02/03/26 at 12:25 P.M., the Director of Nursing (DON) verified no new order for a sliding scale or for staff to check Resident #17's blood glucose sugar three times a day.Review of the undated facility policy titled Insulin Administration provided little guidance related to the frequency at which residents should have blood glucose levels monitored.This deficiency represents non-compliance investigated under Complaint Number 2732435.