

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, review of a police report, facility policy review, and interview, the facility failed to provide adequate supervision to prevent Resident #117, a cognitively impaired resident with a history of elopement from eloping. This resulted in Immediate Jeopardy and the potential for Actual Harm on 09/14/25 at approximately 10:30 P.M. when Resident #117 exited the facility without staff knowledge and was found by local police (on 09/15/25 at approximately 12:10 A.M.) in the middle of a residential street of a neighborhood approximately 1.7 miles from the facility. When found, Resident #117 was confused and speaking in his native language (Russian), asking to go to a local ethnic meat market. The resident was subsequently transported to the local hospital via emergency medical services (EMS) for evaluation. In addition, concerns that did not rise to Immediate Jeopardy occurred when the facility failed to maintain a safe environment related to smoking and failed to ensure resident smoking materials were kept in locked areas per the facility smoking policy to prevent an accident hazard. This affected one resident (#117) of three residents reviewed for elopement risk and wandering behaviors, three residents (#86, #103 and #113) and had the potential to affect 19 additional residents who reside in the facility and smoke including Resident #6, #27, #33, #46, #55, #58, #73, #79, #83, #87, #100, #104, #105, #106, #108, #110, #115, #119 and #127. The facility census was 123. On 09/23/25 at 4:42 P.M., the Administrator, Director of Nursing (DON), and Corporate Nurse Consultant (CNC) # 944, were notified Immediate Jeopardy began on 09/14/25 at 10:30 P.M. when Resident #117, who was at risk for elopement and exhibited a desire to leave the facility, was found out of the facility approximately 1.7 miles away by the local police department without staff knowledge. Resident #117 was subsequently found at approximately 12:10 A.M. by the police department in the middle of a residential street and was transferred to the local hospital via emergency medical services (EMS). The Immediate Jeopardy was removed on 09/17/25 when the facility implemented the following corrective actions: On 09/15/25 at 12:50 A.M. local police called facility and notified facility that Resident #117 was found outside and transported to the hospital. On 09/15/25 at 2:00 A.M., a headcount was completed by facility staff, to ensure each resident was accounted for. On 09/15/25 at 7:48 A.M., Resident #117 returned to the facility and was immediately assessed by the nurse. On 09/15/25, at 7:48 A.M., Resident #117 was placed on one on one (1:1) supervision with a plan for 1:1 supervision to remain in place until the resident was no longer identified as high risk for elopement which would be assessed quarterly using the wandering observation tool. On 09/15/25 10:00 A.M., Maintenance Director (MD) #712 completed an audit to validate all windows and doors were secure and functioning properly. On 09/15/25 at 10:00 A.M. the DON/designee reported to the facility Quality Assessment and Performance Improvement (QAPI) committee the concerns related to Resident #117's elopement. The QAPI committee met to complete a root cause analysis. The QAPI committee determined the facility failed to provide adequate supervision for the resident who was moderately cognitive impaired and at high risk for elopement. The facility determined the lack of adequate supervision was not related to staffing levels but rather to the specific needs of the resident with moderately impaired cognition who was at high risk for (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 10/08/2025
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	exit-seeking. At the time, this resident required more supervision than was being provided, resulting in placement on a 1:1 following the incident. The facility failed to recognize the heightened supervision needs that exceeded the usual requirements. On 09/15/25 10:30 A.M. MD #712 changed all secure door codes. On 09/15/25 at 10:50 A.M. LPN #900 completed a wandering assessment, pain assessment and head to toe assessment on Resident #117. Between 09/15/25 at 1:51 P.M. and 09/17/25 the Administrator conducted staff education for all facility staff in person, via Onshift software (e-learning platform) and via phone calls related to Elopement prevention and management overview and Unit Supervision with emphasis on safety and supervision. On 09/16/25 at 9:51 A.M. Resident #117's physician and emergency contact was notified. On 09/16/25 at 4:00 P.M., the clinical interdisciplinary team which consists of the Director of Nursing (DON), assistant Director of Nursing and Unit Managers (UM's) #609 and #629 completed wandering/elopement assessments on all residents. On 09/16/25 at 6:00 P.M., elopement/wandering care plans were reviewed for all residents at risk by the DON/designee. On 09/16/25 at 6:40 P.M., the facility elopement binder was reviewed by the DON/designee. On 09/17/25 at 10:00 A.M. Resident #117's care plan was updated by Minimum Data Set Nurse (MDSN) #679 to include 1:1 supervision for an elopement intervention. On 09/17/25 at 10:10 A.M. two residents (Resident #37 and Resident #100) care plans were updated with elopement interventions by MDSN #679. Beginning 09/15/25 the facility implemented a plan to monitor for ongoing compliance, elopement drills would be completed twice weekly for two weeks, then weekly for two weeks. The drills would be conducted by the DON/designee on 09/15/25 night shift, 09/16/25 on day shift, 09/19/25 on evening shift and 09/21/25 on day shift. Beginning on 09/15/25 the Administrator/DON/Designee began calling the facility at the start of each shift to ensure coverage of one-on-one (1:1) care providers for Resident #117 and others as needed. This would continue every shift indefinitely until the facility Quality Assessment and Performance Improvement (QAPI) committee deemed appropriate changes. Beginning on 09/15/25 the facility implemented a plan for the DON/designee to complete observation audits to ensure resident(s) who had one on one supervision were provided five days a week every three months. The DON/designee would complete observation audits to ensure interventions were in place for elopement risk residents, five days a week for three months. Although the Immediate Jeopardy was removed on 09/17/25 the deficiency remained at a Severity Level 2 (no actual harm with the potential for minimal harm that is not Immediate Jeopardy) as the facility was continuing implement corrective action and ensure ongoing compliance. Findings Include: 1. Record review revealed Resident #117 was admitted to the facility on [DATE] with diagnoses including Parkinsonism, Steele-[NAME]-[NAME] syndrome (an extremely rare brain disease that slowly damages balance, eye movement, speech, and swallowing), and dementia. Review of an expert evaluation (an evaluation completed by a doctor, psychologist, or similarly credentialed practitioner to determine an individual's competency and need for guardianship) completed on 07/14/25 by Resident #117's treating psychiatrist at the hospital prior to admission revealed Resident #117 should have guardianship established. The assessment noted deficits in the resident's motor behavior, thought process, affect, memory, concentration, and judgment. The assessment also noted Resident #117 was living in deplorable conditions at his apartment in the community. Review of the nursing admission assessment dated [DATE] revealed Resident #117 was identified as an elopement risk related to purposelessness wandering. Review of a plan of care dated 07/19/25 revealed Resident #117 was an elopement risk related to dementia, Parkinsonism. Interventions included administer medications as ordered. Observe and document signs and symptoms of effectiveness and side effects. Educate resident/resident representative to medication effectiveness and side effects. Approach, speak in calm manner. Behavioral health consults as needed. Communicate with resident/resident representative regarding behaviors and treatment. Encourage resident to express feelings. Encourage resident to participate in activities of choice. Encourage to maintain as much independence and control/decision making as possible. Intervene as necessary to protect the rights and safety of others. Minimize potential for disruptive behaviors by offering tasks that divert (continued on next page)		

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 10/08/2025
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	attention. Monitor behavioral episodes and attempt to determine underlying causes. Observe and anticipate resident's needs: thirst, food, body positioning, pain, toileting needs. Praise any indication of progress in behaviors. Review of a nursing progress note dated 07/27/25 at 6:59 P.M. revealed Resident #117 was in the smoking area when he kicked the gate open and eloped to the facility's parking lot. Emergency services were called by another resident in the parking lot, and emergency services assisted Resident #117 in returning to the facility. Resident #117 subsequently came straight to the nurses' station and began using the phone to make multiple calls and hang up. Resident #117 then began to pace the halls carrying two bags. Resident #117 attempted to be redirected by this nurse and yelled, home, fly. Resident #117 was then placed on 1:1 supervision due to exit seeking statements and behaviors. Review of the Wandering Observation Tool dated 07/28/25 revealed Resident #117 as a risk for elopement or unsafe wandering. Review of Resident #117's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #117 was moderately cognitively impaired, utilized a walker for ambulation, and required set-up (staff) assistance for completing activities of daily living. The assessment also noted Resident #117 as engaging in wandering behaviors every one to three days. The assessment further noted Resident #117's primary language was Russian. Review of the care plan dated 08/13/25 revealed Resident #117 had wandering/exit seeking behavior. The care plan had not been updated to reflect 1:1 supervision being provided or any additional interventions to address the wandering exit seeking behavior as of this date. Review of the physician's orders for Resident #117 revealed an order dated 08/20/25 to monitor Resident #117 for rejection of care, aggressive behaviors and wandering behaviors. Review of behavior monitoring on the Medication Administration Record (MAR) revealed the facility did not complete any behavior monitoring on the afternoon or evening shift of 09/14/25. Review of a late-entry nursing progress note dated 09/15/25 at 8:00 A.M. revealed the facility was notified by its municipal police department at 12:50 A.M. on 09/15/25 that Resident #117 was determined to be missing from the facility and found in the city approximately 1.7 miles away from the facility. The note included last known sighting of Resident #117 was 10:30 P.M., at which time the resident was sitting in the television room on the second floor wearing blue jeans, a t-shirt, a blue jacket, and shoes. Review of a police report dated 09/15/25 revealed (on 09/15/25) at 12:08 A.M. Resident #117 was identified at a local residence in the area approximately 1.5 miles away from the facility in a sweatshirt and plaid night pants by a local resident who called emergency services after witnessing Resident #117 ring the doorbells of multiple residences in the area. Resident #117 was located in the street by the police. When asked what Resident #117 was looking for, Resident #117 stated he was looking for a local meat market. Resident #117 further stated to the police that his kidney hurt and was subsequently transferred to a local hospital for evaluation. Review of facility obtained witness statement provided by Certified Nursing Assistant (CNA) #612 revealed Resident #117 was last seen (on 09/14/25) in the facilities bistro area (common sitting area near the front of the building where various activities area) at approximately 10:30 P.M. Review of a facility obtained witness statement provided by Licensed Practical Nurse (LPN) #690 revealed on 09/15/25 at 12:50 A.M. LPN #690 was notified by the facility's municipal police department that Resident #117 was out of the building, was picked up by the local police department, and was being transported via paramedics to a local emergency room for evaluation. Further review of the statement provided by LPN #690 revealed a school resource officer (SRO) from a local middle school approximately 1.6 miles away contacted the facility to inform them that Resident #117's belongings were found on the school's football field. LPN #690 walked to the football field and met with the SRO to collect Resident #117's belongings, which included two wallets, clothing, and a belt. Resident #117's belongings were taken by LPN #690 and returned to the facility. Review of a facility obtained witness statement provided by Licensed Practical Nurse (LPN) #616 revealed on 09/15/25 LPN #616 was made aware (by whom and when not stated) that Resident #117 was found in the community wandering around a neighborhood and was transported to a local hospital for evaluation. LPN #616 contacted the local hospital and was informed Resident #117 was medically (continued on next page)		

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 10/08/2025
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	cleared and returned from the hospital on [DATE] at approximately 7:30 A.M. Interview with LPN #690 on 09/24/25 at 8:45 A.M. verified the events of the incident with Resident #117's elopement. LPN #690 described Resident #117 as quite a handful due to his restlessness, poor safety awareness and wandering behaviors. Interview with Certified Nursing Assistant (CNA) #669 on 09/25/25 at 8:18 A.M. described Resident #117 as being restless and walks the halls of the facility a lot. Interview with CNA #729 on 09/25/25 at 8:25 A.M. revealed Resident #117 required significant (staff) re-direction when wandering the halls. Interview with Licensed Practical Nurse (LPN) #614 on 09/25/25 at 8:44 A.M. revealed Resident #117 had poor safety awareness and ambulated without any assistive device. Interview with the Administrator on 09/23/25 at 11:30 A.M. revealed the facility, through its investigation, was unable to determine how exactly Resident #117 exited the building without staff knowledge. The Administrator stated it was the facility's belief however that Resident #117 exited through the front door of the facility. Interview with Nurse Practitioner (NP) #999 on 09/23/25 at 2:30 P.M. revealed Resident #117 had extremely poor safety awareness and was alert and oriented to himself only. NP #999 further explained Resident #117's Steele-[NAME]-[NAME] syndrome was very advanced and had significant effects on Resident #117's vision. Interview with Receptionist #623 on 09/23/25 at 3:30 P.M. revealed the facility's front door was keypad-secured and required a code or the press of a button at the receptionist desk to let individuals in and out of the facility. Interview with the Director of Nursing on 09/29/25 at 10:10 A.M. verified the events of the 07/27/25 elopement incident and the subsequent intervention of 1:1 supervision after the attempt. Interview with the Administrator on 09/29/25 at 11:00 A.M., revealed CNA #716 was scheduled to be Resident #117's 1:1 assistant on 09/14/25 but had called off and no one in administration was notified therefore Resident #117's did not have a 1:1 supervision the evening of 09/14/25 as determined to be required by the resident. Review of the undated policy entitled Elopement Prevention and Management Overview revealed the interdisciplinary team plans the least restrictive interventions to promote mobility and safety and to meet the individualized needs and goals of the resident/patient. Components of the Elopement Prevention and Management Program include, but are not limited to elopement drills, environmental modifications to promote safe mobility with monitoring for effectiveness, protected list of names and photographs of those residents/patients identified as being at risk for elopement, regular rounds, and structured group activities. 2. The facility identified 22 residents, Resident #6, #27, #33, #46, #55, #58, #73, #79, #83, #86, #87, #100, #103, #104, #105, #106, #108, #110, #113, #115, #119 and #127 who reside in the facility and who smoke. On 09/25/2025 at 1:14 P.M., observation during the facility tour revealed the resident smoking area had greater than five cigarette butts in the mulch and against the building. Additionally, (2) ash trays were provided for the outdoor smoking area, and both ash trays contained a large number of cigarette butts mixed with combustible items to include tissues, plastic wrappers, and plastic drink lids. Interview with the Director of Maintenance (DM) #712 verified the above findings at the time of the observation. In addition, the following resident concerns were identified related to smoking: a. Review of Resident #86's medical record revealed the resident was admitted on [DATE] with diagnoses including conversion disorder with seizures or convulsions, major depressive disorder and generalized anxiety disorder. Review of Resident #86's Smoking Care Plan revealed an intervention dated 11/19/24 to educate the resident/resident representative to designated smoking areas, and long-term side effects of extended nicotine use. Review of Resident #86's Smoking assessment dated [DATE] revealed the resident can light and dispose of the cigarette appropriately. Review of Resident #86's quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #86's medical record revealed the resident did not have a smoking contract in place. Observation on 09/29/25 at 8:17 A.M. revealed Resident #86 had a package of cigarettes and a lighter located on the top of his nightstand next to the bed. Interview on 09/29/25 at 8:18 A.M. with LPN #614 confirmed Resident #86 had cigarettes and a lighter on his nightstand. Interview on 09/29/25 at 10:50 A.M. with admission Director #69 confirmed residents were supposed to have smoking contracts and she was working on (continued on next page)		

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 10/08/2025
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	obtaining them. admission Director #69 revealed all residents were supposed to have a locked cabinet for their smoking paraphernalia.b. Review of Resident #103's medical record revealed the resident was admitted on [DATE] with diagnoses including encounter for other orthopedic aftercare, moderate persistent asthma and muscle weakness. Review of Resident #103's Smoking Care Plan revealed an intervention dated 04/23/25 to educate the resident/resident representative to designated smoking areas, and long-term side effects of extended nicotine use. Review of Resident #103's Smoking assessment dated [DATE] revealed the resident can light a cigarette and dispose of a cigarette appropriately. Review of Resident #103's quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Observation on 09/25/25 at 12:58 P.M. revealed Resident #103 had one pack of cigars with a black lighter sitting on top of the cigars, one single cigarette sitting on top of a food item and a tray table near the door that contained one orange and one yellow lighter. Interview on 09/25/25 at 1:00 P.M. with MD #712 confirmed the above findings. Interview on 09/29/25 at 10:50 A.M. with admission Director #69 revealed all residents were supposed to have a locked cabinet for their smoking paraphernalia. c. Review of Resident #113's medical record revealed the resident was initially admitted on [DATE] and re-admitted on [DATE] with diagnoses including heart failure, vascular dementia and major depressive disorder. Review of Resident #113's smoking care plan revealed an intervention dated 06/10/22 to educate the resident on the facility smoking policy and obtain the resident's signature. Review of Resident #113's annual MDS 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment. Review of Resident #113's Smoking assessment dated [DATE] revealed the resident can light and dispose of cigarettes appropriately. Review of Resident #113's medical record revealed the resident did not have a smoking contract. Observation on 09/29/25 at 8:35 A.M. revealed Resident #113 had a cigarette pack in his top drawer of his nightstand. The resident stated the facility wanted \$45.00 for a lost key for the cigarette lockbox. Interview on 09/29/25 at 8:40 A.M. with CNA #612 confirmed the cigarettes were located in Resident #113's top drawer. Interview on 09/29/25 at 10:50 A.M. with admission Director #69 confirmed residents were supposed to have smoking contracts and she was working on obtaining them. admission Director #69 revealed all residents were supposed to have a locked cabinet for their smoking paraphernalia. Review of the undated Resident Smoking Guidelines policy revealed to store smoking materials in a secure area when not in use by the resident/patient for both independent and supervised smokers. Smoking materials will be returned to the facility staff upon completion of smoking. This deficiency represents non-compliance investigated under Complaint Number 2620111.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. Based on personnel file review, interview, facility policy review and review of the Ohio Revised Code (ORC), the facility failed to hire staff free of disqualifying offenses. This affected three out of 12 personnel files reviewed for Licensed Practical Nurse (LPN) #639, Certified Nursing Assistant (CNA) #660 and Supply Coordinator (SC)/CNA #604 and had the potential to affect all 123 residents residing in the facility. Findings include: Review of CNA #660's personnel file revealed a date of hire of 01/25/22. Review of CNA #660's background check dated 12/27/22 revealed a conviction of theft 2913.02 from March 2004. No personal character standards were located in the personnel file or background check envelope. Review of SC/CNA #604's personnel file revealed a date of hire of 06/08/22. Review of SC/CNA #604's background check dated 01/08/25 revealed a conviction of unauthorized use of property 2913.04 from April 2022. No personal character care standards were located in the personnel file or background check envelope. Review of LPN #639's personnel file revealed a date of hire of 04/27/21. Review of LPN #639's background check dated 05/17/21 revealed a conviction of assault from May 2016. No personal character standards were located in the personnel file or background check envelope. Interview on 09/29/25 at 9:59 A.M. with Human Resource Manager (HRM) #671 verified the above findings and confirmed the facility did not have any personal character standards available for CNA #660, SC/CNA #604 or LPN #639, which should have been included in their personnel files if it was used as part of their hiring process. Review of the facility policy, Abuse, Neglect and Misappropriation, no date revealed it was the intent of this facility to employ only properly screened persons as part of the resident care team by the applicable requirements. A pre-hire criminal background check will be performed for all potential staff and licensure/registry checks would be performed, after the interview. All above checks will be managed by the facility HR manager/designee. Review of ORC Rule 3701-13-05, Disqualifying Offenses, dated 12/08/23 revealed except as set forth in the personal character standards established in rule 3701-13-06 of the Administrative Code, no Direct Care Provider is allowed to employ a person in a position that involves providing direct care to an older adult if the person has been convicted of or pleaded guilty to a violation of any of the following sections of the Revised Code . including 2903.13 Assault, 2913.02 Theft and 2913.04 Unauthorized use of property; computer, cable, or telecommunication property.		

