

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Gardens of North Olmsted		STREET ADDRESS, CITY, STATE, ZIP CODE 23225 Lorain Rd North Olmsted, OH 44070	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure Resident #35, Resident #36 and Resident #60 were comprehensively assessed for their preference for activities and did not ensure sufficient activities were in place to meet their needs. This affected three residents (Resident #35, Resident #36, and Resident #60) out of four residents reviewed for activities.</p> <p>Findings Include:</p> <p>1. Resident #35 was admitted on [DATE] with diagnosis of alcoholic cirrhosis of liver, Alzheimer's disease, unspecified mood disorder, dementia, major depressive disorder, anxiety disorder, wandering diseases, impulse disorder, dementia severe with agitation, cellulitis of right lower limb, hyperlipidemia, gastro-esophageal reflux disease, essential hypertension, and alcohol abuse in remission.</p> <p>Review of Resident #35's annual Minimum Data Set 3.0 assessment dated [DATE] revealed Section F for Preferences for Routine &amp; Activities listed as Not Assessed. Instructions for section F state if resident is unable to complete, attempt to complete interview with family member or significant other. There was no further information related to this section. The medical record lacked evidence of any further activities assessment for the resident.</p> <p>Review of Resident #35 current comprehensive care plan dated 04/02/25 revealed he was on the secured unit due to Alzheimer's dementia with psychosis, agitation, and wandering behaviors. Interventions included providing structured daily activities. The care plan did not specific what activities the resident was interested in and how or when activities would be offered. Resident #35 had a black cat plush in his room with a tag on it that says Chopper that may be given to resident when he is agitated.</p> <p>Review on 06/11/25 of Resident #35 activity log from June 2025 revealed resident had actively participated in multiple activities all week including the days of 06/12/25 and 06/13/25 that had yet to occur. Activities checked off as actively participated in on the activity log for 06/11/25 through 6/13/25 included: current events, exercise, movies, newspaper and television.</p> <p>Observations of Resident #35 on 06/11/25 at 8:16 A.M., 1:59 P.M. and 4:34 P.M. revealed Resident #35 sleeping in bed. Observations of Resident #35 room revealed no black cat plush. Observation of the common area televisions in the dining room and nurses station revealed the same television show with different episodes was playing all day.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 06/11/25 at 8:59 A.M. with Certified Nursing Assistant (CNA) #300 revealed Resident #35 wandered on the unit and the staff re-direct him. CNA #300 revealed Resident #35 could be difficult with staff and other residents, and he primarily acts out when someone instigates him. CNA #300 didn't feel anything specific could help him from wandering. CNA #300 revealed they take responsible residents on the secured unit over to the other side of the building for activities and they don't have a formal activity program for those with significant cognitive impairment or dementia. The more confused and behavioral residents do not leave the unit for activities. CNA #300 revealed the staff on the unit do things with the residents with significant confusion, such as watch television in the common areas.</p> <p>Interview on 06/11/25 at 1:33 P.M. with CNA #301 revealed she is familiar with resident and has talked extensively with Resident #35's wife and has learned about his life and how to better help redirect him but that this information is not in his chart. CNA #301 has not seen Resident #35's black cat plush.</p> <p>Interview on 06/11/25 at 1:55 P.M. with Licensed Practical Nurse (LPN) #302 revealed Resident #35 had been asleep all day but was up for lunch and an CNA assisted with feeding him lunch. LPN #302 revealed this was her first day on this unit by herself. When asked where she would find information about residents interest she was unsure where this information would be in the chart and said she would talk to the manager about interest of residents.</p> <p>Interview on 06/11/25 at 2:47 P.M. with Activities Director (AD) #305 revealed she documents activity preferences in the MDS section F and other activity staff complete paper activity logs daily. She stated there is no comprehensive assessment completed to identify activity preferences or needs for residents. AD #305 helps run Resident Council and tries to get a feel for what activities the residents would like to do there but this only includes the residents that attend the meetings. AD #305 revealed that there was no set budget for activities and it can be a struggle to get supplies for activities. She stated she puts items on an Amazon list and the list is sent by Administrator to corporate to purchase the items. AD #305 revealed that 9 times out of 10 she receives about half of the items she has requested. She said she recently requested bird feeders for an activity for the residents to do in June but did not receive them. AD #305 revealed that she will keep activities on calendar vague in case she does not receive requested items. She said she has also requested sensory wall items for the secure unit and they were not approved. AD #305 revealed all group activities were temporarily held on the secured unit due to the dining room getting repaired but two weeks ago the group activities were moved off the secured unit. They take residents off the secured unit to attend the group activities except for a few residents, including Resident #35.