

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  08/27/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure Resident #87 received appropriate incontinence care. This affected one resident (Resident #87) of three residents reviewed for incontinence care. The total census was 105. Findings include:</p> <p>Record review of Resident #87 revealed she was admitted to the facility 06/05/20 and had diagnoses including dementia, diabetes, and encounter for palliative care.</p> <p>Review of the minimum data set 3.0 assessment dated [DATE] revealed she had significant cognitive impairment, was always incontinent, had no listed allergies and no orders or care plan indicating specific alterations to common incontinence care practices.</p> <p>Observation of an incontinence care procedure for Resident #87 on 08/25/25 at 8:43 A.M. by Certified Nurse Aide (CNA) #501 revealed CNA #501 prepared for the procedure by wetting half of two towels with water. She wiped the resident's front perineal area twice with one wetted towel, used the dry half of the same towel to dry it, then repeated the process on the resident's backside. No soap or other peri-care area approved cleaning product was used during the process.</p> <p>Interview with CNA #501 on 08/25/25 at 8:56 A.M. confirmed the above observations. She said she believed Resident #87 had allergies and could not use soap. The surveyor brought up the resident's chart on their laptop at this time and confirmed with CNA #501 the resident had no listed allergies and no orders against using soap for incontinence care.</p> <p>Record review of the facility's incontinence care policy dated 01/2024 revealed staff were to give appropriate care after each incontinence episode, including washing affected areas with body wash, cleanser, or soap and water.</p> <p>This deficiency represents noncompliance investigated under Complaint Number 2577547.</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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