

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Homestead II		STREET ADDRESS, CITY, STATE, ZIP CODE 60 Wood St Painesville, OH 44077	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41526</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to properly store labeled, non-expired insulin and Tuberculin testing solution inside refrigerators which were routinely defrosted and contained no food items. This affected one resident (#32) and had the potential to affect all 42 residents residing in the facility. The facility reported eight residents (#6, #11, #14, #23, #30, #32, #34 and #245) who received insulin.</p> <p>Findings include:</p> <p>Observation of medication storage on 12/31/24 at 8:20 A.M. with Licensed Practical Nurse (LPN) #526 revealed the 200-unit medication refrigerator had a large amount of ice buildup in the freezer area and three individual serving sized containers of ice cream stored for use. Within the same refrigerator, there was a Lantus insulin injectable pen stored not inside a labeled container and was without a prescription type label for proper identification. Instead, the pen had a last name written on it with a black marker but no first name to accurately identify a resident it belonged to. In addition, the refrigerator had one opened vial of Tuberculin testing solution stored inside which was undated. Interview at the time of the observation with Licensed Practical Nurse (LPN) #526 verified the findings.</p> <p>Observation of medication storage on 12/31/24 at 8:32 A.M. with the Director of Nursing (DON) revealed the 100-unit medication refrigerator had one opened vial of Tuberculin testing solution stored inside which was undated. In addition, the refrigerator had one opened vial of Lispro insulin for Resident #32 with an opened date of 11/05/24 written on it, which indicated the insulin was expired. Interview at the time of the observation with the DON verified the findings.</p> <p>Review of the medical record for Resident #32 revealed an admitted [DATE] and diagnosis of diabetes mellitus type two. There was no active order in the medical record for Lispro insulin injectable solution from a vial.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy, Storage and Expiration Dating of Medications and Biologicals, dated 12/01/07 revealed the facility should ensure food was not stored in the refrigerator/freezer where medications were stored, ensure expired medications were stored separately from other medications until destroyed or returned, ensure opened medications had a recorded opened date on the primary medication container, ensure medications were stored in the original containers in which received, and reorder medications with illegible, worn, makeshift, incomplete, damaged or missing labels.</p>		