</p> <p>2. Resident #36 was admitted on [DATE] with diagnosis of seizures, metabolic encephalopathy, muscle weakness, cognitive communication deficit, dysphagia, other speech disturbances, restless leg syndrome, insomnia, depression, anemia, osteoarthritis, major depressive disorder, nicotine dependence, cannabis use, essential hypertension, arthropathy, anxiety disorder, and hyperlipidemia. Resident #36 resided on the secured unit.</p> <p>Review of Resident #36's admission Minimum Data Set 3.0 assessment dated [DATE] revealed the resident's activity preferences very important for: books, newspapers, and magazines, music, animals, news, group activities, going outside, and religious services. The medical record lacked evidence of any further activities assessment for the resident.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #36's care plan revealed no care plan in place for activities.</p> <p>Review of Activity Log book revealed that there were no Daily Recreation/Activity Participation Documentation for Resident #36.</p> <p>Interview on 06/11/25 at 8:27 A.M. with Resident #36 revealed that she had only been outside once since she was admitted to the facility. Observation of an activities calendar in Resident #36's room revealed 06/10/25 was Feed the Birds Day and the resident didn't know anything about the activity.</p> <p>Interview on 06/11/25 at 2:47 P.M. with AD #305 revealed she documents activity preferences in the MDS section F and other activity staff complete paper activity logs daily. She stated there is no comprehensive assessment completed to identify activity preferences or needs for residents. AD #305 helps run Resident Council and tries to get a feel for what activities the residents would like to do there but this only includes the residents that attend the meetings. AD #305 revealed that there was no set budget for activities and it can be a struggle to get supplies for activities. She stated she puts items on an Amazon list and the list is sent by Administrator to corporate to purchase the items. AD #305 revealed that 9 times out of 10 she receives about half of the items she has requested. She said she recently requested bird feeders for an activity for the residents to do in June but did not receive them. AD #305 revealed that she will keep activities on calendar vague in case she does not receive requested items.</p> <p>Interview on 06/11/25 at 4:58 P.M. with AD #305 revealed she could not find the Daily Recreation/Activity Participation Documentation for Resident #36 and is not sure why Resident #36 does not have one.</p> <p>Review of Purchase Order from Amazon dated 05/01/25 and 06/02/25 revealed no bird houses were ordered.</p> <p>3. Resident #60 was admitted on [DATE] with diagnosis of Alzheimer's, dementia, adult failure to thrive, anorexia, essential hypertension, gout, hyperlipidemia, carpal tunnel, history of transient ischemic attack, alcohol abuse in remission, history of falling, and anxiety disorder.</p> <p>Review of Resident #60's Minimum Data Set 3.0 annual assessment dated [DATE] revealed he was not assessed for section F for Preferences for Routine &amp; Activities. Instructions for section F state if resident is unable to complete, attempt to complete interview with family member or significant other. There was no other information available for this section. The medical record lacked evidence of any further activities assessment for the resident.</p> <p>Resident #60 Care Plan dated 05/14/25 revealed the resident was on the secure unit due to dementia with behaviors. Interventions include providing structured daily activities. The care plan did not specify what activities the resident was interested in and how or when activities would be offered.</p> <p>Review on 06/11/25 of Resident #60 activity log from June 2025 revealed resident had actively participated in multiple activities all week including the days of 06/12/25 and 06/13/25 that had yet to occur. Activities checked off on activity log for 06/11/25 through 06/13/25 included: current events, movies, newspaper, puzzles, and television.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 06/10/25 at 8:16 A.M. revealed Resident #60 in another residents room and then walking around the secured unit. In attempt to interview the resident, he provided his name but nothing more. Continued observation on 06/10/25 at 1:59 P.M. and 4:34 P.M. revealed the resident was not engaged in activity or was wandering the unit. Observation of the common area televisions in the dining room and nurses station revealed the same television show with different episodes was playing all day.</p> <p>Interview on 06/11/25 at 8:59 A.M. with CNA #300 revealed Resident #60 wandered on the unit and the staff re-direct him. CNA #300 didn't feel anything specific could help him from wandering. CNA #300 revealed they take responsible residents on the secured unit over to the other side of the building for activities and they don't have a formal activity program for those with significant cognitive impairment or dementia. The more confused and behavioral residents do not leave the unit for activities. CNA #300 revealed the staff on the unit do things with the residents with significant confusion, such as watch television in the common areas.