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 10/08/2025
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and review of the facility policy revealed the facility failed to ensure stored medications for residents use were not expired and were kept at an appropriate temperature for use and failed to ensure Resident #61 medications were not left at bedside unsecured without confirmation of administration. This affected one resident (Resident #61) and had the potential to affect all residents residing at the facility. The facility census was 123. Findings include:1. Observation and interview on 09/23/25 at 12:05 P.M. of the medication storage room with Unit Manager (UM) #629 revealed expired stock medications located in the storage room. UM #629 revealed the stocked medications were for the use of all residents residing at the facility who may have or may acquire an order for the medications. UM #629 confirmed the following medications were expired:-One bottle of Tylenol 650 milligrams (mg) 200 tabs with an expiration date of 07/2025.-Four bottles enteric coated Aspirin 325 mg 1000 tabs with an expiration date of 06/2024 and two additional bottles with an expiration date of 04/2024.-One bottle of Geri Max 12 fluid ounces antacid and anti gas with an expiration date of 03/20/25 and two additional bottles with an expiration date of 11/2024.-Nine bottles of Docusate Sodium 16 ounces 50 mg /five milliliters (ml) with an expiration date of 06/2024.Interview on 09/23/25 at 12:25 P.M. with Supply Coordinator #604 revealed she was supposed to be going through the medication supplies more often and disposing of the expired medications. Supply Coordinator #604 and UM #629 confirmed the expired medications.2. Observation on 09/23/25 at 2:38 P.M. with Director of Nursing (DON) of the medication storage refrigerator revealed the temperature in the refrigerator was 50 degrees Fahrenheit (F). DON confirmed the temperature of the inside of the refrigerator. Observation revealed inside the refrigerator was dripping water. The bottom of the refrigerator had a puddle of water. Inside was three vials of stock Lispro insulin unopened, three Lantus pens unused, six vials of Infuvite injections, two Trulicity pens and a Micafungin injection 50 mg/100mg. DON confirmed the refrigerator was above the recommended temperature for storing medications.Review of the information regarding storage revealed Micafungin injection 50 mg/100mg was to be stored in the refrigerator at 36 F - 46 F. Insulin was recommended to be stored in a refrigerator at approximately 36 -46 F. Review of the facility policy titled, Storage of Medication effective September 2025 revealed medications and biologicals are stored safely, securely, and properly, following manufacturers recommendations or those of the supplier. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal.3. Record review for Resident #61 revealed an admission date of 03/26/24. Diagnosis included hemiplegia and hemiparesis following cerebral infarction, epilepsy, high-density lipoprotein (HDL), insomnia, glaucoma, anxiety, nerve pain, and diabetes mellitus. Review of Resident #61's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition and required assistants with activities of daily living.Review of the Care Plan for Resident #61 dated 04/06/24 included Resident #61 was at risk for a mood problem related to depression, insomnia, generalized anxiety disorder, disease process and pain. Resident #61 also had a neurological disorder related to epilepsy, cerebral infarction, cognitive communication deficit, and lack of coordination. Interventions included to administer medications per the physician orders.Review of the physician orders for medications to be administered in the evening/bedtime for Resident #61 for July 2025 included: Atorvastatin calcium 80 milligrams (mg) give one by mouth at bedtime for HDL, Melatonin oral cap five mg, give two caps by mouth at bedtime for insomnia, Buspirone hcl oral tablet 10 mg, give one tablet by mouth two times a day for anxiety, and Levetiracetam oral tablet 750 mg, give two tablets every morning and at bedtime for epilepsy. Interview on 09/24/25 at 3:58 P.M. with (continued on next page)		

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 10/08/2025
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Resident #61 revealed a nurse had left medications in his room for him to take later and revealed one nurse had a habit of doing it, LPN #692. Interview on 09/24/2025 at 4:02 P.M. with Director of Nursing (DON) revealed there was a concern with LPN #692 but was unable to recall the date. DON revealed the morning the complaint was made, (Resident #61) said meds were left at the bedside. DON confirmed LPN #692 worked the night shift 12 hours 7:00 P.M. to 7:00 A.M.; DON revealed on that day, she called LPN #692 on the phone because she had already left for the day. LPN #692 revealed she did set them down for him to take them and went into the hall. He did not take them according to the nurse. Interview and record review of Resident #61's medical record on 09/25/2025 at 9:26 A.M. with DON confirmed there was no documentation in the medical record of the medications left at the bedside. DON confirmed the medications were documented as administered. Interview on 09/25/2025 at 10:41 A.M. with Administrator revealed, Resident #61's sister had concerns with medications, as they said they were being left at the bedside so he notified the DON and told her what the sister had said. Interview on 09/25/2025 at 10:25 A.M. with Certified Nursing Assistant (CNA) #717 revealed she had seen medications left at residents' bedside when no nurses were around and revealed it occurred occasionally on different residents. Phone interview on 09/26/2025 at 4:20 P.M. with Resident #61's Responsible Party revealed his aunt saw medications left in Resident #61's room first hand. Resident #61's Responsible Party revealed he had the text still in his phone and revealed the date was Tuesday 07/08/25 when his two aunts texted him at 10:45 A.M. they found medications on the resident's table from the night before. They spoke to LPN #690 and she admitted it. Phone interview on 09/29/25 at 3:34 P.M. with LPN #690 confirmed on 07/08/25 in the morning she spoke with Resident #61's Responsible Party on the phone. LPN #690 confirmed the conversation included LPN #692 leaving Resident #61's night time medications at the bedside. LPN #692 revealed on the morning of 07/08/25 she took the medications left at Resident #61's bedside which was left by LPN #692 from the evening medications the night before and disposed of them. LPN #690 confirmed Resident #61 never received the medications. Interview on 09/29/2025 at 4:30 P.M. with DON revealed if medications were not administered, the family and MD need to be notified. DON confirmed there was no documentation of notification to the physician of missed medications on 07/07/25 or 07/08/25 for Resident #61. DON confirmed the Medication Administration Record (MAR) for Resident #61 reflected medications were consumed the evening of 07/07/25 and signed by LPN #672. Review of the staff file for LPN #692 revealed an Employee Corrective Action Form dated 07/01/25 with LPN #692's name and the Violation Statement hand written Medication Storage, Resident Preferences education. The form included the employee (LPN #692) signature and dated 07/01/25. This deficiency represents non-compliance investigated under Complaint Number 1338813.		

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 10/08/2025
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to serve hot and palatable foods. This affected seven residents (Resident #3, #27, #52, #54, #69, #99 and #128) and had the potential to affect 120 of 123 residents receiving meals from the facility. The facility indicated three residents (Resident # 17, #23, and #67) who received nothing by mouth. The facility census was 123.1. Review of the medical record for Resident #3 revealed and admission date of 08/12/25. Diagnoses included but were not limited to acute embolism and thrombosis of right femoral vein, type II diabetes mellitus with neuropathy, and mild-protein calorie malnutrition. Resident #3 was noted to be cognitively intact, received a therapeutic diet and required set up for meals. Interview on 09/22/25 at 12:05 P.M. with Resident #3 revealed they get the same cold and overcooked foods. 2. Review of the medical record for Resident #27 revealed an admission date of 11/06/24. Diagnoses included but were not limited to orthopedic aftercare for surgical amputation, vascular dementia, type II diabetes mellitus with neuropathy and stage III kidney disease. Resident #27 was noted to be cognitively intact, received a regular diet and required set up for meals. Interview on 09/23/25 at 12:55 P.M. with Resident #27 revealed his lunch was late, unsure of when it would come because it is always different times and stated it was frequently cold. 3. Review of the medical record for Resident #52 revealed an admission on [DATE]. Diagnoses included but were not limited to non-ST segment elevation myocardial infarction (NSTEMI) (heart attack with damage to the heart muscle), stage III chronic kidney disease, and anxiety disorder. Resident #52 was noted to be cognitively intact, received a regular diet and required set up for meals. Interview on 09/23/25 at 10:58 A.M. with Resident #52 revealed food is frequently cold. 4. Review of the medical record for Resident #54 revealed an admission date of 06/08/25. Diagnoses included but were not limited to acute and chronic respiratory failure with hypoxia, type II diabetes mellitus with neuropathy, congestive heart failure, mild protein calorie malnutrition. Resident #54 was noted to have intact cognition, received a regular diet and required set up assistance for meals. Interview on 09/22/25 at 3:18 P.M. with Resident #54 revealed recently the chicken parmesan was grey inside, hard, the next day the county fried steak was hard, overcooked, tasted awful and was cold. 5. Review of the medical record for Resident #69 revealed an admission date of 07/10/24. Diagnoses included but were not limited to spondylosis without myelopathy, hypertensive heart disease, dysphagia oral phase, and peripheral vascular disease. Resident #69 was noted to have intact cognition, received a regular diet and required set up assistance for meals. Interview on 09/22/25 at 10:23 A.M. with Resident #69 revealed food is usually cold, processed and alternate option is a peanut butter and jelly sandwich. 6. Review of the medical record for Resident #99 revealed an admission date of 01/13/25. Diagnoses included but were not limited to hemiparesis and hemiplegia, type II diabetes mellitus with neuropathy (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and mild non-proliferative retinopathy with bilateral macular edema and morbid obesity. Resident #99 was noted to be cognitively intact, received a regular diet and required set up assistance for meals. Interview on 09/22/25 at 10:32 A.M. with Resident #99 revealed he has requested no pork but has previously received bacon at breakfast and a bacon, lettuce and tomato sandwich for lunch. Interview on 09/24/25 at 8:36 A.M. with Resident #99 revealed English muffin was rock hard. Observation at the time of the interview as Resident #99 tapped on the English muffin revealed the English muffin appeared and sounded to be hard. 7. Review of the medical record for Resident #128 revealed an admission date of 07/12/25. Diagnoses included but were not limited to malignant neoplasm of bladder, malignant neoplasm of liver and intrahepatic bile duct, mild protein-calorie malnutrition and anxiety disorder. Resident #128 was noted to be cognitively intact, received a regular diet and required set up for meals. Interview on 09/22/25 at 11:08 A.M. with Resident #128 revealed meals were frequently cold. Review of the facility meal cart delivery times revealed for lunch first floor first cart should arrive to the floor on 12:00 P.M., the second cart for the first floor should arrive around 12:15 P.M., the second-floor dining room carts (2) should arrive around 12:30 P.M., the second floor first cart should arrive around 12:45 P.M. and the second floor second cart should arrive around 1:00 P.M. Observation on 09/23/25 at 1:32 P.M. revealed Certified Nurse Aide (CNA) #674 passing the last resident room tray to room [ROOM NUMBER]. Interview on 09/23/25 at 1:33 P.M. with CNA #674 revealed dining room meal trays are usually served around 12:00 P.M. to 12:45 P.M., then the room trays for the 200 hall are usually passed after 1:00 P.M. and take about fifteen minutes to pass. Review of the facility week three menu for lunch for 09/24/25 revealed the following items on the menu: chicken piccata, rice pilaf, sauteed asparagus, buttered dinner roll, double chocolate brownie, hamburger steak with grilled onions, mashed potatoes, and sugar snap peas. Observation on 09/24/25 at 11:50 A.M. with [NAME] # 745 revealed the following food temperatures prior to tray line initiation. Chicken Piccata 185 Fahrenheit (F), ground chicken 157 F, pureed chicken 142 F, hamburger steak with onions, 168 F, ground hamburger steak 160 F, brown gravy 162 F, rice pilaf 186 F, diced hamburger steak 140 F, pureed beef 173 F, mashed potatoes 170 F, asparagus 172 F, pureed bread 183 F, diced asparagus 157 F, pureed asparagus 165 F, chicken gravy 178 F, pureed mixed vegetables 153 F, cream of rice 140 F, and white rice 178 F. Observation on 09/24/25 at 12:03 P.M. revealed lunch tray line started. Observation revealed [NAME] #747, Dietary Aide #749, Dietary Aide #750, Regional Dietary Manager #741, Dietary Mobil Manager #748, and Foodservice Director #745 assisting with the lunch tray line. First food cart left the kitchen at 12:03 P.M., second food cart left at 12:25 P.M., third food cart left at 12:40 P.M., fourth food cart left at 12:52 P.M., and fifth food cart left at 1:03 P.M. Observation on 09/24/25 at 1:12 P.M. revealed [NAME] #745 ran out of asparagus. Observation on 09/24/25 at 1:15 P.M. lunch tray-line resumed. (continued on next page)		

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 10/08/2025
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 09/24/25 at 1:22 P.M. revealed the sixth cart left the kitchen at 1:22 P.M. Last cart arrived at the second-floor nursing station (rooms 239-250) at 1:25 P.M. Last tray was passed at 1:32 P.M. Test tray and temperatures were completed on 09/24/25 at 1:35 P.M. with Regional Dietary Manager #741. Chicken piccata was 137.2 F, asparagus 126.6 F, rice pilaf was 114.4 F. Interview with Regional Dietary Manager #741 following temperatures and taste test confirmed tray line should have been completed sooner and was later than normal today. Regional Dietary Manager #741 also confirmed she and Dietary Mobil Manager # 748 are not usually working the facility tray line and lunch service would have been longer if they were not assisting the other dietary staff. Regional Dietary Manger #741 confirmed the food was warm but was not warm enough for her preference if she were a resident and stated the tray arrival time would also later than her preference time to eat lunch. Interview on 09/25/25 at 2:51 P.M. with Foodservice Director #745 confirmed they have been short staffed both due to illness and staff turnover which has caused meals to be late at times. Due to resident concerns, they attempted to open serveries on the second floor to get trays passed sooner but were unable to continue due to staffing issues and went back to serving all meals from the kitchen. Review of the resident council meeting minutes revealed on 11/19/24 concerns were reported related to meals arriving late. On 01/21/25 residents requested a food committee monthly meeting to be started. Review of the food committee minutes from 02/11/25 revealed complaints of cold food, meals not being served timely, and reports of dietary running out of food prior to end of tray line. On 03/25/25 meals were noted to not always be served on time, alternate options not offered, and beverages not offered between meals. On 04/08/25 residents reported concerns related to food not being warm enough. On 05/08/25 residents reported concerns about meals not being served timely and not being offered an alternative. Review of the 02/2023 revised facility policy called: Food: Quality and Palatability revealed foods will be prepared by methos that conserve nutritive value, flavor and appearance. Foods will be palatable, attractive and served at a safe and appetizing temperature.		

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 10/08/2025
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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and review of the facility policy, the facility failed to ensure appropriate monitoring and safe storage of outside food within unit and resident room refrigerators. This had the potential to affect 120 of 123 residents residing at the facility. The facility indicated that five residents (Residents #29, #33, #49, #94, and #100) had room refrigerators and indicated three residents (Residents #17, #23, and #67) received no food by mouth (NPO). The facility census was 123. Observation on 09/24/25 at 2:50 P.M. with Registered Dietitian (RD) #738 of the facility unit refrigerator for Unit AR U1 revealed an undated dietary plate with Resident #99's name on a loose paper towel over it, three undated Styrofoam meal containers of restaurant food were found with Resident #88's name on it and a tray of six undated kitchen provided sandwiches on a undated tray on the bottom shelf of the refrigerator. Observation on 09/24/25 at 2:55 P.M. with RD #738 of ARU2 unit refrigerator revealed an undated disposable clear plastic container of what appeared to be spaghetti with Resident #6's name on it, four unlabeled and undated one-half cup containers from the kitchen of what appeared to be the dessert from a previous meal, and four undated kitchen provided sandwiches. The unit refrigerator freezer revealed two undated partially eaten pints of chocolate ice cream without a resident name on them. Observation on 09/24/25 at 3:25 P.M. with RD #738 of resident room refrigerators revealed the following concerns:-room [ROOM NUMBER] revealed a refrigerator with no thermometer or evidence of temperature monitoring logs.-room [ROOM NUMBER] revealed a refrigerator with heavy ice buildup and no thermometer or evidence of temperature monitoring logs-room [ROOM NUMBER] revealed no evidence of a thermometer or temperature monitoring logs-room [ROOM NUMBER] revealed no evidence of a thermometer or temperature monitoring logs. The refrigerator appeared to be full of various lunch meats, snacks and had a strong odor of something rotten. Interview with Resident #29 at the time of the observation revealed he had just gone to the store today to purchase items, but previously had something spoil and liquid spilled on the bottom of the refrigerator, but no one had come to assist to clean the refrigerator. Interview on 09/24/25 at 3:35 P.M. with RD #738 confirmed the above facility unit refrigerators and resident room refrigerators findings. RD #738 confirmed staff are supposed to monitor the temperatures and contents of unit and resident room refrigerators to ensure food is safe for consumption. Review of the 07/2019 revised facility policy called; Food: Safe Handling for Foods from Visitors revealed residents will be assisted in properly storing and safely consuming food brought into the facility for residents by visitors. When food items are intended for later consumption, the facility staff member responsible will ensure that the food is stored separately or easily distinguishable from the facility food. Ensure that foods are in a sealed container to prevent cross contamination, will label the foods with the resident name and current date. Refrigerators will be equipped with thermometers, will have daily temperature monitoring and discard any food items that have been stored for more than seven days. The refrigerator units will be cleaned weekly.		

