

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Gardens of Belden Village		STREET ADDRESS, CITY, STATE, ZIP CODE 5005 Higbee Avenue NW Canton, OH 44718	

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** 42015</p> <p>Based on resident interview, staff interview, family interview, record review, and policy review, the facility failed to provide timely care and services to Resident #34 when she experienced a change of condition in the facility. This affected one resident (#34) out of three residents reviewed for change of condition. The facility census was 90.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #34 revealed an admitted [DATE]. Diagnoses included unspecified fracture of the left and right calcaneus (heel), multiple fractures of the ribs on the right side, anxiety disorder, and depression. The record indicated she was in a motor vehicle accident prior to her admission to the facility.</p> <p>Review of Resident #34's admission Minimum Data Set, dated dated dated [DATE] revealed the resident was cognitively intact, utilized a wheelchair, and was dependent for toilet use and bathing and needed partial to moderate assistance for personal hygiene.</p> <p>Review of Resident #32's Physical Therapy (PT) Treatment Encounter notes dated 12/19/24 revealed Resident #34 stated she wasn't feeling well on this day and didn't want to get up, but agreed to bed activity. Review of the PT encounter note dated 12/20/24 revealed the patient's treatment was limited on this day due to severe anxiety and possible Norovirus with nausea and diarrhea. Review of the PT encounter note dated 12/22/24 revealed the patient stated she was feeling a little better with her stomach bug.</p> <p>Review of the Occupational Therapy (OT) treatment encounter note dated 12/20/24 revealed the patient had limited ability to participate as she reported nausea and a headache. The patient's symptoms were reported to the nurse. Review of the PT encounter note dated 12/21/24 revealed the patient reported that she had an upset stomach/virus that had been in the building, with fatigue and verbalized weakness on this date.</p> <p>Review of Resident #34's plan of care documentation revealed the resident did not have any documented meal intakes for 12/22/24.</p> <p>Review of Resident #34's nursing progress notes from 12/19/24 through 12/23/24 revealed no evidence of a change of condition, nausea, vomiting, diarrhea, or physician notification related to the Norovirus.</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>Review of Resident #34's December 2024 physician orders revealed no medication orders for nausea, vomiting, diarrhea, or treatment for symptoms related to the Norovirus.</p> <p>Interview on 01/15/25 at 9:21 A.M., Resident #34 revealed she became very ill with a stomach virus around Christmas. She reported she was throwing up violently and had extreme nausea and diarrhea. She reported she asked nursing for something to help with the vomiting and was told they did not have a physician's order to give her anything. She reported she remembered crying out and asking for help due to being extremely ill and having pain while vomiting related to her fractured ribs.</p> <p>Interview on 01/15/25 at 11:57 A.M., Therapy Director #100 reported he recalled Resident #34 having the Norovirus around Christmas time, limiting their therapy. He stated he could remember responding to her when he heard her scream out from her room, she complained of having stomach pain when he responded. He stated the nurse was aware.</p> <p>Interview on 01/15/25 at 1:57 P.M. Registered Nurse (RN) #101 reported she was working in Resident #34's area on 12/21/24 and 12/22/24, but she could not remember if she was one of the residents who had symptoms of the Norovirus, or if she requested nausea medications. She reported when someone became symptomatic, it was the facility policy to complete a change of condition assessment, notify the physician, and obtain orders to evaluate symptoms.</p> <p>Interview on 01/15/25 at 2:05 P.M. Certified Nursing Assistant (CNA) #102 reported she was usually scheduled to work the hallway of Resident #34. She reported around Christmas 2024, the resident became very ill with a stomach virus. She reported she recalled the resident having nausea, vomiting, and bad diarrhea. She stated she was sick for several days and her nurse, Registered Nurse (RN) #101 was aware.</p> <p>Interview on 01/15/25 at 2:42 P.M. CNA #103 revealed she recalled Resident #34 getting sick with a stomach virus around Christmas 2024. She reported she was ill for several days with nausea, vomiting, and diarrhea.</p> <p>Interview on 01/15/25 at 3:55 P.M. with Regional Director of Nursing #104 revealed the facility had an outbreak of the Norovirus that started on 12/18/24. He reported that nursing staff were instructed to complete a change of condition assessment, notify the physician, and obtain medication orders to alleviate symptoms. He confirmed the facility did not follow their procedure related to a change in condition for Resident #34, including notifying the physician and obtaining medication to help relieve symptoms.</p> <p>Phone interview on 01/15/25 at 6:20 P.M., Family Member #105 stated a few days before Christmas 2024, Resident #34 became ill with a stomach virus. She was in a lot of stomach pain and was vomiting. She stated she attempted to contact the nurses, but was not able to get through. She revealed she was able to speak with the Administrator and reported her concerns to him and asked if the resident could please have some nausea medication.</p> <p>Phone interview on 01/16/25 at 10:41 A.M. with the facility Administrator revealed he did get call in December 2024 from Family Member #105. He reported she was concerned that Resident #34 was ill and requesting nausea medication. He continued that he reported the concern to the nurse managers in their morning meeting.</p> <p>(continued on next page)</p>		

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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>Review of the facility policy, Change in a Resident's Condition or Status last revised December 2016 revealed the facility shall promptly notify the resident, his or her attending physician, and representative of changes in the residents medical/mental condition and/or status. The Nurse would notify the residents attending physician or physician on-call when there had been a significant change in the resident's physical/emotional/mental condition or a need to alter the resident's medical treatment significantly. A significant change of condition is a major decline or improvement in the resident status that impacted more than one area of the resident's health status.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160682.</p>		