STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbrier Health Center	6455 Pearl Rd Parma Heights, OH 44130

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35768 Based on medical record review, interview, and policy review the facility failed to administer pain relieving medications as ordered. This affected one (Resident #8) of three residents reviewed who received pain medications. The census was 120. Findings include: Review of the medical record for Resident #8 revealed an admitted [DATE]. Diagnoses included Crohn's disease of large intestine with fistula, intervertebral disc degeneration, and chronic pain. Review of the comprehensive Minimum Data Set (MDS) assessment, dated 01/21/25, revealed Resident #8 had intact cognition and chronic pain. Review of the plan of care dated 02/02/25 revealed Resident #8 had complaint of acute/chronic pain related to Crohn's disease, intervertebral disc degeneration, lumbosacral region, abdominal pain, and other chronic pain. Interventions included attempting non-pharmacological interventions, complete pain assessments, follow physician orders, and observe for pain every shift. Interview on 03/07/25 at 10:38 A.M. with the Administrator revealed on 02/25/25 Assistant Director of Nursing (ADON) #205 was upset and had an attitude because she had to work the floor due to a call off. ADON #205 was not familiar with the resident medication administration on that unit. The Administrator heard concerns from staff, residents, and family that ADON #205 was not administering medications in a timely manner on that date. The Administrator sent the unit manager (Unit Manager #204) to investigate the concerns around 3:00 P.M. Unit Manager #204 reported back there were concerns. The Administrator assumed the concerns were addressed/resolved. Interview on 03/07/25 at 11:35 A.M. with Resident #8 revealed she received pain medication every four hours and she asked ADON #205 for her pain medication, hydromorphone (opioid analgesic). Resident #8 stated she knew it was time for another dose so she asked ADON #205 who stated, you will have to wait because I am not going to stop passing medications for you. Resident #8 reported she was in pain and crying because she was very upset. (continued on next page)

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: 365192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Greenbrier Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6455 Pearl Rd Parma Heights, OH 44130	

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/07/25 at 11:56 A.M. with Unit Manager #204 revealed on 02/25/25 she was sent to investigate complaints from staff, residents, and family regarding residents not receiving their medications on the hall where Resident #8 resided. Unit Manager #204 took over the medication administration from ADON #205 and immediately gave Resident #8 the pain medication (hydromorphone) she had requested and did not receive. Unit Manager #204 stated Resident #8 waited at least an hour for the pain medication (hydromorphone). Review of the medication administration record revealed Resident #8 was ordered fentanyl transdermal patches 72 hour 100 milligrams (mg), lidocaine pain relief external patch 4% daily, gabapentin 300 mg three times a day, acetaminophen 500 mg three times a day, and hydromorphone 4 mg every four hours as needed for pain. Resident #8 received one dose of hydromorphone at 10:30 A.M. Based on the physician order, Resident #8 could receive the as needed hydromorphone for pain at 2:30 P.M. Review of the controlled drug administration record dated 02/25/25 revealed Resident #8 received hydromorphone 2 mg at 10:30 A.M. and at 4:07 P.M. Review of the facility's undated policy Pain Management and Assessment revealed staff were to ensure residents received treatment and care in accordance with professional standards of practice. This deficiency represents non-compliance investigated under Complaint Number OH00163109.