

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor Jewish Hm For		STREET ADDRESS, CITY, STATE, ZIP CODE 517 Gypsy Lane Youngstown, OH 44504	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review, interview, and facility policy review the facility failed to ensure resident #64's preferences were met regarding showers. This affected one resident (#64) of three reviewed for preferences and had the potential to affect all 66 residents in the facility.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #64 revealed an admitted [DATE] with diagnoses including chronic kidney disease, diabetes, respiratory failure, sleep apnea, and congestive heart failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #64 was cognitively intact. He required setup or cleanup help for eating and oral hygiene and partial or moderate assistance for showering, toileting, and personal hygiene.</p> <p>Review of the care plan dated 6/29/24 revealed Resident #64 had an activities of daily living (ADL) deficit due to heart failure. Interventions included assistance with toileting as needed, explaining procedures or tasks before starting and showers three times a week on Monday, Wednesday, and Friday evenings.</p> <p>Interview on 09/04/24 at 8:58 A.M. with Resident #64 revealed he would like to have a shower at least three times a week. He revealed his showers were inconsistent, sometimes he would receive one per week and others he would receive three.</p> <p>Review of the medical record revealed Resident #64 received a bath on 08/01/24 and 08/18/24 a shower on 08/15/24, 08/22/24, 08/23/24, and 08/29/24.</p> <p>Interview on 09/04/24 at 11:11 A.M. with the Administrator confirmed information in Resident #64's medical record did not support the residents' preference of showers three times per week.</p> <p>Review of the facility policy titled Activities of Daily Living, dated October 2021, revealed the facility would ensure residents ADL, including bathing and grooming, were completed based on the residents' needs and choices.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156034.</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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