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 10/08/2025
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and staff interviews, the facility failed to ensure the facility was maintained a clean and sanitary environment. This had the potential to affect all 123 residents residing in the facility. Findings include: An environmental tour was conducted on 09/29/25 between 8:00 A.M. and 8:45 A.M. The following concerns were observed and verified by Housekeeping Director #999 at the time of discovery: The handrails in the hallways throughout the facility were noticeably chipped, scuffed, and rough to the touch. The light fixtures in the hallways throughout the facility contained noticeable areas of dust, dirt, and dead insects inside the fixtures. Resident #52's light fixture above the bed was missing a light bulb. The rooms of Residents #27, #32, #52, #84, and #139 had multiple water-stained ceiling tiles. The privacy curtains in the rooms of Residents #76, #85, and #104 were noticeably stained. The walls in the rooms of Residents #12, #14, #82, and #107 were severely scuffed. The wall-unit air conditioners in the rooms of Residents #114 and #127 displayed a clean filter indicator light, and the filters were coated with dust. The bathroom doors in the rooms of Residents #14, #74, #82, and #107 were severely damaged and scraped. The protective cover to the heat pipe in the rooms of Residents #45 and #64 was completely detached. The protective wood wall covering in the rooms of Residents #59 and #125 had a noticeable hole/gouge. The wheelchairs utilized by Residents #28 and #62 were extremely dirty, with significant accumulations of food, dirt, and other debris. Resident #123's room had a visible crack in the wall. The cover to the wall telephone line outside Resident #27's room was missing, exposing the live telephone wire. This deficiency represents non-compliance investigated under Complaint Number 2603578.		

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 10/08/2025
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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on record review, interview and review of the facility policy, the facility failed to provide routine notice when the resident account balance reached and/or exceeded the resource limit. This affected four residents (#26, #46, #52 and #106) of five residents reviewed for resident funds. Facility census was 123. Findings include: 1. Review of Resident #26's medical record revealed an admission date of 04/12/19 and diagnoses including chronic obstructive pulmonary disease (COPD), asthma, type two diabetes, vitamin D deficiency and anxiety. Review of Resident #26's provided financial records revealed balances of \$29,860.02 on 04/30/25, \$31,005.30 on 05/30/25 and \$32,237.87 on 06/30/25. One spend-down letter was provided on 04/09/25. Interview on 09/23/25 at 3:39 P.M. with Business Office Manager (BOM) #633 verified Resident #26 was only provided a spend-down letter in April 2025 but not in May or June 2025. BOM #633 confirmed Resident #26 was above the resource limit in May and June 2025 and was not provided a spend-down letter as required. 2. Review of Resident #46's medical record revealed an admission date of 07/14/23 and diagnoses including Alzheimer's disease, dementia with mood disturbance, depression, vitamin D deficiency, anemia and chronic kidney disease. Review of Resident #46's provided financial records revealed balances of \$1919.64 on 04/03/25, \$1972.43 on 05/02/25 and \$2025.23 on 06/03/25. No spend-down letters were available for review. Interview on 09/23/25 at 3:39 P.M. with BOM #633 confirmed Resident #46 was above the resource limit in April, May and June 2025 and was not provided a spend-down letter as required for all three months. 3. Review of Resident #52's medical record revealed an admission date of 10/03/24 and diagnoses including restless legs syndrome, transient ischemic attack, insomnia, shortness of breath, anxiety and chronic kidney disease. Review of Resident #52's provided financial records revealed balances of \$4361.64 on 04/01/25, \$8194.16 on 05/01/25 and \$14,866.50 on 06/18/25. One spend-down letter was provided on 04/09/25. Interview on 09/23/25 at 3:39 P.M. with BOM #633 verified Resident #52 was only provided a spend-down letter in April 2025 but not in May or June 2025. BOM #633 confirmed Resident #52 was above the resource limit in May and June 2025 and was not provided a spend-down letter as required. 4. Review of Resident #106's medical record revealed an admission date of 09/03/20 and diagnoses including type two diabetes, paranoid schizophrenia, depression, vitamin D deficiency and difficulty walking. Review of Resident #106's provided financial records revealed balances of \$14,893.98 on 05/19/25 and \$15,706.21 on 06/25/25. No spend-down letters were available for review. Interview on 09/23/25 at 3:39 P.M. with BOM #633 confirmed Resident #106 was above the resource limit in May and June 2025 and was not provided a spend-down letter as required for both months. Review of the facility policy, Resident Trust Fund, revised 10/19/17 revealed the facility shall issue a notification letter monthly to any Medicaid resident with a trust fund balance within \$200.00 of the resource limit.		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents who were dependent on staff for activities of daily living (ADL) received showers as required. This finding affected 11 (Residents #8, #11, #27, #52, #58, #61, #69, #99, #110, #119, and #135) of 15 residents reviewed for showers. Facility census was 123. Findings include: 1. Review of Resident #8's medical record revealed the resident was admitted on [DATE] with diagnoses including dependence on renal dialysis, major depressive disorder and hyperlipidemia. Review of Resident #8's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition and required substantial/maximal assistance with shower/bathing. Review of Resident #8's Activities of Daily Living (ADL) Care Plan revealed an intervention dated 04/11/24 and revised 08/22/25 which stated the resident required substantial/maximal assistance for shower/bathing. Review of Resident #8's shower schedule revealed the resident was scheduled for showers on Wednesday and Sunday on nightshift. Review of Resident #8's shower documentation from 08/01/25 to 09/20/25 revealed the resident did not receive a shower on 08/03/25; was independent on 08/06/25; substantial assist on 08/10/25; moderate assist on 08/13/25; dependent on 08/17/25; substantial on 08/20/25; no shower on 08/24/25; no shower on 08/27/25; substantial on 09/03/25; independent on 09/07/25; independent on 09/10/25; assist on 09/14/25; and dependent on 09/17/25. A total of 13 bathing/shower entries with 10 showers/bathing completed and three showers/bathing not completed. Interview on 09/22/2025 at 4:44 P.M. with Resident #8 revealed he usually had to ask for showers. Interview on 09/23/25 at 2:48 P.M. with Licensed Practical Nurse (LPN) Unit Manager (UM) #629 confirmed Resident #8's showers were not completed as scheduled. 2. Review of Resident #27's medical record revealed the resident was admitted on [DATE] with diagnoses including encounter for orthopedic aftercare following surgical amputation, vascular dementia and peripheral vascular disease. Review of Resident #27's ADL Care Plan revealed an intervention dated 04/11/25 which stated the resident was dependent on tub/shower transfers with two or more staff assistance. Review of Resident #27's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment and the showers/bathing section was documented as not applicable. Review of Resident #27's shower schedules revealed the resident was scheduled for showers on Tuesday and Saturday on nightshift. Review of Resident #27's shower documentation from 08/01/25 to 09/20/25 revealed the resident did (continued on next page)		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not have a shower on 08/02/25; refused on 08/05/25; no shower on 08/09/25; was dependent assist for a shower on 08/12/25; no shower on 08/16/25; no shower on 08/23/25; was dependent assist on 08/26/25; no shower on 08/30/25; no shower on 09/02/25; was dependent assist on 09/06/25; was dependent assist on 09/09/25; no shower on 09/13/25; was dependent on 09/16/25; and refused a shower on 09/20/25. A total of 14 entries with five showers/bathing completed, seven showers not completed, and two showers refused. Interview on 09/22/25 at 11:05 A.M. with Resident #27 revealed he has not had showers in approximately three weeks. Interview on 09/23/25 at 2:48 P.M. with LPN UM #629 confirmed Resident #27's showers were not completed as scheduled. Interview on 09/29/25 at 12:01 P.M. with MDS Coordinator #662 confirmed if a resident is indicated as not applicable for bathing, it is due to the resident was not bathing in the look back period. MDS Coordinator #662 confirmed Resident #27 was marked as not applicable on the most recent MDS assessment due to not having been bathed in the look back period. 3. Review of Resident #69's medical record revealed the resident was admitted on [DATE] with diagnoses including hyperlipidemia, primary osteoarthritis and age-related cognitive decline. Review of Resident #69's ADL Care plans revealed an intervention dated 07/29/24 and revised 05/02/25 which stated the resident was totally dependent on the assistance of one staff member for shower/bathing. Review of Resident #69's Annual MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition and the shower/bathing section stated not applicable. Review of Resident #69's shower schedule revealed the resident was scheduled for showers on Wednesday and Saturday on dayshift. Review of Resident #69's shower documentation from 08/01/25 to 09/25/25 revealed the resident was dependent assist for a shower on 08/02/25; refused on 08/06/25; no shower on 08/10/25, dependent assist on 08/13/25; no shower on 08/21/25; dependent assist on 08/23/25; substantial assist on 08/27/25; no shower on 08/30/25; dependent assist on 09/03/25; refused on 09/06/25; refused on 09/10/25; refused on 09/13/25; no shower on 09/17/25 and dependent on 09/20/25. A total of 14 entries with six showers, four refusals and four showers not completed. Interview on 09/22/25 at 10:28 A.M. with Resident #69 revealed the resident was not provided showers on a routine basis and has not had a shower for approximately two weeks. Interview on 09/25/25 at 12:29 P.M. with the Administrator confirmed the above findings. 4. Review of Resident #99's medical record revealed the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia, contracture of the left shoulder and elbow and major depressive disorder. Review of Resident #99's ADL Care Plan revealed an intervention dated 02/19/25 indicating the resident was totally dependent with two staff assistance for showers/bathing. (continued on next page)		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #99's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment and the shower/bathing section was documented as not applicable. Review of Resident #99's shower schedule revealed the showers were scheduled on Thursday and Sunday on dayshift. Review of Resident #99's shower documentation from 08/01/25 to 09/22/25 revealed the resident did not receive a shower on 08/03/25; no shower on 08/10/25; received a bed bath on 08/14/25; no shower on 08/17/25; no shower on 08/21/25; no shower on 08/28/25; no shower on 08/31/25; no shower on 09/04/25; dependent assist on 09/07/25; refused on 09/11/25; dependent assist on 09/14/25; no shower on 09/18/25; and dependent on 09/21/25. A total of 13 entries with four showers/bathing completed, eight showers not completed, and one shower refused. Interview on 09/22/25 at 10:54 A.M. with Resident #99 revealed the resident was scheduled for showers on Tuesday and Thursday nights and was not provided with showers as scheduled. Interview on 09/23/25 at 2:48 P.M. with LPN UM #629 confirmed Resident #99's showers were not completed as scheduled. Interview on 09/29/25 at 12:01 P.M. with MDS Coordinator #662 confirmed if a resident is indicated as not applicable for bathing, it is due to the resident was not bathing in the look back period. MDS Coordinator #662 confirmed Resident #99 was marked as not applicable on the most recent MDS assessment due to not having been bathed in the look back period. 5. Review of Resident #110's medical record revealed the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease, muscle weakness and unspecified cirrhosis of the liver. Review of Resident #110's admission MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition and was documented as refused the bathing assessment. Review of Resident #110's ADL Care Plans revealed an intervention dated 08/18/25 which indicated the resident was totally dependent on one staff assistance for shower/bathing. Review of Resident #110's shower schedule revealed the resident was scheduled for showers on Monday and Thursday on nightshift. Review of Resident #110's shower documentation from 08/01/25 to 09/20/25 revealed the resident refused a shower on 08/07/25; refused on 08/11/25; was dependent assist on 08/14/25; was dependent assist on 08/18/25; no shower on 08/25/25; dependent assist on 08/28/25; dependent assist on 09/01/25; independent on 09/04/25; partial assist on 09/08/25; dependent assist on 09/11/25; refused on 09/15/25; no shower on 09/18/25; and no shower on 09/22/25. A total of 13 entries with seven showers completed, three showers not completed, and three showers refused. Interview on 09/22/25 at 9:29 A.M. with Resident #110 revealed he did not receive showers as scheduled. Interview on 09/23/25 at 2:48 P.M. with LPN UM #629 confirmed Resident #110's showers were not (continued on next page)		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	completed as scheduled. 6. Review of Resident #119's medical record revealed the resident was admitted on [DATE] with diagnoses including hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side, chronic obstructive pulmonary disease, and diabetes. Review of Resident #119's ADL Care Plan revealed an intervention dated 12/05/24 which stated the resident was totally dependent with one person assist for shower/bathing. Review of Resident #119's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition and the bathing/shower assistance section was documented as not applicable. Review of Resident #119's shower schedule revealed the showers were scheduled on Monday and Friday on nightshift. Review of Resident #119's shower documentation from 08/01/25 to 09/20/25 revealed the resident refused a shower on 08/01/25; was dependent assist on 08/04/25; no shower on 08/08/25; no shower on 08/11/25; was dependent assist on 08/15/25; was dependent assist on 08/18/25; no shower on 08/22/25; was dependent assist on 08/25/25; was dependent assist on 08/29/25; was dependent assist on 09/01/25; was dependent assist on 09/08/25; was dependent assist on 09/15/25; no shower on 09/19/25; and no shower on 09/22/25. A total of 14 entries with eight showers completed, five showers not completed, and one shower refused. Interview on 09/22/25 at 9:21 A.M. with Resident #119 revealed she has not had a shower in approximately three weeks. Interview on 09/23/25 at 2:48 P.M. with LPN UM #629 confirmed Resident #119's showers were not completed as scheduled. 7. Review of Resident #135's closed medical record revealed the resident was initially admitted on [DATE], readmitted on [DATE] and discharged on 08/11/25 with diagnoses including hypothyroidism, muscle weakness and depression. Review of Resident #135's admission MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition and was documented as not applicable for showers/bathing. Review of Resident #135's closed medical record did not reveal evidence of the dates and shifts of the resident's showers, and the facility policy was at least two showers per week. Review of Resident #135's shower documentation from 08/01/25 to 09/10/25 revealed the resident was dependent assist for showers on 08/03/25 (bed bath); dependent assist on 08/07/25 (bed bath); no shower on 08/10/25; no shower on 08/13/25; was dependent assist on 08/17/25 (bed bath); no shower on 08/21/25; was dependent assist on 08/24/25; and no shower on 08/28/25. A total of eight entries with three bed baths completed, one shower completed, and four showers not completed. Interview on 09/23/25 at 2:48 P.M. with LPN UM #629 confirmed Resident #135's showers were not completed as scheduled. (continued on next page)		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. Review of Resident #11's medical record revealed an admission date of 05/23/25 and diagnoses including adjustment disorder with anxiety, depression, unspecified psychosis, hypertension and dementia with psychotic disturbance. Review of an admission MDS 3.0 assessment dated [DATE] revealed Resident #11 had moderate cognitive impairment and was marked as not applicable for bathing. Review of Resident #11's plan of care for ADL self care performance revised 06/02/25 revealed Resident #11 required shower/bathing set-up and clean-up assistance. Review of Resident #11's nurses' notes did not document any recent refusals of showers. Review of Resident #11's point of care documentation for August and September 2025 revealed not applicable was documented on 08/01/25; there were blanks on 08/04/25 (Monday) and 08/08/25 (Friday); a bed-bath was documented on 08/11/25; a refusal was documented on 08/15/25; there were blanks on 08/18/25 (Monday) and 08/22/25 (Friday); showers were given on 08/25/25, 08/29/25 and 09/01/25; there was a blank on 09/05/25 (Monday); a shower was given 08/08/25; there were blanks on 09/12/25 (Friday), 09/15/25 (Monday) and 09/19/25 (Friday) and not applicable was documented on 09/22/25. Interview on 09/22/25 at 12:13 P.M. with Resident #11 revealed she'd not been bathed for two weeks. Interview on 09/25/25 at 2:09 P.M. with UM/LPN #629 verified Resident #11 only had five of her 16 scheduled showers in August and September 2025 and shared Resident #11 was not getting showers like she should on Mondays and Fridays. UM/LPN #639 stated she was not sure why not applicable was documented by staff as the correct options were shower given, bed bath given or refused. 9. Review of Resident #61's medical record revealed an admission date of 03/26/24 and diagnoses including hemiplegia and hemiparesis following cerebral infarction, chronic obstructive pulmonary disease (COPD), type two diabetes, epilepsy, generalized anxiety disorder and depression. Review of Resident #61's physician's orders revealed an order dated 04/13/24 for showers Wednesdays and Saturdays, document all refusals and timed for night shift on Wednesdays and Saturdays. Review of Resident #61's quarterly MDS 3.0 assessment revealed Resident #61 was cognitively intact and showering/bathing was marked as not applicable. Review of Resident #61's plan of care for ADL self care performance revised 07/01/25 revealed Resident #61 was totally dependent on one staff for showering/bathing. Review of Resident #61's nurses' notes did not document any recent refusals of showers. Review of Resident #61's point of care documentation and available paper shower sheets for August and September 2025 revealed on 08/03/25, no shower was attempted; a refusal on 08/07/25; a shower was provided on 08/11/25; showers were provided on 08/17/25, 08/21/25, 08/24/25, 08/28/25, 09/04/25, 09/07/25, 09/11/25, 09/14/25 and 09/18/25 with not applicable documented on 09/21/25. (continued on next page)		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 09/22/25 at 2:19 P.M. with Resident #61 revealed he did not receive showers like he was supposed to on Thursdays and Sundays. Interview on 09/24/25 at 4:36 P.M. with the Director of Nursing (DON) verified Resident #61 was provided 10 of 14 scheduled showers and confirmed the information provided was not evidence of routine resident bathing. 10. Review of the medical record for Resident #52's revealed an admission date of 10/03/24. Diagnoses included but were not limited to non-ST segment elevation myocardial infarction (NSTEMI) which is a heart attack with damage to the heart muscle, stage III chronic kidney disease, gastroesophageal reflux disease (GERD), and anxiety disorder. Review of the 07/15/25 quarterly Minimum Data Set (MDS) 3.0 for Resident #52 revealed intact cognition and noted Resident #52 required moderate assistance for bathing. Review of Resident #52's shower schedule revealed showers were to be given on night shift on Sundays and Thursdays. Review of Resident #52's shower documentation from 08/01/25 to 09/23/25 revealed Resident #52 did not receive a shower on 08/03/25; was independent on 08/07/25, required supervision on 08/10/25, was dependent on 08/14/25, required set up on 08/17/25, did not receive a shower on 08/21/25, resident was noted to refuse on 08/24/25, was dependent on 08/28/25, was dependent on 09/04/25, did not receive a shower on 09/07/25, was dependent on 09/11/25, required set up on 09/14/25, required maximum assist on 09/18/25, and required set up on 09/21/25. A total of 14 bathing/shower entries were recorded with 11 showers/bathing completed and three showers/bathing not completed by facility staff. Interview on 09/23/25 at 10:58 A.M. with Resident #52 revealed it had been since the previous Wednesday since she was showered. Interview on 09/25/25 with Unit Manager #629 revealed staff are supposed to document their shower and confirmed three showers were not completed as ordered in August and September of 2025 for Resident #52. Unit Manager #629 further stated staff should not have indicated showers not being applicable and should have documented a shower, bed bath or a refusal. 11. Review of the medical record for Resident #58 revealed an admission date of 09/16/22. Diagnoses included but were not limited to hemiplegia and hemiparesis, type I diabetes mellitus, paranoid schizophrenia, and post-traumatic stress disorder. Review of the 07/12/25 annual Minimum Data Set (MDS) 3.0 for Resident #58 revealed a brief interview of mental status (BIMS) score of 14 which indicated intact cognition. Under section GG0130 for functional abilities, shower/bathe self was indicated as not applicable. Review of Resident #58's care plan which was last reviewed on 08/06/25 revealed and activity of daily living (ADLs) self-care performance deficit related to cerebral infarct, muscle weakness and need for assistance with personal care. Resident #58 was noted to be totally dependent upon staff for bathing. Review of Resident #58's shower schedule revealed the resident was scheduled for showers on (continued on next page)		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Monday and Thursday on nightshift. Review of Resident #58's shower documentation from 08/01/25 to 09/23/25 revealed resident was dependent on 08/04/25, did not receive a shower on 08/07/25 or 08/11/25, was dependent on 08/14/25, was dependent on 08/18/25, did not receive a shower on 08/21/25 or 08/25/25, was dependent on 08/28/25, was dependent on 09/01/25, 09/04/25, 09/08/25, 09/11/25, 09/15/25, required partial assistance on 09/18/25, and required substantial assistance on 09/22/25. A total of 15 bathing/showers were scheduled, and four of the fifteen showers/bathing were not completed by facility staff. Interview on 09/23/25 at 10:58 A.M. with Resident #58 revealed he gets showers once a week but not twice a week. Interview on 09/25/25 at 2:09 P.M. with Unit Manager #629 confirmed staff are supposed to document their showers in the medical record. Staff are not supposed to mark showers as not being applicable and should only mark if bathing was a shower, bed bath or refused. Unit Manager #629 confirmed Resident #58 was not given four of the fifteen showers between 08/01/25 to 09/23/25 as ordered. Interview on 09/29/25 at 12:01 P.M. with MDS Coordinator #662 confirmed if a resident is indicated as not applicable for bathing, it is due to the resident was not bathing in the look back period. MDS Coordinator #662 confirmed Resident #58 was marked as not applicable on the most recent MDS assessment due to not having been bathed in the look back period. Review of the undated facility policy called: Routine Resident Care revealed it is the policy of this facility to promote resident centered care by attending to the total medical, nursing, physical, emotional, mental, social and spiritual needs and honor resident lifestyle preferences while in the care of the facility. Unlicensed staff will provide routine daily care by a certified nursing assistant under the supervision of a licensed nurse such as bathing. 12.Record review for Resident #85 revealed an admission date of 12/10/10. Diagnosis included unspecified dementia, muscle weakness, and need for assistants with personal care. Review of Resident #85's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment and the shower/bathing section was documented as not applicable. Review of Resident #85's ADL Care Plan revealed an intervention dated 03/13/25 revealed the resident required substantial/maximal assistance with a tub/shower transfer. Observation on 09/22/2025 at 12:37 P.M. revealed Resident #85 was sitting up in bed. Resident #85's hair was oily, dischuffed, and her nails were embedded with dark substance. Resident #85 was difficult to understand. Record review of the electronical tasks record for shower/bath for Resident #85 revealed Resident #85 was to receive a shower/bath every Monday and Friday. Record review revealed that of the eight showers/baths scheduled to be completed for July 2025, Resident #85 had no documentation of three of the eight being offered (07/04/25, 07/14/25, or 07/25/25). Record review revealed of the nine showers/baths scheduled to be completed for August 2025, Resident #85 had no documentation of three of the nine being offered (08/08/25, 08/18/25, or 08/29/25). Record review revealed of the six (continued on next page)		