</p> <p>Interview on 06/11/25 at 2:47 P.M. with AD #305 revealed she documents activity preferences in the MDS section F and other activity staff complete paper activity logs daily. She stated there is no comprehensive assessment completed to identify activity preferences or needs for residents. AD #305 helps run Resident Council and tries to get a feel for what activities the residents would like to do there but this only includes the residents that attend the meetings. AD #305 revealed that there was no set budget for activities and it can be a struggle to get supplies for activities. She stated she puts items on an Amazon list and the list is sent by Administrator to corporate to purchase the items. AD #305 revealed that 9 times out of 10 she receives about half of the items she has requested. She said she recently requested bird feeders for an activity for the residents to do in June but did not receive them. AD #305 revealed that she will keep activities on calendar vague in case she does not receive requested items. She said she has also requested sensory wall items for the secure unit and they were not approved. AD #305 revealed all group activities were temporarily held on the secured unit due to the dining room getting repaired but two weeks ago the group activities were moved off the secured unit.</p> <p>Interview on 06/11/25 at 4:58 P.M. with AD #305 revealed activity logs are filled out by Activity Assistants and was unsure why forms are marked already for 6/12/25 and 6/13/25 or why residents were being marked as Active in activities they did not participate in.</p> <p>Review of Activities and Social Services Policy with a revised date of December 2006 revealed the interdisciplinary Care Team will evaluate resident's personal history and preferences, and will consider his/her medical condition and prognosis in identifying recreational and cultural activities. The facility will provide activities, social events, and schedules that are compatible with the resident's interests, physical and mental assessment, and overall plan of care.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165804.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on interviews, record review and observations the facility failed to ensure the courtyard was maintained in a clean and safe manner. This had the potential to affect all 72 residents in the facility.</p> <p>Findings Include:</p> <p>Interview on 06/10/25 at 8:27 A.M. with Resident #36 revealed she has been outside one time since she admitted to the facility.</p> <p>Interview on 06/10/25 at 8:59 A.M. with Certified Nursing Assistant (CNA) #300 revealed residents are sometimes taken outside to the courtyard.</p> <p>Interview on 06/11/25 at 1:33 P.M. with CNA #301 revealed they do take residents outside when it is nice outside and that she took some of the residents outside the weekend before.</p> <p>Interview on 06/11/12 at 1:47 P.M. with Resident #68 revealed has not seen anyone go to the courtyard and she goes outside with smokers to socialize and go outside, even though she does not smoke.</p> <p>Interview on 06/11/25 at 2:47 P.M. with Activities Director #305 revealed she has been asking since summer of 2024 for new outdoor patio furniture and a power washer to clean current furniture that is not broken but dirty. Activities Director #305 revealed the chairs are dining room cloth chairs and both the chairs and tables are broken or gross. She turned in a grievance for the patio chairs on 05/28/25 to Administrator and was told today that corporate had approved the order. Activities Director #305 revealed the activities department has not brought any residents outside this year due to the ground being uneven and issues with outside furniture. She also said the door does not work from the outside of the courtyard and they have to have a staff member let them in from the inside or go through the secured unit.</p> <p>Review of Resident Council dated 05/28/25 revealed residents requested to grill outside, have access to the outdoor patio, and furniture to be moved to allow for more seating in the patio.</p> <p>Interview on 06/11/25 at 04:13 P.M. with Director of Nursing (DON) revealed she just started at this facility and had not been to the outside courtyard previously. DON confirmed the following observations of the outside courtyard:</p> <p>&amp;bull;</p> <p>The covered area had cloth dining room chairs underneath and tables. Three of the dining room chairs were broken and one chair had a broken leg. Both the tables and chairs were dirty with various trash on ground around tables and chairs. One box with various garden supplies that were covered in dust and cobwebs.</p> <p>&amp;bull;</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Two white metal bars were observed on ground near the outside door by the secured unit entrance. The side of the roof had a hole with multiple brick shingles missing that had fallen and were broken on the ground. The gutter had fallen off and was also on the ground alongside wood debris.</p> <p>&amp;bull;</p> <p>At least four bird feeders were observed without any bird food. The two garden boxes were overrun with weeds. The walkway to gazebo was overrun with shrubs and branches blocking the walkway and required bending down to get to the gazebo.</p> <p>&amp;bull;</p> <p>The outside door by the dining room had a keypad that was broken and unable to be opened from the outside, requiring either staff in the dining room to let residents and staff back inside or staff from the secured unit to let them in through their door.</p> <p>Interview on 06/11/25 at 5:29 P.M. with Administrator, Regional Director of Operations #307, and Administrator #2 revealed staff was not aware of hole in the side of roof. Administrator revealed they had been out there recently and residents only go out when supervised. She said they used it frequently last year and believe most of the damage was done over the last year. Regional Director of Operations #307 revealed he has been working on getting outdoor patio furniture ordered and provided receipt from Home Depot he received on 06/11/25 for 12 stackable gray outdoor dining chair set. When asked if they would be ordering any new tables and he said the tables outside were fine.</p>