

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2025
NAME OF PROVIDER OR SUPPLIER Suburban Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20265 Emery Rd North Randall, OH 44128	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review, staff interview, and facility policy review, the facility failed to monitor and address significant weight loss. This affected one (Resident #121) of three residents reviewed for nutrition. The facility census was 113.</p> <p>Findings Include:</p> <p>Medical record review revealed Resident #121 was admitted to the facility on [DATE]. Diagnoses included anemia, other nondisplaced fracture of upper end of left humerus and left femur, pain, arteriovenous fistula, pneumonitis, thrombocytopenia, pulmonary embolism, dysplasia, type II diabetes, infection and inflammatory reaction due to other cardiac and vascular devices, depression, hemiplegia and hemiparesis, moderate protein calorie malnutrition, cognitive communication deficit, difficulty walking, other abnormalities of gait and mobility, osteoarthritis, morbid obesity, hypotension, chronic kidney disease (stage V), atrial fibrillation, hypertension, hyperlipidemia, asthma, hypothyroidism, and end stage renal disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #121 was cognitively intact.</p> <p>Review of Resident #121 weights revealed on 01/04/25 she weighed 261.8 pounds, on 02/07/25 she weighed 236.9 pounds. This represented a 9.5% weight loss in one month. There were no other weights taken to verify the significant weight loss prior to her discharge date of [DATE].</p> <p>Review of Resident #121 progress and nutritional notes dated 02/07/25 to 02/22/25 revealed no documentation to support the significant weight loss was addressed.</p> <p>Review of Resident #121 nutritional assessment dated [DATE] revealed a documented current weight of 261 pounds. There was nothing within the nutritional assessment to confirm or address the significant weight loss.</p> <p>Review of Resident #121's MDS assessment, section K, dated 02/09/25, revealed a current weight of 261 pounds. The MDS nutritional assessment was dated after the significant weight loss was documented, so it should have been identified and addressed within that assessment, but was not.</p> <p>Interview with the Director of Nursing (DON) on 03/15/25 at 2:45 P.M. confirmed they did not identify or address Resident #121 significant weight loss. The DON indicated they should have informed the dietitian and the physician of the significant weight loss. The DON also indicated they should have taken another weight to determine if the weight loss was accurate.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of facility Weight Assessment and Intervention policy, dated December 2008, revealed weights would be recorded in each unit's weight record chart or notebook and in the individual's medical record. Any weight change of 5% or more since the last weight assessment would be retaken the next day for confirmation. If the weight was verified, nursing would immediately notify the dietitian in writing. Verbal notification was to be confirmed in writing. The physician and the multidisciplinary team would identify conditions and medications that could be causing anorexia, weight loss or increasing the risk of weight loss.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163214.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37100</p> <p>Based on observations, staff interview, and facility policy review, the facility failed to date and store food in the kitchen appropriately. This had the potential to affect 109 of 113 residents who ate food from the kitchen (Residents #21, #36, #38, and #95 did not receive food from the kitchen). The census was 113.</p> <p>Findings Include:</p> <p>Observations on 03/15/25 from 10:40 A.M. to 11:05 A.M. revealed the following items in the main kitchen walk in refrigerator. A plastic bag of whipped cream that was opened, undated, and had no covering on the opened end of the bag leaving the contents open to air. There was a plastic container of cooked sausage patties with the prepared/cooked date on the container of 02/03/25. There were five cups of pudding on a tray that were undated and uncovered; open to air. There was a plastic container of prepared/cooked oatmeal with the cooked/prepared date of 02/06/25. There were two gallons of milk with the best by date of 02/27/25. There was an opened bag of shredded cheese that did not have a used by or date as to when it was opened. There was a metal pan of cooked noodles with no date as to when they were cooked or when they should be used by/discarded. There was a plastic bag of prepared salad that was opened but had no date as to when it was opened or when it should be discarded. Lastly, there were three peanut butter and jelly sandwiches in individual plastic bags that had no date as to when they were prepared or when they should be discarded. All three sandwiches were hard to touch, indicating they were stale.</p> <p>Interview with Dietary Manager #110 on 03/15/25 at 11:05 A.M. revealed they removed items from the refrigerator within five days of it being stored/cooked or removed from the original packaging, unless otherwise dated on the packaging. Dietary Manager #110 confirmed all the dates, non-dates, and uncovered items as needing to be thrown out or covered.</p> <p>Review of facility Food Receiving and Storage policy, dated December 2008, revealed all food stored in the refrigerator or freezer would be covered, labeled, and dated. Refrigerated food would be stored in such a way that promoted adequate air circulation around food storage containers. Food items and snacks kept on the nursing units were to be maintained as indicated: all food items to be kept below 40 degrees Fahrenheit must be placed in the refrigerator located at the nurse's station and labeled with a use by date.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163214.</p>		