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 10/08/2025
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	showers/baths scheduled to be completed for 09/01/25 through 09/21/25, Resident #85 had no documentation of three of the six being offered (09/05/25, 09/12/25, or 09/15/25). Interview and record review of the shower/bath record for Resident #85 on 09/29/2025 at 11:19 A.M. with DON confirmed Resident #85 had no documentation of the showers not completed being refused or offered. DON stated, If nothing was documented , the shower was not done. 13. Closed record review for Resident #123 revealed an admission date of 05/12/25 and a discharge date of 09/08/25. Diagnosis included cerebral palsy, morbid severe obesity, muscle weakness, and need for assistants with personal care. Review of Resident #123's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition and the shower/bathing section was documented as not applicable. Review of Resident #123's ADL Care Plan revealed an intervention dated 09/18/25 revealed the resident was totally dependent assistance of one staff member for personal hygiene. Record review of the electronic tasks record for shower/bath for Resident #123 revealed Resident #123 was to receive a shower/bath every Monday and Thursday. Record review revealed that of the eight showers/baths scheduled to be completed for August 2025, Resident #123 had no documentation of four of the eight being offered (08/07/25, 08/11/25, 08/14/25, or 08/21/25). Of the three shower/baths scheduled for September 2025, Resident #123 had no documentation of two of the three being completed (09/04/25 or 09/08/25). Interview and record review of the shower/bath record for Resident #123 on 09/29/2025 at 11:22 A.M. with DON confirmed Resident #123 had no documentation of the showers not completed being refused or offered. DON stated, If nothing was documented , the shower was not done. 14. Closed review of Resident #134's medical record revealed the resident was admitted on [DATE] and discharged on 05/31/25 with diagnoses including encounter for surgical aftercare, chronic obstructive pulmonary disease, muscle weakness, and need for assistants with personal care. Review of Resident #134's admission MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #134's ADL Care Plan revealed an intervention dated 05/29/25 for setup/cleanup assist for shower/bathing. Record review of the electronic tasks record for shower/bath for Resident #134 revealed Resident #134 was to receive a shower/bath every Wednesday and Saturday. Record review revealed that of the four showers/baths scheduled to be completed for May 2025, Resident #134 had no documentation of two of the four being offered (05/24/25 or 05/28/25). Interview and record review of the shower/bath record for Resident #134 on 09/29/2025 at 11:25 A.M. with DON confirmed Resident #134 had no documentation of the showers not completed being refused or offered. DON stated, If nothing was documented , the shower was not done. This deficiency represents noncompliance investigated under Complaint Numbers 1338811, 1338812, and 1338813.		

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 10/08/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure a comprehensive wound management system was in place to prevent and treat Resident #27 and #80's wounds and failed to ensure Resident #128's nephrostomy bandage was changed as ordered and Resident #136's intravenous (IV) dressings were completed as ordered. This finding affected four (Residents #27, #80, #128 and #136) of four residents reviewed for quality of wound care. Findings include: 1. Review of Resident #27's medical record revealed the resident was admitted on [DATE] with diagnoses including encounter for orthopedic aftercare following a surgical amputation, vascular dementia and diabetes. Review of Resident #27's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment. Review of Resident #27's progress note dated 09/17/25 at 6:01 P.M. revealed the resident was observed by the nurse attempting to self-transfer from the bed to the wheelchair. The resident's wheelchair rolled backwards which caused the resident to slide to the floor. A skin tear was noted to the left lower leg (LLE) and left outer arm. Review of Resident #27's physician orders revealed an order dated 09/17/25 to cleanse the skin tear to the LLE with normal saline (NS), pat dry, apply triple antibiotic ointment (TAO) and cover with a foam dressing daily shift and as needed until healed. Review of Resident #27's medication administration records (MARS) and treatment administration records (TARS) revealed on 09/24/25, the wound care to the resident's left LLE was documented as completed by Licensed Practical Nurse (LPN) #608. Observation on 09/25/25 at 9:31 A.M. with Resident #27 revealed the resident was seated in his wheelchair in the doorway of his room. Observation of the LLE revealed the anterior shin area had a dressing which was dated 09/23/25. Observation and subsequent interview on 09/25/25 at 9:32 A.M. with Business Office Manager (BOM) #633 of Resident #27's LLE revealed the dressing was dated 09/23/25 and was not completed as ordered. 2. Review of Resident #136's medical record revealed the resident was admitted on [DATE] and discharged on 08/12/25 with diagnoses including altered mental status, local infection due to central venous catheter subsequent encounter and depression. Review of Resident #136's admission MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #136's hospital documentation dated 07/21/25 at 8:46 A.M. revealed the resident was sitting up in a chair and had a tunneled central line (CL) in the right chest. Review of Resident #136's progress note dated 07/26/25 at 12:55 P.M. authored by Nursing Student #694 revealed the resident arrived via a stretcher. Review of Resident #136's physician orders revealed an order dated 07/28/25 (discontinued 08/12/25) to change the needleless connector every 24 hours with total parenteral nutrition (TPN); (continued on next page)		

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 10/08/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and an order dated 07/29/25 (discontinued 08/12/25) for TPN. Review of Resident #136's progress note dated 07/30/25 at 1:14 A.M. authored by Registered Nurse (RN) #714 revealed the resident accidentally disconnected the TPN line while attempting to go to the bathroom. The line site was intact with no visible signs of redness, swelling or drainage. The peripherally inserted central catheter (PICC) port was thoroughly cleaned with alcohol swabs using aseptic technique and the line was flushed properly with normal saline. A new administration set was connected without complications. Review of Resident #136's physician orders revealed an order dated 08/03/25 (discontinued 08/12/25) to change the CL dressing once weekly every night shift on Sunday. The MARS and TARS confirmed the CL dressing was changed on 08/03/25 and 08/10/25 by RN #714. Review of Resident #136's progress note dated 08/12/25 at 2:08 P.M. authored by RN #623 revealed the resident was discharged home and the discharge orders were provided. Review of Resident #136's home care Start of Care form dated 08/14/25 at 10:00 A.M. revealed the RN changed the central line dressing at the visit as the dressing was not intact and had not been changed since 07/24/25 which was reported to the home office. Review of Resident #136's undated photograph provided by Homecare Manager #735 revealed a photograph of a dressing which was partially coming off the resident's skin and the dressing was dated 07/24/25 at 12:30 P.M. Interview on 09/22/25 at 10:36 A.M. with Regional Director of Clinical Operations (RDOCO) #734 confirmed RN #714 had documented he had completed Resident #136's CL dressing on 08/03/25 and 08/10/25. Interview on 09/22/25 at 10:49 A.M. with RN #714 stated he did not remember if he actually changed Resident #136's dressing but he would not document that he completed the dressing if he did not actually do the dressing. He denied concerns with staffing but stated it was hard at times. A telephone call was placed on 09/22/25 at 10:58 A.M. with Home Care Manager #735 who revealed the resident's home care nurse let her know about the situation. She was familiar with the patient. When Resident #136 was discharged from the nursing home, the CL dressing was not changed, and the resident had been admitted to the nursing home for at least several weeks. 3. Review of the medical record for Resident #128 revealed an admission date of 07/12/25. Diagnoses included but were not limited to malignant neoplasm of bladder, malignant neoplasm of liver and intrahepatic bile duct, mild protein-calorie malnutrition, and anxiety disorder. Review of the 07/19/25 admission Minimum Data Set (MDS) 3.0 for Resident #128 revealed intact cognition. Review of the Activities of Daily Living (ADLs) for Resident #128 revealed set up was required for personal hygiene and was also noted to have a non-removable medical device. Review of the physician order dated 07/14/25 for Resident #128 revealed an order to cleanse the nephrostomy tube every three days on night shift with normal saline and cover with a Tegaderm (a transparent, waterproof, self-adhesive bandage used to protect wounds and secure medical devices) using sterile technique. (continued on next page)		

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 10/08/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the physician order dated 07/15/25 for Resident #128 revealed an order to clean the nephrostomy tube with normal saline, pat dry, apply T-drain sponge, and secure with tape. Change or apply dressing every other day (QOD) and as needed (PRN) every day shift every other day for surgical care. Review of the September 2025 Treatment Administration Record (TAR) for Resident #128 revealed the 07/14/25 order to cleanse the nephrostomy tube every three days on night shift with normal saline and cover with a Tegaderm (a transparent, waterproof, self-adhesive bandage used to protect wounds and secure medical devices) using sterile technique was signed off as completed on 9/01/25, 09/03/25, 09/06/25, 09/09/25, 09/12/25, 09/15/25, 09/18/25, 09/21/25, 09/24/25, and 09/27/25. Review of the September 2025 TAR for Resident #128 revealed the 07/15/25 order to clean the nephrostomy tube with normal saline, pat dry, apply T-drain sponge, and secure with tape. Change or apply dressing every other day (QOD) and as needed (PRN) every day shift every other day for surgical care was signed off as completed on 09/01/25, 09/03/25, 09/05/25, 09/07/25, 09/09/25, 09/11/25, 09/13/25, 09/15/25, 09/17/25, 09/19/25, 09/21/25, 09/23/25, 09/25/25, and 09/27/25. Review of the care plan dated 07/14/25 for Resident #128 revealed a left nephrostomy tube related to diagnosis of Hydroureter (a condition where the ureter, the tube that carries urine from the kidney to the bladder becomes enlarged and filled with urine.) Interventions listed included changing the nephrostomy tube dressing per the practitioner's order. Interview on 09/22/25 at 11:09 A.M. with Resident #128 revealed he has a nephrostomy tube, and it had only been changed a couple of times since he was admitted on [DATE]. Interview on 09/23/25 at 1:04 P.M. with Resident #128 stated they had changed his bandage a couple of hours ago but was told it was supposed to have been completed on night shift. Interview on 09/23/25 at 2:21 P.M. with Registered Nurse (RN) #622 confirmed she had changed the dressing for Resident #128 a couple hours ago. RN #622 confirmed night shift was supposed to have changed it and was unsure why it was not completed. Interview on 09/29/25 at 11:31 A.M. with the Administrator confirmed the facility did not have a policy for care of a nephrostomy tube. Observation on 09/29/25 at 12:24 P.M. with the Director of Nursing (DON) revealed the bandage covering Resident #128's nephrostomy tube was dated 09/23/25. Interview with the DON following the observation confirmed Resident #128's dressing was dated 09/23/25 and should have been changed on 09/25/25, 09/27/25 and today. Interview on 09/29/25 at 12:27 P.M. with Resident #128 confirmed the nephrostomy tube dressing had not been changed since last week. Phone interview on 09/29/25 at 3:22 P.M. with Licensed Practical Nurse (LPN) #656 revealed she worked on the day shift for 09/27/25 and 09/28/25 and thought the nephrostomy tube was flushed every couple of days on night shift. LPN #656 stated she worked the day shift, she did not change Resident #128's nephrostomy bandage on Saturday or Sunday and if it was signed off by her, it was accidental and not changed. (continued on next page)		

