

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2025
NAME OF PROVIDER OR SUPPLIER  O'Neill Healthcare Bay Village		STREET ADDRESS, CITY, STATE, ZIP CODE  605 Bradley Rd Bay Village, OH 44140	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45753</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure care and treatment to a skin tear was completed per physician order. This affected one resident (Resident #109) of two residents reviewed for wound care. The facility census was 107.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #109 revealed an admitted [DATE] with diagnoses including stroke, diabetes mellitus, kidney disease, anxiety, post-traumatic stress disease, and cognitive impairment.</p> <p>Review of the progress note dated 02/25/25 at 8:26 A.M. revealed Resident #109's wife was notified of Resident #109 being transferred for evaluation after experiencing a fall on 02/24/25 at 7:00 A.M.</p> <p>Review of an active physician order dated 02/25/25 revealed Resident #109 was to have a left-hand skin tear cleansed with normal saline, patted dry, triple antibiotic ointment applied, covered with non-adherent dressing and wrapped with gauze once daily until healed.</p> <p>Observation of the Resident #109 on 02/26/25 at 11:32 A.M. revealed a left-hand laceration with four steri-strips covering the laceration, two steri-strips edges were peeling away from the skin. The laceration was open to air with a moderate amount of dried blood noted the lateral aspect of the left hand.</p> <p>Observation on 02/27/25 at 8:48 A.M. of Resident #109 revealed the resident was up to chair in the common area eating breakfast and watching television. The Resident #109 was observed with clean, dry bandage to left hand dated 02/26/25.</p> <p>Interview on 02/26/25 at 11:32 A.M., Resident #109's wife revealed the Resident #109 had no dressing on his left hand yesterday, 02/25/25 after emergency department visit or this morning.</p> <p>Interview on 02/26/25 at 11:33 A.M. with Resident #109's son also confirmed no dressing was on the Resident #109's left hand on 02/25/25 after returning from the emergency department and there was not a dressing in place upon his arrival to the facility the morning of 02/26/25.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 02/26/25 at 3:48 P.M. with Licensed Practical Nurse (LPN) #200 verified she was the Resident #109's nurse yesterday, 02/25/25 and confirmed she did not perform the wound care on 02/25/25 stating revealed she was unaware of the wound orders for the Resident #109's left hand.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161145.</p>		

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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>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45753</b></p> <p>Based on observations, record reviews, staff interviews, and review of facility policies the facility failed to provide nutritional and hydration care and services to meet the needs of one resident (Resident #108) out of three residents reviewed for nutrition and hydration and of eight facility identified eight residents requiring feeding assistance. The facility census was 107.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #108 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included encephalopathy (brain function impairment), dysphagia (difficulty swallowing), failure to thrive, chronic respiratory disease, hypertension, muscle weakness, atrophy (muscle wasting), anxiety, Alzheimer's disease, depression, and bipolar disorder.</p> <p>Review of the admission minimum data set (MDS) assessment completed 02/03/25 revealed Resident #108 had severely impaired cognition. The Resident #108 was dependent on staff for all self-care and required assistance for eating. The assessment indicated the resident had a weight of 131 pounds, had no or unknown weight loss, and required a mechanically altered diet. The Resident #108 was edentulous (lacking teeth).</p> <p>Review of the admission nursing assessment dated [DATE] identified the Resident #108 was admitted with a weight of 130.6 pounds.</p> <p>Review of the dietary orders dated 01/24/25 for Resident #108 revealed a no added salt diet, pureed texture with honey thickened liquids.</p> <p>Review of the nutritional assessment dated [DATE] stated the Resident #108 had advanced Alzheimer's disease and is alert only to self. admitted with no added salt diet order with pureed food texture and honey thick liquids. The assessment recommend providing fortified pudding with each afternoon meal and a frozen desert cup (Magic Cup) with each evening meal. Additionally, the assessment indicated Resident #108 had high sodium levels, was confined to bed and required total assistance with feeding with the nutritional analysis revealing the resident needed a total of 1800 calories a day with total protein needs of 78 grams; and total fluid needs of 1800 milliliters.</p> <p>Review of the speech therapy evaluation dated 01/28/25 revealed the Resident #108 was at risk for aspiration, further decline in function, dehydration, and pneumonia. Evaluation of pharyngeal swallow function revealed incomplete bolus formation, delayed oral transit, oral residue, delayed swallow onset, no cough or throat clear was elicited. Recommendations were close supervision for oral intake. Review of the background assessment revealed Resident #108's dentition was edentulous, the resident was non-verbal, had limited eye opening despite cues, did not follow one step commands, and had poor position when in bed due to neck position flexed to the left.</p> <p>(continued on next page)</p>

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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>Review of facility policy titled Preservation of (Activities of Daily Living) ADLs Policy, dated 12/2023 revealed if a resident is unable to carry out ADLs, he/she will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene. For these residents, care plan goals may not be stated in terms of what the resident is able to achieve, but in terms of the outcome of care and/or services provided.</p> <p>Review of facility policy titled Weights Protocol- Obtaining and Recording, dated 01/2024, revealed the purpose is to ensure accurate weights are obtained for residents in order to enable the appropriate evaluation of nutritional/clinical status.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162313 and Complaint Number OH00161145.</p>		