

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER O'Neill Healthcare Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Detroit Ave Lakewood, OH 44107	

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 0578</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>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on family and staff interviews, review of facility policy, and record review, the facility failed to ensure a resident's advance directives were concise and readily retrievable for staff. This affected one (Resident #100) of three residents reviewed for advance directives. The facility census was 97.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #100 revealed an admitted [DATE]. Diagnoses included complication of kidney transplant, end stage kidney disease, and diabetes mellitus. Resident #100 died en route to the hospital on [DATE].</p> <p>Review of the hospital paperwork revealed Resident #100 was to be Full code status on [DATE].</p> <p>Review of Resident #100's advance directive form revealed DNRCCA was selected on the form and the physician signed it but did not date it. The form had a sticker on it indicating it was from the hospital.</p> <p>Review of the physician orders for [DATE] revealed Resident #100 was a Do Not Resuscitate Comfort Care-Arrest (DNRCCA) code status (meaning invasive or extreme life-supporting measures were allowed under any circumstance except for cardiac or respiratory arrest).</p> <p>An interview on [DATE] at 10:08 A.M. with Corporate Registered Nurse (CRN) #202 verified Resident #100's DNRCCA was signed by a doctor but not dated. CRN #202 confirmed the hospital discharge paperwork stated Resident #100 was a Full code and also had a undated DNRCCA signed form.</p> <p>An interview with the Resident #100's sister on [DATE] at 10:57 A.M. revealed Resident #100's code status was DNRCCA.</p> <p>Review of the facility policy titled Cardiopulmonary Resuscitation (CPR) dated ,d+[DATE] revealed it required a specific individual to check the resident's chart for DNRCC/DNRCC Arrest or full code status.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164259.</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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