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 10/08/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 09/30/25 at 11:02 A.M. with the DON confirmed there were two orders for Resident #128's care of the nephrostomy tube care. The DON stated the order written to cleanse nephrostomy tube with normal saline and cover with a Tegaderm using sterile technique should not have been written due to the facility does not use Tegaderm bandages in the nursing facility. The DON confirmed staff should not have signed the order as completed and was inaccurate documentation. DON stated regarding the order to clean the nephrostomy tube with normal saline, pat dry and apply a T-drain sponge and secure with tape every other day and as needed should not have been signed off unless completed. DON also stated she had already spoken with both nurses who worked the day shift on 09/25/25 and 09/27/25 and both confirmed they signed off the order but had not completed the dressing change. Review of the undated Wound Care policy revealed residents/patients admitted with or develop skin integrity issues would receive treatment as indicated based on location, stage and drainage. 4. Record review for Resident #80 revealed an admission date of 07/10/17. Diagnosis included chronic obstructive pulmonary disease (COPD), need for assist with personal care, reduced mobility, and muscle weakness. Review of the care plan dated 11/26/24 revealed Resident #80 was incontinent of urine related to impaired cognition, impaired mobility and dementia. Interventions included to check Resident #80 for incontinence, change as needed. Review of the care plan dated 07/24/25 revealed Resident #80 had risk of skin breakdown related to arthritis, incontinence and limited mobility. Interventions included to administer treatments as ordered, encourage resident to turn and reposition, or assist as needed as resident allows and provide peri care as needed to avoid skin breakdown due to incontinence. Review of the most recent Wound Assessment for Resident #80 was dated 08/06/25 untimed, completed by Wound Care Certified Nurse Practitioner (CNP) #802, and revealed Resident #80 had sacrococcygeal candidiasis which involved 70% epithelial and 30% granulation tissue. The wound measured 10 centimeters (cm) by five cm with 0.2 cm depth. The treatment included cleanse with soap and water, pat dry, apply triad and A&D ointment four times a day and as needed. Record review revealed no further wound assessment with wound measurements or description. Review of the significant change MDS assessment dated [DATE] revealed Resident #80 was moderately cognitively impaired. Resident #80 had impairment on one side of the upper extremities. Resident #80 used a wheelchair for mobility, was always incontinent of bowel and bladder, and was dependent for toileting hygiene, personal hygiene, and bed mobility. Resident #80 did not have a pressure ulcer/injury or skin problems, was at risk for pressure ulcers/injuries. Review of the care plan for Resident #80 dated 08/12/25 revealed Resident #80 had an activity of daily living (ADL) self care performance, required assistance with activities of daily living (ADL) related to weakness and limited mobility and had occasional urinary incontinence. Interventions included toileting hygiene and personal hygiene, helper does all effort, roll left and right, total dependence, resident required the use of mechanical lift with two-person support. Review of the September 2025 physician orders for Resident #80 revealed the resident to be up and fed in the dining room for all meals for supervision. An additional order dated 04/02/25 revealed apply triad paste to peri area every shift and as needed. An order dated 03/29/25 revealed barrier cream to buttocks and peri area every shift and as needed after incontinent episodes. An additional order dated 08/06/25 (continued on next page)		

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 10/08/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	wound sacrococcygeal /groin cleanse with soap and water, pat dry, apply triad and A&D ointment to base of the wound Change QID (four times a day) and as needed. Interview on 09/22/2025 at 9:56 A.M. with Resident #80 revealed he had a wound on his buttocks from too much pressure. Observation on 09/23/2025 at 11:18 A.M. revealed Certified Nursing Assistant (CNA) #659 was assisting Resident #80 in his bed. CNA #659 revealed started her shift at 7:00 A.M. and revealed she just completed incontinence care for Resident #80 for the first time her shift. CNA #659 stated, I am behind, there's not enough aids. CNA #659 revealed Resident #80's buttocks was red. Observation revealed CNA #659 transferred Resident #80 to his wheelchair via mechanical lift with two assistants. CNA #659 revealed Resident #80 should be changed again at 1:00 P.M. Observation and interview on 09/23/25 at 1:00 P.M. revealed Resident #80 was in his wheelchair in his room in the same position as placed at 11:18 A.M.; Resident #80 revealed no one checked or changed him since he was assisted into the chair. Observation and interview on 09/23/2025 at 5:11 P.M. revealed Resident #80 was in his wheelchair in his room in the same position as placed at 11:18 A.M.; Resident #80 revealed no one still checked or changed him. Resident #80 stated, it's this way all the time. Interview on 09/23/2025 at 5:14 P.M. with Licensed Practical Nurse (LPN) #675 confirmed he was Resident #80's primary care nurse and confirmed he worked since A.M.; LPN #675 revealed Resident #80 had an order to be up in his chair for all meals but he should still be checked and changed every two hours. LPN #675 confirmed Resident #80 was not checked for incontinence or changed since he was assisted out of bed and confirmed CNA #659 ended her shift at 3:00 P.M.; LPN #675 stated, I don't know why he wasn't; we started with not enough staff. Observation on 09/23/2025 at 5:19 P.M. with CNA #606 and #618 transfer Resident #80 to bed from his chair and provide incontinence care revealed the chair cushion, the mechanical lift pad, Resident #80's pants and brief were all saturated with urine. Resident #80 had a foul odor of urine. Resident #80's buttocks and both thighs had several creases from the wrinkled pad. Resident #80's buttocks was red and there were three open areas in the sacral area. One of the three areas had yellow tissue in the bed of the wound. CNA #606 revealed he just started a few hours ago and did not get to Resident #80 yet to change him. Observation revealed CNA #606 then placed zinc cream, triad cream and peri shield cream in his hand and mixed the three together then applied a thick layer to Resident #80's buttocks and wounds. Interview on 09/24/2025 at 11:06 A.M. with Wound Care CNP #802 confirmed her last visit with Resident #80 was on 08/06/25. Wound Care CNP #802 revealed when she last saw Resident #80, the wounds on his buttocks was caused by incontinence and revealed the pressure of him setting up all day could create pressure ulcers. Wound Care CNP #802 revealed the triad cream should be used as a light layer and it should not be mixed with other creams revealing it needs to be washed of with care and if a thick layer was applied it would be very difficult to wash off. Interview on 09/24/2025 at 12:31 P.M. with Unit Manager LPN #690 revealed she was also the facility Wound Care Nurse. Unit Manager LPN #690 revealed she had not been able to see Resident #80 since 08/06/25 with Wound Care CNP #802, Because he is always in his chair. Unit Manager LPN #690 revealed Resident #80 was supposed to get A&D ointment and triad cream to his buttocks and (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	revealed everyone should be checked and changed every two hours. Unit Manager LPN #690 revealed Resident #80's wounds to his buttocks were caused from sitting up too long in his chair. This deficiency represents non-compliance investigated under Complaint Number 2596048, 2561886, and 1338808.		

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 10/08/2025
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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and review of the facility assessment, the facility failed to ensure adequate staffing to meet resident needs. This affected 91 residents residing on the second floor (Residents #7, #8, #9, #11, #12, #13, #14, #15, #16, #17, #18, #19, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #34, #35, #36, #37, #39, #40, #41, #42, #43, #44, #45, #46, #48, #51, #52, #54, #55, #56, #58, #59, #60, #62, #64, #66, #68, #69, #70, #71, #74, #76, #77, #78, #79, #80, #82, #83, #85, #86, #87, #89, #90, #92, #95, #96, #97, #100, #101, #102, #104, #105, #106, #107, #110, #111, #112, #113, #114, #115, #116, #117, #118, #119, #121, #124, #125, #127 and #138). Facility census was 123. Findings include: Review of the facility assessment, updated 07/10/25, revealed for an average census of 122 residents, based on the facility's resident population and their needs for care and support, our approach to staffing is to ensure each of our facility residents has the minimum care staff to meet the needs of the residents at any given time. Each resident receives individualized care. The care each resident receives is subject to continuous review and improvement. Services and care we offer based on our residents' needs included activities of daily living (bathing/showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment and supporting resident independence in doing as much of these activities by himself/herself.) A table listed for day shift revealed for nurse aides on Unit 4-2AB, Unit 4-2C and Unit 4-2D, there were to be 3-4 CNAs on each unit, reaching a minimum of nine CNAs on the second floor. Review of staffing schedules for September 2025 for day shift (12-hour shift) on the second floor revealed the following:- On 09/01/25, seven CNAs plus nine hour split shift,- On 09/02/25, six CNAs plus four hour split shift,- On 09/03/25, five CNAs plus 23.75 hours split shift,- On 09/04/25, six CNAs plus 18.25 hours split shift,- On 09/05/25, four CNAs plus 30 hours split shift,- On 09/06/25, eight CNAs,- On 09/07/25, seven CNAs,- On 09/08/25, six CNAs plus 8.5 hours split shift,- On 09/09/25, four CNAs plus 21.25 hours split shift,- On 09/10/25, six CNAs plus 22 hours split shift,- On 09/11/25, seven CNAs,- On 09/12/25, five CNAs,- On 09/13/25, six CNAs plus 21.75 hours split shift,- On 09/14/25, seven CNAs,- On 09/15/25, six CNAs plus nine hours split shift,- On 09/16/25, five CNAs plus 19.25 hours split shift,- On 09/17/25, four CNAs plus 12 hours split shift,- On 09/18/25, five CNAs plus 11 hours split shift,- On 09/19/25, seven CNAs,- On 09/20/25, six CNAs plus 3.5 hours split shift,- On 09/21/25, six CNAs,- On 09/22/25, six CNAs plus 4 hours split shift,- On 09/23/25, four CNAs plus 6.5 hours split shift,- On 09/24/25, six CNAs,- On 09/25/25, five CNAs plus 10 hours split shift. Interview on 09/23/25 at 2:16 P.M. with Human Resource Manager (HRM) #671 revealed the facility outsourced their scheduling to a company in Dubai. HRM #671 reported the facility had not used agency staff to meet facility staffing needs in the two years she had been employed by the facility and reported the facility worked off of a 3.1 per-patient-day (PPD) ratio. Interview on 09/29/25 at 8:32 A.M. with the Administrator during review of the facility assessment revealed on the second floor's unit D, they staffed with two to three CNAs which she acknowledged could have been clearer within the facility assessment. The Administrator stated due to this, there should be a minimum of eight CNAs on day-shift on the second floor. The Administrator was made aware during the interview that all 25/25 days reviewed for staffing during September 2025 did not meet the minimum amount of CNA coverage for the second floor per the provided facility assessment and that staff and resident interviews along with care observations showed inadequate staffing levels pertaining to the second floor to which the Administrator did not disagree. The following concerns were identified related to insufficient staffing in the facility: a. Interview on 09/22/25 at 9:21 A.M. with Resident #119 revealed she had not had a shower in three weeks and did not bother putting her call light anymore as staff did not address her needs timely. b. Interview on 09/22/25 at 9:29 A.M. with Resident #110 reported waiting up to 1.5 hours for assistance and shared concerns with showers as a result of short-staffing. (continued on next page)		

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 10/08/2025
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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. Observation and interview on 09/22/25 at 9:52 A.M. of Resident #119's incontinence care with Certified Nursing Assistant (CNA) #687 revealed Resident #119's bilateral buttocks were reddened, her adult brief was soaked and the bed had a large yellow stain on it. Resident #119 stated she was last changed around 8:00 A.M. and no one had come in to change her. Interview on 09/22/25 at 9:53 A.M. with CNA #687 stated staff were to ask Resident #119 if she wanted to be changed. d. Interview on 09/22/25 at 10:17 A.M. with Resident #69 revealed she requested no male aides so when a male aide was scheduled on the floor, they don't come in to her room but then no one else is assigned to come into her room. Resident #69 stated there's not enough staff so she would not be changed timely and many times would not receive showers. Observation of Resident #69 during the interview revealed her hair was oily and unkept. e. Interview on 09/22/25 at 11:28 A.M. with Licensed Practical Nurse (LPN) #707 revealed there was not enough staff working to meet resident needs. f. Interview on 09/22/25 at 3:12 P.M. with Resident #54 revealed there was never enough staff at the facility and reported waiting two hours for her call light to be answered. g. Record review for Resident #80 revealed an admission date of 07/10/17. Diagnosis included chronic obstructive pulmonary disease (COPD), need for assist with personal care, reduced mobility, and muscle weakness. Review of the care plan dated 11/26/24 revealed Resident #80 was incontinent of urine related to impaired cognition, impaired mobility and dementia. Interventions included to check Resident #80 for incontinence, change as needed. Review of the care plan dated 07/24/25 revealed Resident #80 had risk of skin breakdown related to arthritis, incontinence and limited mobility. Interventions included to administer treatments as ordered, encourage resident to turn and reposition, or assist as needed as resident allows and provide peri care as needed to avoid skin breakdown due to incontinence. Review of the most recent Wound Assessment for Resident #80 was dated 08/06/25 untimed, completed by Wound Care Certified Nurse Practitioner (CNP) #802, and revealed Resident #80 had sacrococcygeal candidiasis which involved 70% epithelial and 30% granulation tissue. The wound measured 10 centimeters (cm) by five cm with 0.2 cm depth. The treatment included cleanse with soap and water, pat dry, apply triad and A&D ointment four times a day and as needed. Record review revealed no further wound assessment with wound measurements or description. Review of the significant change MDS assessment dated [DATE] revealed Resident #80 was moderately cognitively impaired. Resident #80 had impairment on one side of the upper extremities. Resident #80 used a wheelchair for mobility, was always incontinent of bowel and bladder, and was dependent for toileting hygiene, personal hygiene, and bed mobility. Resident #80 did not have a pressure ulcer/injury or skin problems, was at risk for pressure ulcers/injuries. Review of the care plan for Resident #80 dated 08/12/25 revealed Resident #80 had an activity of daily living (ADL) self care performance, required assistance with activities of daily living (ADL) related to weakness and limited mobility and had occasional urinary incontinence. Interventions included toileting hygiene and personal hygiene, helper does all effort, roll left and right, total dependence, resident required the use of mechanical lift with two-person support. Review of the September 2025 physician orders for Resident #80 revealed the resident to be up and fed in the dining room for all meals for supervision. An additional order dated 04/02/25 revealed apply triad paste to peri area every shift and as needed. An order dated 03/29/25 revealed barrier cream to buttocks and peri area every shift and as needed after incontinent episodes. An additional order dated 08/06/25 wound sacrococcygeal /groin cleanse with soap and water, pat dry, apply triad and A&D ointment to base of the wound Change QID (four times a day) and as needed. Interview on 09/22/2025 at 9:56 A.M. with Resident #80 revealed he had a wound on his buttocks from too much pressure. Observation on 09/23/2025 at 11:18 A.M. revealed Certified Nursing Assistant (CNA) #659 was assisting Resident #80 in his bed. CNA #659 revealed started her shift at 7:00 A.M. and revealed she just completed incontinence care for Resident #80 for the first time her shift. CNA #659 stated, I am behind, there's not enough aids. CNA #659 revealed Resident #80's buttocks was red. Observation revealed CNA #659 transferred Resident #80 to his wheelchair via mechanical lift with two assistants. CNA #659 revealed Resident #80 should be changed again at 1:00 (continued on next page)		

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 10/08/2025
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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	P.M. Observation and interview on 09/23/25 at 1:00 P.M. revealed Resident #80 was in his wheelchair in his room in the same position as placed at 11:18 A.M.; Resident #80 revealed no one checked or changed him since he was assisted into the chair. Observation and interview on 09/23/2025 at 5:11 P.M. revealed Resident #80 was in his wheelchair in his room in the same position as placed at 11:18 A.M.; Resident #80 revealed no one still checked or changed him. Resident #80 stated, it's this way all the time. Interview on 09/23/2025 at 5:14 P.M. with Licensed Practical Nurse (LPN) #675 confirmed he was Resident #80's primary care nurse and confirmed he worked since A.M.; LPN #675 revealed Resident #80 had an order to be up in his chair for all meals but he should still be checked and changed every two hours. LPN #675 confirmed Resident #80 was not checked for incontinence or changed since he was assisted out of bed and confirmed CNA #659 ended her shift at 3:00 P.M.; LPN #675 stated, I don't know why he wasn't; we started with not enough staff. Observation on 09/23/2025 at 5:19 P.M. with CNA #606 and #618 transfer Resident #80 to bed from his chair and provide incontinence care revealed the chair cushion, the mechanical lift pad, Resident #80's pants and brief were all saturated with urine. Resident #80 had a foul odor of urine. Resident #80's buttocks and both thighs had several creases from the wrinkled pad. Resident #80's buttocks was red and there were three open areas in the sacral area. One of the three areas had yellow tissue in the bed of the wound. CNA #606 revealed he just started a few hours ago and did not get to Resident #80 yet to change him. Observation revealed CNA #606 then placed zinc cream, triad cream and peri shield cream in his hand and mixed the three together then applied a thick layer to Resident #80's buttocks and wounds. h. Observation on 09/25/25 at 2:16 P.M. revealed Resident #14 was in bed and had thick amounts of mucous in his beard, neck and chest and coughed, expelling more thick mucous from his tracheostomy. A towel was present on Resident #14's chest with large amounts of yellow mucus on it and the suction machine had a thick layer of dust on it. Interview on 09/25/25 at 2:26 P.M. with CNA #717 revealed nursing staff usually suctioned tracheostomy patients but she did not know when Resident #14 was last suctioned as she had last seen Resident #14 after breakfast when she picked up his tray around 10:30 A.M. CNA #717 stated she would get to Resident #14 eventually but they only had five CNAs on the floor. i. Interview on 09/25/25 at 3:18 P.M. with CNA #615 revealed this date, there were six CNAs on the second floor but they were supposed to have eight or nine. CNA #615 expressed this was inadequate staffing to meet resident needs which led to missed showers and missed charting. Review of Residents #8, #11, #27, #52, #58, #61, #69, #99, #110, #119, and #135 medical records revealed showers were not completed as scheduled. Interview on 09/23/25 at 2:48 P.M. with Licensed Practical Nurse (LPN) Unit Manager (UM) #629, on 09/25/25 at 12:29 P.M. with the Administrator, on 09/24/25 at 4:36 P.M. with the DON, and on 09/29/2025 at 11:19 A.M. with DON confirmed residents were not provided showers as scheduled. j. Follow-up interview on 09/25/25 at 3:25 P.M. with CNA #717 revealed another CNA went home so only five CNAs were on the floor. CNA #717 stated they started with seven CNAs that morning but five to six were not enough. CNA #717 stated the facility usually ran with six CNAs on day shift on the second floor which led to her not being able to round on residents appropriately. When asked how often she rounded on her residents, CNA #717 stated she prioritized her incontinent residents but rounded on residents generally twice in the 12-hour shift. CNA #717 expressed showers were also difficult to complete on the floor as many residents required a second person to be bathed or transferred and when they were short staffed, there was not a second person readily available to do so.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure Residents #8, #69, #71 and #119 were provided with dental services as required. This finding affected four (Residents #8, #69, #71 and #119) of four residents reviewed for dental services. Findings include:1. Review of Resident #71's medical record revealed the resident was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia and major depressive disorder. Review of Resident #71's Annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment. Review of Resident #71's care plans did not reveal evidence of a dental care plan with interventions for dental care of the resident. Review of Resident #71's medical record revealed the payor source was Medicaid. Observation on 09/22/25 at 12:50 P.M. revealed Resident #71 had a partially cracked or decayed tooth on the upper right side of her mouth. Attempted interview with the resident and she was not interviewable. Interview on 09/24/25 at 11:03 A.M. with Social Service Designee (SSD) #670 revealed Resident #71 has not had a dental visit since admission. Interviews on 09/24/25 at 1:37 P.M. with Licensed Practical Nurse (LPN) MDS #662 and LPN MDS #679 confirmed Resident #71 did not have a dental care plan. 2. Review of Resident #119's medical record revealed the resident was admitted on [DATE] with diagnoses including hemiplegia, chronic obstructive pulmonary disease and bipolar disorder. Review of Resident #119's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #119's medical record revealed the payor source was Medicaid. Interview on 09/22/25 at 9:21 A.M. with Resident #119 revealed she has not had a dental evaluation since her admission about two years ago. Interview on 09/24/25 at 11:08 A.M. with SSD #670 confirmed Resident #119 has not had a dental visit since admission. 3. Record review for Resident #69 revealed an admission date of 07/10/24. Diagnosis included spondylosis, need for assistants with personal care, and muscle weakness. Review of the Annual Minimum Data Set (MDS) dated [DATE] revealed Resident #69 was cognitively intact. Resident #69 had no abnormal mouth tissue. Resident #69 required assistants with activities of daily living. Interview on 09/22/2025 at 10:25 A.M. with Resident #69 revealed she wanted to see the dentist. (continued on next page)		

