

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER King David Post Acute Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 27100 Cedar Rd 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation and interview, the facility failed to maintain a safe physical environment by using unapproved electric coiled space heaters for heating. This had the potential to affect an unidentified number of residents residing on eight resident units who utilized the exit corridors, dining areas and nurses' workstations. The facility census was 267. Findings include: Observation on 01/20/26 from 5:15 P.M. until 7:15 P.M. during a tour of the facility with Maintenance Director (MD) #501 and Nursing Supervisor (NS) #500 revealed a total of 18 unapproved coiled portable electric space heaters located within eight of the facility's resident units in the exit corridors, nurses' workstations and dining areas. Interview at the time of the observation with MD #501 and NS #500 verified the electric coiled space heaters were placed throughout the facility due to the building heating system not maintaining required temperatures of 71 degrees to 81 degrees Fahrenheit. This deficiency represents non-compliance investigated under Complaint Number 2725672 and Complaint Number 2721209.</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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