

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 02/24/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44810</p> <p>Based on observation, interview, and record review the facility failed to ensure Resident #43's received treatment and comprehensive care to ensure leg braces were in place. This affected one resident (Resident #43) of two residents reviewed for leg braces. The facility census was 59.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #43 revealed an admitted [DATE]. Diagnoses included schizoaffective disorder, borderline personality disorder, and polyosteoarthritis.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #43 had mild cognitive impairment. Resident #43 required extensive assistance for all activities of daily living.</p> <p>Review of the nursing progress note dated 01/14/25 revealed the bionics facility called to set up an appointment in the facility on 01/14/25 for her leg braces. Resident #43 agreed to the appointment.</p> <p>Review of the physical therapy evaluation dated 01/17/25 revealed Resident #43 wanted to wear her braces despite education on high risk for skin breakdown on left lower extremity due to blisters and picked open skin. Resident #43 refused therapy treatments on 01/22/25 and was seen and treated on 02/03/25 and 02/06/25. Review of the therapy notes from 02/03/25 and 02/06/25 revealed no information regarding her leg braces.</p> <p>Review of the care plan for Resident #43 dated 01/31/24 revealed no information regarding her leg braces.</p> <p>Review of the physical therapy discharge summary dated 02/06/25 revealed that Resident #43 requires 24-hour assistance and a mechanical lift for all transfer due to lower extremities contractures and inability to bear weight through lower extremities. Resident #43 may use a wheelchair in the facility with supervision from the staff.</p> <p>Interview with Resident #43 on 02/20/25 08:39 A.M. confirmed she does not want to wear the braces or participate in therapy because they never gave her a chance to wear them.</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>Observation of the resident on 02/20/25 09:11 A.M. revealed Resident #43 sleeping in bed with no braces on. Interview during the observation with Licensed Practical Nurse (LPN) #410 reported she knew nothing about those braces and confirmed there was no order and it was not care planned. She reported to speak with therapy and maybe they knew something. She also reported that Resident #43 was extremely non-compliant with care.</p> <p>Interview on 02/20/25 at 9:15 A.M. with Activity Director #402 revealed Resident #43 refuses therapy a lot but she does wear the braces sometimes and is very non-compliant with them.</p> <p>Interview on 02/20/25 at 9:20 A.M. with Infection Preventionist #481 confirmed that Resident #43 does not have an order for the braces and does not have a care plan for the braces. She reported that the facility does not necessarily need an order for braces or a care plan if the resident is only wearing them during therapy.</p> <p>Interview on 02/20/25 09:34 AM with Occupational Therapist (OT) #482 revealed that the braces were just delivered to the facility with no notice. She reported that Resident #43 could not tolerate them. Therapy was unable to evaluate her safety with them. She was unsure if the physician was notified because there was no documentation.</p> <p>Review of the facility policy titled, Assistive Devices and Equipment, undated, revealed the facility provides, maintains, trains, and supervises the use of assistive devices and equipment for residents.</p> <p>Review of the facility policy titled, Care plan, Comprehensive Person-Centered, undated, revealed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physician, psychosocial and functional needs is developed and implemented for each resident.</p>		

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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>39968</p> <p>Based on observation, interview and policy review, the facility failed to ensure beard restraints covered the beard to prevent hair from contacting the food and failed to use sanitary methods when handling food items. This had the potential to affect 56 of 59 residents as three residents (Residents #51, #106, and #110) received no food by mouth (NPO). The facility census was 59.</p> <p>Findings include:</p> <p>The following observations were made and confirmed with the Regional Dietary Manager #483 and [NAME] #462 on 02/20/25 between 11:25 A.M. and 12:02 P.M.:</p> <ol style="list-style-type: none"> [NAME] #462's beard net was worn around his neck during the meal temperature observation and during the first meal in the service. The meal was discarded and [NAME] #462 pulled up the beard net over his cheeks and upper lip. [NAME] #462 removed hamburger and hotdog buns from their bags with his hands instead of utilizing a pair of tongs. <p>Interview with Regional Dietary #483 on 02/20/25 at 12:15 P.M. verified [NAME] #462 was not wearing the beard net properly. She also confirmed [NAME] #462 used his hands to remove hamburger and hotdog buns from their bags.</p> <p>Review of a list of resident diets revealed Residents #51, #106, and #110 were NPO.</p> <p>Review of facility policy Hair Covering, undated, indicated any exposed body hair needs to be effectively restrained.</p> <p>Review of facility policy Sanitation/Infection Control, undated, indicated appropriate utensils were used to serve food and they vary according to the type of food served. Tongs, ladles, and scoops were frequently used.</p>		