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 10/08/2025
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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	When the dentist came, the staff never took her to see him as she requested. Resident #69 revealed she asked several times due to missing teeth on the left side making it difficult to chew and stated her teeth became so discolored and it bothered her. Observation revealed Resident #69 had three missing teeth (in a row) to the left upper jaw and her teeth appeared discolored. Interview on 09/25/2025 at 11:35 A.M. with Licensed Social Worker (LSW) #670 revealed she had no evidence Resident #69 was ever offered/or seen the dentist while residing at the facility. LSW #69 revealed she would call the dental services to confirm. Interview on 09/29/2025 at 9:01 A.M. with Administrator confirmed there was no evidence Resident #69 was offered dental services. 4. Review of the medical record for Resident #8 revealed an admission date of 07/20/24. Diagnoses included but were not limited to type II diabetes mellitus with stage five chronic kidney dialysis, dependence on renal dialysis, moderate protein-calorie malnutrition and oropharyngeal dysphagia. Review of the ancillary contract for Resident #8 revealed consent for ancillary services was signed on 05/02/24. Review of the 02/13/25 outside dental appointment record revealed Resident #8 was not seen due to not accepting Medicaid insurance. Review of the 08/10/25 Minimum Data Set (MDS) 3.0 for Resident #8 revealed intact cognition, and he was noted to be independent for meals. Review of the facility ancillary services list dated 08/15/25 revealed no date of last dental visit listed for Resident #8. Interview on 09/22/25 at 4:40 P.M. with Resident #8 stated he has wanted to see the dentist for quite some time. Interview on 09/24/25 at 9:32 A.M. with Social Services Designee # 629 confirmed residents are screened for ancillary services at admission. Interview on 09/29/25 at 8:42 A.M. with the Administrator stated Resident #8 was being seen by a dentist in the community and then signed a consent form for ancillary services on 05/02/24. Administrator was unable to confirm the last time Resident #8 was seen by a dentist. Interview on 09/29/25 at 9:00 A.M. with Social Services Designee #670 confirmed she was unable to provide a date of the last completed dental appointment for Resident #8 since he consented to dental services on 05/02/24. Phone interview on 09/29/25 at 12:41 P.M. with ancillary dental office Receptionist #743 revealed Resident #8 was added to their dental list in August of 2024. Resident #8 was not seen while they were at the facility in September of 2024 due to being at dialysis, Resident #8 refused to be seen in March of 2025 and was out of the facility at dialysis when they were at the facility in August of 2025. Receptionist #743 stated she did not have any records showing when Resident #8 was last seen by a previous dentist, had not been seen by their dentist, did not have the next facility visit scheduled, and was unsure how long it would be before Resident #8 would be able to be seen by their dentist. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 09/29/25 at 1:00 P.M. with Receptionist #695 revealed Resident #8 was scheduled for an outside dental appointment on 02/13/25 but the dentist did not accept Medicaid so Resident #8 was not seen. Receptionist #695 stated she was unaware of any other outside scheduled dental appointment since 05/2024. Review of the 2017 facility policy called: Dental Services revealed routine dental services means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings, etc. For Medicaid residents: the facility must provide all emergency dental services and those routine dental services to the extent covered under the Medicaid status. If any resident is unable to pay for dental services, the facility should attempt alternative funding sources or delivery systems so that the resident may receive the services needed to meet their dental needs and maintain his/her highest practicable level of well-being. This can include finding other providers of dental services, such as dental school or the provision of dental hygiene services on site at a facility.		

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 10/08/2025
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility policy revealed the facility failed to ensure infection control practices were maintained while assessing Resident #40, #87, #104 and #138 using a shared glucometer and failed to adhere to Enhanced Barrier Precautions (EBP) while providing catheter care to Residents #35 and #38. This affected six residents (Resident #40, #87, #104, #138, #35 and #38) of eight residents reviewed for infection control. The facility census was 123. Findings include: 1. Record review for Resident #104 revealed an admission date of 08/06/24. Diagnosis included diabetes mellitus (DM) with diabetic peripheral angiopathy without gangrene. Review of the Significant change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #104 was moderately cognitively impaired. Review of the Care Plan dated 05/09/23 revealed Resident #104 had DM with interventions to obtain blood sugars per order. Review of the physician order for Resident #104 dated 06/19/24 revealed orders for Novolog flexpen subcutaneous (sq) solution inject five units sq before meals for DM, hold for blood sugar less than 150. Observation on 09/23/25 at 11:27 A.M. of Licensed Practical Nurse (LPN) #721 assess Resident #104's blood sugar using a fingerstick glucometer revealed LPN #721 removed the uncovered glucometer from the top drawer of the medication cart. LPN #721 did not clean the glucometer, and approached Resident #104 in his room. LPN #721 obtained a drop of blood from Resident #104's finger, placed it on the strip connected to the glucometer, obtained the blood sugar result, removed the used strip, returned to the medication cart without washing her hands or using hand sanitizer and placed the glucometer back in the top drawer of the medication cart without cleaning the glucometer. 2. Record review for Resident #138 revealed an admission date of 05/20/25. Diagnosis included type two DM with diabetic chronic kidney disease. Review of the quarterly MDS assessment dated [DATE] revealed Resident #138 was cognitively intact. Resident #138 received insulin injections daily. Review of the care plan dated 06/02/25 revealed Resident #138 has diabetes with specified complication, circulatory complications, diabetic neurological complication and diabetic retinopathy. Interventions included to obtain blood sugars per order. Review of the physician orders for Resident #138 revealed an order for insulin Lispro sq solution pen injector 100 units per milliliter (ml) inject four units sq with meals for blood sugar. Observation on 09/23/25 at 11:38 A.M. of LPN #721 assessing Resident #138's blood sugar using a fingerstick glucometer revealed LPN #721 removed the uncovered glucometer from the top drawer of the medication cart. LPN #721 did not clean the glucometer (the same glucometer used for Resident #104), and approached Resident #138 in her room. LPN #721 sat the glucometer on Resident #138's unclean bed side table. LPN #721 then obtained a drop of blood from Resident #138's finger, picked up the glucometer, placed the blood on the strip connected to the glucometer, obtained the blood sugar result, removed the used strip, returned to the medication cart without removing her used gloves, and placed the glucometer back in the top drawer of the medication cart without cleaning the glucometer. Interview on 09/23/2025 at 11:42 A.M. with LPN #721 confirmed she used the same glucometer for Resident #104 and #138. LPN #721 revealed she had two glucometers in her medication cart but confirmed she only used one. LPN #721 revealed she had two glucometers but used the same one and goes through all the residents blood sugars and then cleans the one glucometer. LPN #721 then took the glucometer back out of the med cart drawer, took a sani wipe and quickly (less than four seconds) wiped the front of the glucometer and placed it back on the medication cart. LPN #721 revealed there was no certain amount time to wipe the glucometer and revealed she thought after after you wipe it off you just set it down and let it air dry for one minute. LPN #721 left the glucometer set on top the med cart to air dry. Review of the facility policy titled, Cleaning and disinfection of Glucose Meter undated revealed each medication cart will have at least two glucose meters that are shared by residents. One meter may be in use while the other meter is undergoing disinfection with the high level antimicrobial wipe for wet-contact time per the manufacturers recommendations. 3. Record (continued on next page)		

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 10/08/2025
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review for Resident #40 revealed an admission date of 02/22/21. Review of the quarterly MDS assessment dated [DATE] revealed Resident #40 was cognitively intact. Resident #40 received insulin injections daily. Review of the physician order dated 11/25/24 for Resident #40 revealed orders for Fiasp injection solution 100 units per ml inject as per sliding scale sq three times a day for diabetes. Review of the Care Plan dated 09/23/21 revealed Resident #40 had diabetes with interventions to obtain blood sugars per orders. Observation on 09/24/2025 at 8:10 A.M. of LPN #608 assessing Resident #40's blood sugar using a fingerstick glucometer revealed LPN #608 removed the uncovered glucometer from the top drawer of the medication cart. LPN #608 did not clean the glucometer prior to assessing Resident #40's blood sugar. After completing Resident #40's blood sugar assessment, LPN #608 wiped off the glucometer with a sani bleach wipe for approximately three seconds and sat the glucometer on top of the medication cart to air dry. LPN #608 confirmed she did not clean the glucometer prior to use and confirmed she briefly wiped the glucometer with a sani wipe, approximately three seconds prior to placing it on the medication cart to air dry. LPN #608 confirmed she used the same glucometer on multiple different residents and also confirmed she worked throughout the facility. Review of the facility policy titled, Cleaning and disinfection of Glucose Meter undated revealed each medication cart will have at least two glucose meters that are shared by residents. One meter may be in use while the other meter is undergoing disinfection with the high level antimicrobial wipe for wet-contact time per the manufacturers recommendations.4. Record review for Resident #87 revealed an admission date 07/22/25. Diagnosis included type two diabetes mellitus with hyperglycemia. Review of the admission MDS assessment dated [DATE] revealed Resident #87 was cognitively intact. Resident #87 received insulin injections daily. Review of the Care Plan dated 08/01/25 revealed Resident #87 had diabetes with interventions to administer insulin injections as ordered. Review of the physician orders for Resident #87 revealed an order dated 07/26/25 for insulin Glargine Solostar sq solution pen-injector 100 units per ml inject 34 unit sq in the morning for diabetes. Observation on 09/24/2025 at 8:35 A.M. of LPN #800 assessing Resident #87's blood sugar using a fingerstick glucometer revealed LPN #800 removed the uncovered glucometer from the top drawer of the medication cart. LPN #800 did not clean the glucometer prior to assessing Resident #87's blood sugar. After completing Resident #87's blood sugar assessment, LPN #800 wiped off the glucometer with a sani bleach wipe for approximately three to four seconds and sat the glucometer on top of the medication cart to air dry. LPN #800 confirmed she did not clean the glucometer prior to use and confirmed she briefly wiped the glucometer with a sani wipe. LPN #800 revealed she should have wiped the glucometer with the sani wipe at least 20 seconds then allowed it to air dry. LPN #800 revealed she worked with residents on all units. Review of the instructions on the sani wipe container with LPN #800 confirmed when cleaning a glucometer with the sani wipe the contact time for the wipe on the glucometer was two minutes. Review of the facility policy titled, Cleaning and disinfection of Glucose Meter undated revealed each medication cart will have at least two glucose meters that are shared by residents. One meter may be in use while the other meter is undergoing disinfection with the high level antimicrobial wipe for wet-contact time per the manufacturers recommendations.5. Record review for Resident #25 revealed an admission date of 09/20/24. Diagnosis included need for assistants with personal care, obstructive and reflux uropathy and retention of urine. Review of the Annual MDS assessment dated [DATE] revealed Resident #25 was cognitively intact. Resident #25 had an indwelling catheter. Review of the care plan for Resident #25 dated 10/01/24 revealed Resident #25 had an indwelling catheter related to obstructive and reflux uropathy. Interventions included enhanced barrier precautions when dressing, bathing, showering transferring, personal hygiene, changing linens, toileting, peri care and providing care to urinary catheter. Review of the physician orders dated 10/02/24 for Resident #25 revealed orders for enhanced barrier precautions related to: Foley catheter when dressing/bathing, showering/transferring in room or therapy gym/personal hygiene, changing linen, providing hygiene, changing briefs or assisting with toileting every shift. Observation on 09/23/2025 at 2:49 P.M. of (continued on next page)		

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 10/08/2025
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Certified Nursing Assistant (CNA) #636 providing catheter care and emptying the urine drainage bag for Resident #25 revealed CNA #636 never wore an isolation gown throughout the procedure. Interview on 09/23/2025 at 3:18 P.M. with CNA #636 confirmed she did not wear an isolation gown while providing catheter care for Resident #25 and did not know she was supposed to. Interview on 09/23/2025 at 3:22 P.M. with Corporate Registered Nurse (RN) #801 revealed staff should wear an isolation gown while providing catheter care for residents. Review of the facility policy titled, Enhanced Barrier Precautions undated revealed Enhanced Barrier Precautions - an infection control intervention designed to reduce transmission of multi drug resistant organisms. Personal Protective Equipment (PPE) required is a gown and gloves. EBP refers to an infection control intervention designed to reduce transmission of multi drug resistant organisms that employs hand hygiene, targeted gown and glove use during high contact resident care activities that include device care and use: Central line, urinary catheter, feeding tube, tracheostomy, ventilator, wound care, any skin opening requiring a dressing.6. Record review for Resident #38 revealed an admission date of 10/03/24. Diagnosis included quadriplegia and neuromuscular dysfunction of bladder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #38 was cognitively intact. Resident #38 had an indwelling catheter and was dependent for activities of daily living. Review of the care plan dated 10/14/24 revealed Resident #38 had a suprapubic catheter related to other neuromuscular dysfunction of bladder. Interventions included to change catheter per medical provider order. Enhanced barrier precautions should be followed (EBP) when dressing, bathing, showering, transferring, personal hygiene, changing linen, toileting, peri care and providing care to urinary catheter. Review of the physician orders dated 10/21/24 revealed orders for enhanced barrier precautions related to: wounds/ostomy when dressing/bathing, showering/transferring in room or therapy gym/personal hygiene, changing linen, providing hygiene, changing briefs or assisting with toileting every shift.Observation on 09/23/2025 at 3:00 P.M. of CNA #728 providing suprapubic catheter care for Resident #38 revealed CNA #728 never placed an isolation gown on during the suprapubic catheter care. CNA #728 then emptied the catheter bag. Resident #38 revealed not all staff wore the isolation gown while providing care for him. Interview on 09/23/25 at 3:00 P.M. with CNA #728 confirmed she never wore an isolation gown while providing suprapubic catheter care for Resident #38. Review of the facility policy titled, Enhanced Barrier Precautions undated revealed Enhanced Barrier Precautions - an infection control intervention designed to reduce transmission of multi drug resistant organisms. Personal Protective Equipment (PPE) required is a gown and gloves. EBP refers to an infection control intervention designed to reduce transmission of multi drug resistant organisms that employs hand hygiene, targeted gown and glove use during high contact resident care activities that include device care and use: Central line, urinary catheter, feeding tube, tracheostomy, ventilator, wound care, any skin opening requiring a dressing.		

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 10/08/2025
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to ensure advance directives were updated in the medical record to reflect resident's current wishes. This affected one resident (Resident #10) of 60 residents reviewed for advanced directives. The facility census was 123. Findings include: Review of the medical record for Resident #10 revealed an admission date of [DATE]. Diagnoses included but were not limited to Ogilvie syndrome, atrial fibrillation, type II diabetes mellitus, morbid obesity and schizophrenia. Review of the [DATE] discharge Minimum Data Set (MDS) 3.0 for Resident #10 revealed intact cognition. Review of the [DATE] uploaded code status form under the miscellaneous tab of the electronic medical record revealed a [DATE] signed document for Resident #10 for an advance directive of Do Not Resuscitate Comfort Care Arrest. Review of the electronic medical record (EMR) revealed under the blue banner bar revealed a code status to provide cardiopulmonary resuscitation (CPR). Interview on [DATE] at 1:20 P.M. with Unit Manager #629 confirmed the code status for Resident #10 had not been updated and did not match. Unit Manager #629 confirmed there was no code status listed in the paper medical record, and there were conflicting advance directives in the EMR. Review of the undated facility policy called: Advance Directive (Resident's Right to Choose) revealed it is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advanced directive. Any decision making regarding the resident's choice in their medical order for life-sustaining treatment and/or their advance directive will be documented in the resident's medical record and communicated to the interdisciplinary team and staff responsible for the resident's care.		

