

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Square Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1211 W Market St Akron, OH 44313	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35765</p> <p>Based on record review and interview the facility failed to ensure a palliative care consult was arranged for Resident #24 to address the resident's chronic pain. This affected one resident (#24) of three residents reviewed for pain management. The facility census was 58.</p> <p>Findings included:</p> <p>Review of the medical record revealed Resident #24 was admitted to the facility on [DATE] with diagnoses including osteoarthritis left knee, spinal stenosis, radiculopathy, pain in the left knee, benign prostatic hyperplasia, hypertension, chronic pain, alcohol abuse, anxiety disorder, and depression.</p> <p>Review of a progress notes dated 05/02/24 at 3:46 P.M. revealed the nurse spoke to the resident regarding his chronic pain. Resident #24 stated he had tried everything for pain and nothing seemed to be working. Resident #24 was informed that palliative care was an option to which he responded he would like to try it. A request was sent to the nurse practitioner.</p> <p>Review of the physician's order dated 05/04/24 revealed Resident #24 had an order for a referral for palliative care. Record review revealed no evidence the resident had been seen for palliative care as of this time.</p> <p>On 07/23/24 at 3:10 P.M. an interview with Resident #24 revealed he had pain in his lower back that was related to spinal stenosis. The resident stated there was some possibility of him having back surgery, but that seemed to no longer be an option at this time. The resident stated the head nurse (Director of Nursing) had spoken to him a while back and said they (the facility) would look into palliative care for him to help with his pain control; however, the resident stated he had not heard anything at all since that time (over two months prior per the facility written progress note).</p> <p>On 07/24/24 at 2:10 P.M. interview with the Administrator confirmed there had been no palliative care consultation completed for Resident #24 as of this date.</p> <p>This deficiency is a recite to the complaint survey completed on 06/27/24.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35765</p> <p>Based on observation, staff interview and facility policy review the facility failed to maintain the kitchen in a clean and sanitary manner. This affected 57 of 57 residents who received meals from the kitchen. The facility identified one resident (#36) who received nothing by mouth. The facility census was 58.</p> <p>Findings included:</p> <p>On 07/23/24 at 9:40 A.M. observations during a kitchen tour with Dietary Manger #635 revealed there were several gnats flying around in the kitchen. The trash can by the hand washing sink had a red substance splashed all over the lid and the side. There was also a brown substance spilled all over the side of it. There was a three-tiered silver cart with two mixers on it that were dirty with dried build-up of food debris, a trash can in the middle of the kitchen was dirty and had no lid on it, the steam table was dirty with dried on food, the shelf underneath the steam table was dusty and dirty with food debris, the plate warmer was dirty with dried food debris, there were several three tiered carts that were dirty with food build up, and there was dirt and food debris on the floor of the freezer.</p> <p>On 07/23/24 at 9:50 A.M. an interview with Dietary Manger #635 verified the above concerns. Dietary Manager #635 revealed the steam table should be cleaned after every meal , the trash cans should be cleaned and have a lid on them. She stated she was going to throw away a few of the three-tiered carts but had not received the approval from corporate yet and she stated the freezers were to be cleaned daily.</p> <p>Review of the undated facility policy titled, Cleaning and Sanitizing Dietary Areas and Equipment, revealed all kitchen area and equipment would be maintained in a sanitary manner and be free of buildup of food, grease and other soil.</p> <p>This deficiency represents noncompliance as an incidental finding during the investigation of Complaint Number OH00155325.</p>

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have policies on smoking.</p> <p>35765</p> <p>Based on observation, interview with staff and review of the facility policy, the facility failed to implement the smoking policy to maintain a safe and clean environment free from discarded cigarette butts at the facility's side entrance door and the resident smoking area. This had the potential to affect all the residents in the facility. The facility census was 58.</p> <p>Findings included:</p> <p>Observation of the resident smoking area on 07/23/24 at 4:10 P.M. with the administrator revealed several cigarette butts (over 30) all over in the mulch. The cigarette butts were also observed on the facility window ledge. The administrator stated staff go out with the residents. She verified there were cigarette butts in the mulch.</p> <p>Observation of the side guest entrance of the facility on 07/24/24 at 11:35 A.M. revealed several cigarette butts (over 50) all over in the mulch and bushes. An interview at this time with the Administrator verified there were cigarette butts in the mulch. She stated she would have them cleaned up.</p> <p>Review of the undated facility policy titled, Smoking Policy and Procedure, revealed the residents may smoke in a designated area outside the building. Cigarette butts and other smoking debris must be discarded in the designated receptacle and should never be thrown on the ground and in the mulch. The staff would empty ashtrays and keep the area free of debris, at the end of each smoke break.</p> <p>This deficiency represents noncompliance as an incidental finding during the investigation of Master Complaint Number OH00155560.</p>