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 10/08/2025
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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and review of the facility policy, the facility failed to ensure the resident/responsible party received the Notice of Medicare Non-Coverage (NOMNC) timely and as required. This affected one resident (#123) of three residents reviewed for liability notices. The facility census was 123. Findings include:Record review for Resident #123 revealed an admission date of 05/12/25. Diagnosis included cerebral palsy, morbid severe obesity, muscle weakness, and need for assistants with personal care. Review of the admission Minimum Data Set (MDS) dated [DATE] for Resident #123 revealed Resident #123 was cognitively intact. Resident #123 had no impairment to the upper or lower extremities, required supervision or touch assistants with eating, dependent for toileting, personal hygiene, substantial/max assist bed mobility and dependent for chair/bed to chair transfers. Review of the physician orders for Resident #123 dated 06/11/25 revealed PT eval completed this date. Recommend PT services for five times a week for 30 days for therapeutic exercise, therapeutic activity, neuro re ed, group therapy, and patient/caregiver education.Review of the Skilled Documentation note dated 06/25/25 at 4:10 P.M. revealed Resident #123 was alert and oriented to person, place and time. Resident #123 received Occupational Therapy (OT) and Physical Therapy (PT).Review of the Social Services Note for Resident #123 dated 06/25/25 AT 5:07 P.M. completed by Social Services Designee #170 revealed Social Service Designee (SSD) left voicemail for resident regarding NOMNC with last covered day 06/27/25. Gave appeal information. Social Services will follow up with resident about appeal and discharge plan. Review of the Notice of Medicare Non-Coverage for Resident #123 revealed Medicare Coverage of your current skilled nursing facility services will end on 06/27/25. The notice included you have the right to an immediate, appeal the decision to end Medicare coverage of your services. Ask for your appeal as soon as possible. You must ask for a timely appeal no later than noon of the day before the above date. The notice was not signed by the resident.Review of Resident #123's medical record revealed no documentation of the Social Worker followed up to ensure Resident #123 received NOMNC in writing and understood the notice and right to appeal.Interview and record review on 09/29/2025 at 11:56 A.M. with Therapy Director #740 confirmed Resident #123 received PT and OT five times a week from 06/11/25 to 06/27/25. Resident #123's insurance issued a last covered day of 06/27/25. There was no appeal.Interview on 09/30/2025 at 8:45 A.M. with Licensed Social Worker (LSW) #649 confirmed a voice message was left for Resident #123 on 06/25/25 at 5:07 P.M. regarding NOMNC with last covered day 06/27/25. LSW #649 confirmed there was no follow up to ensure Resident 123 was given the opportunity to appeal. LSW #649 confirmed there should have been follow up.Review of the policy, Issuance of the Notice of Medicare Non-Coverage/The Generic Letter (aka Cut Letter) and the Skilled Nursing Facility (SNF)/ Advanced Beneficiary Notice (ABN) revised January 2024 revealed the facility was to issue the SNF/ABN to residents/beneficiaries prior to providing care that Medicare covered but may not pay because the care was not medically reasonable and necessary or was considered custodial. The notice was to be delivered to the beneficiary however if this was not possible the notice was to be delivered to an authorized representative no later than two days before the termination of services. Facility policy was to begin the notification process three to five or more days prior to termination of services. This gave ample time for the facility to be in compliance in case they were unable to get the notice signed in person or reach the beneficiary/authorized representative prior to the two days in the advance deadline. The following two steps were to be taken if the beneficiary/authorized representative was unable to sign for the receipt of the notice in person: a telephone call was to be made to the authorized representative, and the designee was to speak to the person voice-to-voice. If an answering machine or voicemail was reached the designee was to keep trying and send out the written notification the same day. Leaving a message was not acknowledged as a valid notification. For a telephone notification to be considered valid the designee (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had to read the entire notice to the person being contacted .The beneficiary/authorized representative was to be informed of need for signature on notice of non-coverage either in person or upon receipt of same via certified mail.		

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 10/08/2025
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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and review of the facility policy, the facility failed to develop individualized plans of care. This affected three residents (#67, #71 and #117) out of 44 resident records reviewed. Facility census was 123. Findings include: 1. Review of Resident #67's medical record revealed an admission date of 06/17/23 and diagnoses including chronic respiratory failure with hypoxia, epilepsy, hypertension, bipolar disorder, quadriplegia and contractures to bilateral hands, knees and hips. Review of Resident #67's quarterly minimum data set (MDS) 3.0 assessment dated [DATE] revealed Resident #67 had a memory problem with severe cognitive impairment. Resident #67 had highly impaired vision, adequate hearing and was dependent on staff for activities of daily living (ADLs). Review of the sexual offender log for August and September 2025 revealed a referral date of 03/17/25 for Resident #67. The national and state sex offender registries indicated Resident #67 was a sex offender with a readmission date of 09/09/25. Review of Resident #67's care plans revealed no plan of care addressing his sex offender status. Interview on 09/24/25 at 11:20 A.M. with the Administrator verified Resident #67 did not have a plan of care in place relative to sex offender status. The Administrator stated Resident #67 was not originally reported as a sex offender and the police showed up to the facility in February 2024 to notify the facility of such and came to the facility quarterly thereafter. The Administrator provided information pertaining to Resident #67 during the interview which identified Resident #67 as a tier one sex offender convicted on 04/30/14 in Ohio. 2. Resident #117 was admitted to the facility on [DATE] with diagnoses including Parkinsonism, Steele-[NAME]-[NAME] syndrome (an extremely rare brain disease that gradually impairs balance, eye movement, speech, and swallowing), and dementia. Review of Resident #117's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #117 was moderately cognitively impaired, utilized a walker for ambulation, and required setup assistance for completing activities of daily living. The assessment also noted Resident #117 engaged in wandering behaviors every one to three days. Additionally, the assessment identified Resident #117's primary language as Russian and indicated that activities were considered somewhat important to him. Review of the care plan for Resident #117 revealed no care-planned goals or interventions to address the resident's activity preferences or other related activity needs. An interview with the Administrator on 09/24/25 at 10:10 A.M. confirmed that no activities care plan had been developed for Resident #117. 3. Review of Resident #71's medical record revealed the resident was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia and major depressive disorder. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #71's Annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment. Review of Resident #71's care plans did not reveal evidence of a dental care plan. Review of Resident #71's medical record revealed the payor source was Medicaid. Observation on 09/22/25 at 12:50 P.M. revealed Resident #71 had a partially cracked or decayed tooth on the upper right side of her mouth. Attempted interview with the resident and the resident was not interviewable. Interview on 09/24/25 at 11:03 A.M. with Social Services Designee (SSD) #670 revealed Resident #71 has not had a dental visit since admission. Interviews on 09/24/25 at 1:37 P.M. with Licensed Practical Nurse (LPN) MDS #662 and LPN MDS #679 confirmed Resident #71 did not have a dental care plan. Review of the Plan of Care Overview policy dated 2017 revealed the facility policy was to provide resident centered care that meets the psychosocial, physical, and emotional needs and concerns of residents. The purpose of the policy was to provide guidance to the facility to support the inclusion of the resident or resident representative in all aspects of person-centered care planning and that this planning includes the provision of services to enable the resident to live with dignity and supports the resident's goals, choice, and preferences including, but not limited to, goals related to their daily routines and goals to potentially return to a community setting.		

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 10/08/2025
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to revise a resident's care plan to reflect a residents current needs. This affected two of (Resident #69 and #117) of forty four sampled Residents. The facility census was 123. Findings include: 1. Resident #117 was admitted to the facility on [DATE] with diagnoses including Parkinsonism, Steele-[NAME]-[NAME] syndrome (an extremely rare brain disease that gradually impairs balance, eye movement, speech, and swallowing), and dementia. Review of Resident #117's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #117 was moderately cognitively impaired, utilized a walker for ambulation, and required setup assistance for completing activities of daily living. The assessment also documented that Resident #117 engaged in wandering behaviors every one to three days and identified his primary language as Russian. Review of Resident #117's care plan problem dated 07/19/25 revealed Resident #117 was considered an elopement risk related to dementia and Parkinsonism. Interventions included: administering medications as ordered; observing and documenting signs, symptoms, effectiveness, and side effects; educating the resident/resident representative about medication effectiveness and side effects; approaching and speaking in a calm manner; behavioral health consults as needed; communicating with the resident/resident representative regarding behaviors and treatment; encouraging the resident to express feelings and participate in activities of choice; encouraging the resident to maintain as much independence and decision-making as possible; intervening as necessary to protect the rights and safety of others; minimizing the potential for disruptive behaviors by offering tasks that divert attention; monitoring behavioral episodes and attempting to determine underlying causes; observing and anticipating the resident's needs such as thirst, food, body positioning, pain, and toileting needs; and praising any indication of behavioral progress. Review of a nursing progress note dated 07/27/25 at 6:59 P.M. revealed Resident #117 was in the smoking area when he kicked the gate open and eloped into the facility's parking lot. Emergency services were called by another resident in the parking lot, and emergency personnel assisted Resident #117 in returning to the facility. Resident #117 subsequently went directly to the nurses' station and began using the phone to make multiple calls and hang up. He then began pacing the halls carrying two bags. Resident #117 was approached and redirected by nursing staff, but he yelled, home, fly. The resident was then placed on one-on-one supervision due to exit-seeking statements and behaviors. An interview with the Director of Nursing on 09/29/25 at 10:10 A.M. verified the events of the 07/27/25 elopement attempt and confirmed that the only direct intervention implemented afterward was one-on-one supervision. Review of a late-entry nursing progress note dated 09/15/25 at 8:00 A.M. revealed the facility was notified by the municipal police department at 12:50 A.M. on 09/15/25 that Resident #117 had been determined to be missing from the facility and was found approximately 1.7 miles away. The last known sighting of Resident #117 was at 10:30 P.M., when he was observed sitting in the television room on the second floor wearing blue jeans, a T-shirt, a blue jacket, and shoes. (continued on next page)		

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 10/08/2025
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a police report dated 09/15/25 revealed that at 12:08 A.M. Resident #117 was identified by a local resident at a home approximately 1.5 miles away from the facility. He was wearing a sweatshirt and plaid night pants. The local resident called emergency services after observing Resident #117 ring the doorbells of multiple homes in the area. Resident #117 was located in the street by police. When asked what he was looking for, Resident #117 stated he was searching for a local meat market. He further stated that his kidney hurt and was subsequently transported to a local hospital for evaluation. An interview with the Administrator on 09/24/25 at 10:10 A.M. confirmed that Resident #117's elopement/wandering care plan was not updated to include new interventions to address his multiple elopement attempts. 2. Record review for Resident #69 revealed an admission date of 07/21/23. Diagnosis included spondylosis, radiculopathy lumbar region, abnormal posture, and muscle weakness. Review of the Annual MDS dated [DATE] revealed Resident #69 was cognitively intact. Resident #69 had impairment on one side of the upper extremities and both sides of the lower. Resident #69 required assistants with activities of daily living (ADL's). Review of the medical record for Resident #69 from 09/01/24 through 09/22/25 revealed no documentation of any care plan meeting being completed. Interview on 09/25/2025 at 11:27 A.M. with Licensed Social Worker (LSW) #649 revealed she had Resident #69 down as having a care conference on 07/10/25 and 07/25/25. LSW #649 revealed there were no care conferences scheduled or completed prior to that stating, When I got here, they were a mess. LSW confirmed care plan meetings were to be held on admission, quarterly (every three months), and when there was a significant change in condition. LSW #649 revealed she will find and provide the documentation of the care plan meetings completed on 07/10/25 and 07/25/25. Interview on 09/30/25 at 2:00 P.M. with Administrator confirmed there was no documentation available to confirm any care plan meeting was completed for Resident #69 on 07/10/25 or 07/25/25.		

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 10/08/2025
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure Resident #38's pressure ulcer wound care dressings were completed as ordered. This finding affected one (Resident #38) of seven residents reviewed for pressure wounds. Findings include:Review of Resident 38's medical record revealed the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses including quadriplegia, diabetes and schizophrenia.Review of Resident #38's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.Review of Resident #38's physician orders revealed an order dated 09/17/25 to cleanse the mid-spine, right back, sacrum, right ischium, left buttock, right lateral leg and left lower extremity with wound cleanser, apply collagen sheet to the base of the wound and secure with a bordered foam dressing daily and as needed.Review of Resident #38's wound progress note dated 09/24/25 at 3:39 P.M. revealed the resident had a mid-spine pressure wound at a stage three which was improving and measured 2.1 centimeters (cm) length by 1 cm width by 0.3 cm depth; a right back stage 3 pressure wound which was improving and measured 3.3 cm length by 4 cm width by 0.3 cm depth; a sacrum stage three pressure wound which was improving and measured 4.6 cm length by 3 cm width by 0.2 cm depth; and a left buttocks stage three pressure wound which was improving and measured 7 cm length by 5.1 cm width by 0.2 cm depth. Interview on 09/24/25 at 12:16 P.M. with Licensed Practical Nurse (LPN) Wound Nurse #690 confirmed Resident #38's dressings to his mid spine, right back, sacrum, and the left buttocks dressings were signed off by LPN #707 on 09/23/25 as completed on the resident's medication administration records (MARS) and treatment administration records (TARS) but the dressings reflected a date of 09/22/25 which confirmed the dressings were not completed as ordered and the MARS and TARS were inaccurate. Review of the undated Wound Care policy revealed residents/patients admitted with or develop skin integrity issues would receive treatment as indicated based on location, stage and drainage.This deficiency represents non-compliance investigated under Complaint Numbers 2561886, 1338811 and 1338808.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to provide Resident #119 with timely incontinence care. This finding affected one (Resident #119) of eleven residents reviewed for incontinence care. Findings include: Review of Resident #119's medical record revealed the resident was admitted on [DATE] with diagnoses including hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side, chronic obstructive pulmonary disease and diabetes. Review of Resident #119's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition, was frequently incontinent of bowel and bladder and required substantial/maximal assistance with toileting hygiene. Review of Resident #119's Activities of Daily Living (ADL) Self-Performance Care Plan revealed an intervention dated 05/09/25 which indicated the resident required substantial/maximal assistance with toileting hygiene. Observation on 09/22/25 at 9:45 A.M. of Certified Nursing Assistant (CNA) #687 of Resident #119's incontinence care revealed the resident's incontinence brief was saturated with urine and the resident's buttocks (right and left) appeared a deep red. The bedsheets beneath the resident had a large dried yellow stain underneath the resident. Interview on 09/22/25 at 9:52 a.m. with Resident #119 with CNA #687 in attendance revealed the resident was last changed on 09/21/25 around 8:00 P.M. and no one came in to check on her or change her incontinence brief. The resident stated she did not put the call light on because staff never came. Interview on 09/23/25 at 6:13 A.M. with Licensed Practical Nurse (LPN) #680 revealed Resident #119 was checked and provided incontinence care this morning around 5:30 A.M., which should be performed every two hours. Interview on 09/23/25 at 6:14 A.M. with CNA #602 revealed she worked from 7:00 P.M. to 7:00 A.M. on 09/21/25 into 09/22/25 and again on 09/22/25 into 09/23/25. CNA #602 revealed she checked and changed Resident #119 around 6:00 A.M. on 09/22/25 and did not notice a large yellow stain on the sheets which appeared dried. Review of the Perineal Care - Male and Female policy dated 2018 to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the residents' skin condition. This deficiency represents non-compliance investigated under Complaint Number 1338813, 1338811, 1338810 and 1338808.		

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 10/08/2025
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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, record review, staff interview and facility policy review, the facility failed to ensure one Resident #67's enteral feeding was labeled and dated as required. This affected one resident (Resident #67) of four residents requiring enteral feedings at the facility. Findings include: Review of the medical record for Resident #67 revealed an admission date of 09/09/25. Diagnoses included but were not limited to chronic respiratory failure with hypoxia, use of gastrostomy, traumatic subdural hemorrhage, epilepsy, contracture of right and left hand, right knee, left knee, right hip, bipolar disorder, tracheostomy, and quadriplegia. Review of the 09/06/25 discharge Minimum Data Set (MDS) 3.0 for Resident #67 revealed severe cognitive impairment and dependence upon staff for all activities of daily living. Review of the physician order dated 09/10/25 for Resident #67 revealed he received nothing by mouth. Review of the 06/03/25 physician order for Resident #67 revealed an order for enteral nutrition via pump of Jevity 1.5 calorie formula at 50 milliliters (mL) per hour for 20 hours. Feeding to be started at 6:00 P.M. to provide a total volume of 1000 mL and 1500 calories. Review of Resident #67's care plan revealed it was last reviewed on 06/12/25 and stated Resident #67 required enteral tube feeding related to gastrostomy status for nutrition and hydration. Interventions listed included provide tube feeding per medical provider orders. Observation on 09/22/25 at 10:24 A.M. with Registered Nurse (RN) #622 revealed Resident #67's tube feeding running at 50 mL per hour. RN #622 confirmed the tube feeding container was not dated, no time was listed, and did not list the nurse's initials on the bottle. RN #622 confirmed per shift report, the night shift had hung the feeding and should have labeled the time and date and nurse initials on the enteral feeding prior to hanging it. Review of the undated facility policy called: Enteral General Nutrition (tube feeding) Guidelines under section three of the procedure section revealed to verify the practitioner's order including volume and rate, label the administration set with the date and time of administration including licensed nurse initials.		

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 10/08/2025
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain tracheostomy care and ensure clean suctioning equipment and trach replacement supplies were available for Resident #14. This affected one resident (Resident #14) of one resident reviewed for trach care. Findings include: Record review for Resident #14 revealed an admission date of 11/09/23. Diagnosis included cranial cerebrospinal fluid leak, tracheostomy, dysphagia, other symptoms and signs involving cognitive functions and awareness, cognitive communication deficit, muscle weakness, and need for assistants with personal care. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #14 was severely cognitively impaired. Resident #14 had impairment on one side of the upper extremities and required assistants with activities of daily living (ADL). Resident #14 did not receive oxygen therapy, received suctioning, and trach care. Review of the Care Plan revised 08/08/24 revealed Resident #14 was currently receiving tracheostomy care. Interventions included administer treatments per medical provider's orders. Evaluate lung sounds and respiratory status. Observe for signs and symptoms of pulmonary infection which included increased secretions and thick secretions, report abnormal findings to medical provider, resident/resident representative. If trach dislodges, attempt to reinsert. Keep extra trachs at bedside: Current size and one size smaller. Provide trach care suctioning per order. Review of the physician orders for September 2025 revealed Resident #14 had orders to include change suction tubing and cannister once per week and as needed, change trach ties every Monday, Wednesday, and Friday and as needed day shift, have same size trach and one size smaller at bedside at all times every shift, suction resident every shift and as needed, and trach care every shift and as needed. Observation on 09/22/2025 at 5:14 P.M. revealed Resident #14 was lying in bed with his eyes closed. Observation revealed Resident #14's trach site was red with dry and wet mucous at the site. Observation and interview on 09/22/25 at 5:16 P.M. with Licensed Practical Nurse (LPN) #707 revealed she did not suction Resident #14 this shift and revealed he did not need it. Resident #14 revealed the trach site was painful. LPN #707 confirmed Resident #14 had a large amount of brown thick mucous covering the ties on both sides of the trach, dried on the skin and under the trach. LPN #707 also confirmed after searching his room that Resident #14 did not have any spare trachs in his room. Observation revealed the suction machine on the nightstand was covered in thick dust on the floor of the machine, the sides, top, and on the stand the machine was sitting on. The cannister was undated, unused and tilted to one side. Observation on 09/23/2025 at 4:59 P.M. revealed Resident #14 was lying in bed. Observation revealed the trach ties appeared the same as the day before, brown and covered in dried and wet mucous with a large amt phlegm. The suction machine on the nightstand appeared exactly as the day before, the cannister was tilted and unused. The machine was very dusty and in the same position as the day before. Observation on 09/23/2025 at 5:05 P.M. with LPN #721 revealed LPN #721 searched Resident #14's room and confirmed Resident #14 did not have any spare trachs in his room. LPN #721 confirmed she also looked in the central supply room and Resident #14 did not have any spare trachs available. LPN #721 confirmed Resident #14's trach ties were covered in brown dried and wet mucous with a large amt phlegm. The suction machine on the nightstand was very dusty and appeared unused. LPN #721 revealed she washed Resident #14 up that A.M. and he refused care when she offered again later in the day.		

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 10/08/2025
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview, record review, and facility policy review the facility failed to ensure Resident #8 was monitored prior to and following dialysis treatments. This affected one (Resident #8) of one resident reviewed for dialysis. Findings include: Review of the medical record for Resident #8 revealed an admission date of 07/20/24. Diagnoses included but were not limited to type II diabetes mellitus with chronic kidney disease, moderate protein-calorie malnutrition, stage five chronic kidney disease, and dependence on renal dialysis. Review of the 08/10/25 quarterly Minimum Data Set (MDS) 3.0 for Resident #8 revealed intact cognition, required supervision for dressing and personal hygiene and was noted to receive dialysis. Review of the physician order dated 07/30/24 for Resident #8 revealed an order to send medication list, face sheet and dialysis assessment with resident on Monday, Wednesday and Friday. Night shift to prepare paperwork every night shift on Tuesday, Thursday and Sunday. Review of the physician order dated 03/31/25 for Resident #8 revealed an order for Dialysis every Monday, Wednesday and Friday from 11:00 A.M. to 3:00 P.M. Review of the medical record for Resident #8 revealed under the pre-dialysis assessment tab from 06/01/25 to 09/24/25 revealed pre dialysis assessments were completed on 06/2/25, 06/13/25, 06/16/25, 06/18/25, 06/23/25, 06/25/25, 06/30/25, 07/02/25, 07/16/25, 09/10/25 and 09/19/25. Out of 50 scheduled dialysis appointments between 06/01/25 to 09/24/25, eleven pre dialysis assessments were completed as ordered. Review of the medical record for Resident #8 revealed under the post-dialysis assessment tab only one on 09/10/25 was completed out of fifty dialysis appointment dates between 06/01/25 to 09/24/25. Review of the dialysis record binder at the second-floor nurses station revealed the most recent printed dialysis assessment was dated 09/30/24. Review of the Medication Administration Record for Resident #8 revealed out of eleven dialysis days from 09/01/25, 09/03/25, 09/05/25, 09/08/25, 09/10/25, 09/12/25, 09/15/25, 09/17/25, 09/19/25, 09/22/25 and 09/24/25 all were signed off as having completed a medication list, face sheet, and pre dialysis assessment form with resident to dialysis appointment. Out of the eleven dialysis days, only pre assessments were completed on sent on 09/10/25 and 09/19/25. Interview on 09/24/25 at 9:57 A.M. with Receptionist #695 confirmed paperwork is not usually sent with Resident #8 when leaving for dialysis. Interview on 09/24/25 at 10:00 A.M. with Licensed Practical Nurse (LPN) #742 confirmed she did not complete the dialysis pre assessment paperwork as the night shift is supposed to complete it. LPN #742 stated she took his vitals but was not aware of a pre or post dialysis assessment to complete and stated she just puts it in a progress note. LPN #742 confirmed the last pre-dialysis in the dialysis record book for Resident #8 revealed it was dated 09/28/24 and there were no additional pre-dialysis assessments in the paper medical record for Resident #8. Interview on 09/24/25 at 10:36 A.M. with the Director of Nursing revealed the facility provides a dialysis communication form and thought they put it in a folder to send with Resident #8. Interview on 09/24/25 at 11:10 A.M. with the Administrator confirmed she was unable to provide additional evidence of pre and post dialysis assessments other than what was in the electronic medical record. Review of the undated facility policy called: Hemodialysis Care and Monitoring revealed under section eight titled Pre-Dialysis revealed evaluation to be completed within four hours of transportation to dialysis center to include but not limited to accurate weight, blood pressure, pulse, respirations, and temperature. A list of medications administered, or medications withheld prior to dialysis, send copy of nursing evaluation with resident to dialysis center including the Medication Administration Record (MAR) and emergency contact and facility information. Under section nine titled Post Dialysis revealed nurse is to review notes from dialysis center, review tolerance to treatment, review medications that may have been given during dialysis, post dialysis notes will be uploaded into the electronic health record (EHR) or placed on hard medical record. Nurse to completed the post dialysis evaluation upon return from dialysis center to include but not limited to; thrill absence or presence for graft, bruit absence of present for graft or fistula VAD, pulse in access limb- record number of beats per minutes and character of pulse, blood pressure (opposite arm), (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pulse, respirations and temperature upon return to the facility, visual inspection of site for bleeding, swelling or other abnormalities. Under section eleven called; Shared Communication revealed the care of the resident receiving dialysis will include ongoing communication, coordination and collaboration between the dialysis center and the facility that may include but in not limited to; telephonic communication, providing a pre and post dialysis documentation of resident assessment to evaluate the resident response to dialysis and update care plan in collaboration with dialysis recommendations. The facility will provide a copy of the current MAR and the pre-evaluation for dialysis from the electronic medical record to the dialysis center.		

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 10/08/2025
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation of medication administration, interview, record review, and review of the instructions for insulin pen-injections, the facility failed to ensure medications were administered as ordered resulting in a medication errors rate of 6.7 percent (%). This affected two residents (Resident #87 and #138) out of five residents observed for medication administration. The facility census was 123. Findings include: 1. Record review for Resident #138 revealed an admission date of 05/20/25. Diagnosis included diabetes mellitus with diabetic chronic kidney disease. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #138 was cognitively intact. Resident #138 received insulin injections daily. Review of the Care Plan dated 06/02/25 revealed Resident #138 had diabetes with diabetic neurological complications. Interventions included to administer insulin injections per medical providers orders. Review of the physician orders for Resident #138 dated 08/28/25 revealed orders for Insulin Lispro subcutaneous (sq) solution pen-injector 100 units per ml, inject four units sq with meals for blood sugar. Observation on 09/23/2025 at 11:38 A.M. of medication administration with Licensed Practical Nurse (LPN) #721 prepare and administer insulin to Resident #138 revealed LPN #721 removed the Lispro insulin pen from the medication cart. LPN #721 placed the needle on the pen and dialed in four units. Observation revealed LPN #721 did not prime the pen. LPN #721 then administered the insulin to Resident #138. Interview on 09/23/2025 at 11:42 A.M. with LPN #721 confirmed she did not prime the insulin pen prior to administration to Resident #138 and revealed she didn't need to prime the insulin pen. LPN #721 revealed she worked all areas of the facility. 2. Record review for Resident #87 revealed an admission date 07/22/25. Diagnosis included type two diabetes mellitus with hyperglycemia. Review of the admission MDS dated [DATE] revealed Resident #87 was cognitively intact. Resident #87 received insulin injections daily. Review of the Care Plan dated 08/01/25 revealed Resident #87 had diabetes. Interventions included to administer insulin injections as ordered. Review of the physician orders for Resident #87 revealed an order dated 07/26/25 for insulin Glargine Solostar sq solution pen-injector 100 units per ml inject 34 unit sq in the morning for diabetes. Observation on 09/24/25 at 8:35 A.M. of medication administration for Resident #87 revealed LPN #800 removed the Glargine Solostar pen-injector from the medication carts. LPN #800 primed the pen injector then placed the needle on the pen injector. LPN #800 then dialed in 34 unit on the pen injector and administered the insulin to Resident #87. LPN #800 confirmed she primed the insulin pen injector prior to putting the needle on and confirmed she did not prime the injector after putting the needle on. LPN #800 revealed she had worked all areas of the facility. Review of the Instructions for Use insulin kwik-pen revised 07/2023 revealed the priming process should be performed before every injection to ensure the correct dose is delivered. Without priming, you may inject air instead of insulin leading to an underdose. To prime, attach a needle, dial two units, tap to remove air, press the dose knob, you should see a drop or stream of insulin appear at the needle tip. If no insulin appears, repeat. Once a drop of insulin appears, your pen is primed and ready. You can now dial the correct dose for your injection.		

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 10/08/2025
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility policy, the facility failed to ensure Resident #133 and Resident #136 was free from significant medications error. This affected two residents (Resident #133 and #136) of three residents reviewed for medication errors. The facility census was 123. Findings include: 1. Record review for Resident #133 revealed an admission date of 01/14/25 and a discharge date of 03/26/25. Diagnosis included Crohn's disease, muscle weakness, abdominal pain, and other chronic pain. Review of the admission Minimum Data Set (MDS) dated [DATE] revealed Resident #133 was moderately cognitively impaired. Resident #133 received scheduled and as needed pain medications. Pain frequency was almost constantly and frequently had an effect on sleep. Review of the care plan dated 02/02/25 revealed Resident #133 has complaints of acute/chronic pain or at risk for pain related to Crohn's disease, intervertebral disc degeneration, lumbosacral region, abdominal pain, vitreous degeneration, other chronic pain. Interventions included to provide medications per order and observe for pain every shift. Review of the physician orders dated 01/15/25 revealed an order for Gattex (used for short bowel syndrome to enhance gastrointestinal absorption) subcutaneous (sq) kit five milligrams (mg) (teduglutide (rdna) inject 0.15 milliliters (ml) sq at bedtime for irritable bowel syndrome (IBS). Review of the Medication Administration Record (MAR) for Resident #133 for administration of Gattex kit five mg for 01/15/25 through 01/27/25 revealed a nine (9) was documented for each day with the exception of 01/21/25 which a check mark indicated the medication was given. A number six was documented from 01/28/25 through 01/31/25. Review of the chart code indicated a number nine indicated other/see nurses note. A number six indicated hospitalized. Resident #133's pain ranged from zero to 10. Review of the MAR for February 2025 revealed Resident #133 received the Gattex kit five mg five of the 28 days. A two (indicating the drug was refused) was documented two of the 28 days and a nine (indicating see nurses notes) was documented 21 of the days. Resident #133's pain ranged from zero to nine. Review of the MAR for March 2025 revealed Resident #133 received the Gattex kit five mg 11 of the 18 days residing at the facility. Resident #133's pain ranged from zero to nine. Review of the progress notes for January, February and March 2025 on the dates a nine was placed on the MAR for Resident #133 revealed documentations the medication Gattex was either on order or unavailable. Interview on 09/29/2025 at 10:12 A.M. with Certified Nurse Practitioner (CNP) #744 revealed she was Resident #133's CNP when she resided at the facility. CNP #744 revealed Resident #133 had chronic pain for years, she received Gattex for Crohn's/short bowel syndrome therapy. The medication, Gattex, was ordered by the gastrointestinal specialist at the hospital. CNP #744 revealed missed doses of Gattex could affect/increase Resident #133's pain. CNP #744 revealed while at the facility, (continued on next page)		

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 10/08/2025
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she shared a locked office with the unit managers and physicians. CNP #744 revealed she saw (Resident #133's) Gattex several times in the locked office stating, the medication was in the facility but not available for nurses to give, as it was locked in the physician provider office. Nurse management knew the medication was in the office, but not the floor nurses, so there was a miscommunication of location of the medication. CNP #722 revealed she poke to (LPN #690) who was the unit manager at that time, and it was also discussed in the Interdisciplinary Team meetings (IDT) meetings. CNP #722 told them it should be given as ordered, but they still didn't give it. CNP #744 didn't know if it was they wanted nurse managers to give it to prevent errors, but she talked to them several times, and it was part of the resident's regimen for short bowl syndrome. 2. Review of Resident #136's medical record revealed the resident was admitted on [DATE] and discharged on 08/12/25 with diagnoses including altered mental status, local infection due to central venous catheter subsequent encounter and depression. Review of Resident #136's admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #136's progress note dated 07/26/25 at 12:55 P.M. authored by Nursing Student #694 revealed the resident arrived via a stretcher. Review of Resident #136's physician orders revealed an order dated 07/26/25 (discontinued 07/28/25) for amoxicillin-potassium clavulanate tablet 875-125 milligrams (mg) give one tablet by mouth every twelve hours for a bacterial infection for six days (12 doses); and an order dated 07/28/25 for amoxicillin-potassium clavulanate tablet 875-125 mg give one tablet by mouth every 12 hours for an infection of the venous catheter positive for Enterobacter cloacae bacteria for six days (12 doses). Review of Resident #136's progress note dated 07/27/25 at 8:41 P.M. authored by Registered Nurse (RN) #683 revealed the resident was ordered amoxicillin-potassium clavulanate tablet 875-125 mg give one tablet by mouth every 12 hours for a bacterial infection for 6 days (12 doses). Review of Resident #136's progress note dated 07/28/25 at 9:40 P.M. authored by Licensed Practical Nurse (LPN) #721 revealed the resident received amoxicillin-potassium clavulanate tablet 875-125 mg give one tablet by mouth every 12 hours for infection of the venous catheter which was positive for Enterobacter cloacae for 6 days for a total of 12 doses. Review of Resident #136's progress note dated 08/12/25 at 2:08 P.M. authored by RN #623 revealed the resident was discharged home and the discharge orders were provided. Review of Resident #136's medication administration records (MARS) and treatment administration records (TARS) from 07/26/25 to 08/12/25 revealed the resident did not receive the amoxicillin-potassium clavulanate antibiotic tablet due at 9:00 A.M. and 9:00 P.M. on 07/26/25 at 9:00 P.M. (waiting for pharmacy to deliver), 07/27/25 at 9:00 P.M. (waiting for pharmacy to deliver), 07/28/25 at 9:00 P.M., 07/31/25 at 9:00 A.M., and 08/01/25 at 9:00 P.M. (waiting for pharmacy to deliver). The MARS and TARS revealed the resident received 11 doses of the antibiotic. Interview on 09/22/25 at 10:36 A.M. with Regional Director of Clinical Operations (RDOCO) #734 confirmed the resident missed two doses of the antibiotic per the medical record. A telephone interview was conducted on 09/23/25 at 7:22 A.M. with Pharmacist #736 who revealed the pharmacy received two orders for the antibiotic with the first one on 07/26/25 and the second one on 07/28/25. Pharmacist #736 revealed staff removed the antibiotics for Resident #136 from the facility medication dispensary. A telephone interview was conducted on 09/23/25 at 9:02 A.M. with Pharmacist #737 who revealed Resident #136's antibiotics were pulled individually from the medication dispensary machine with one antibiotic tablet removed on 07/27/25, one antibiotic tablet removed on 07/28/25, two antibiotic tablets removed on 07/29/25, two antibiotic tablets removed on 07/30/25, one antibiotic tablet removed on 07/31/25, one antibiotic tablet removed on 08/01/25 and one antibiotic tablet removed on 08/02/25 (total of 9 tablets pulled from the medication dispensary machine). Pharmacist #737 confirmed only nine antibiotics were removed from the medication dispensary machine and not the twelve as ordered. Review of an email provided by Pharmacist #737 dated 09/23/25 at 9:44 A.M. of the dispensary record of the amoxicillin-potassium clavulanate tablet 875-125 mg from the facility medication dispensary revealed (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 10/08/2025
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	one antibiotic was removed on 07/27/25, one tablet on 07/28/25, two tablets on 07/29/25, two tablets on 07/30/25, one tablet on 07/31/25, one tablet on 08/01/25 and one tablet on 08/02/25. Review of the Medication Administration Policy dated 09/2025 revealed the purpose of the policy was to provide guidance for general medication administration to be provided by personnel recognized as legally able to administer. Medications would be charted when given and administered within the time frame of one hour before up to one hour after the time ordered. This deficiency represents non-compliance investigated under Complaint Numbers 2596048, 1338812 and 1338809.		