

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Momentous Health at Richfield		STREET ADDRESS, CITY, STATE, ZIP CODE 4360 Brecksville Rd Richfield, OH 44286	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44808</p> <p>Based on record review, review of the facility's self-reported incidents (SRI) #250112 and #250126, staff interview, and review of the facility's abuse policy, the facility failed to submit their SRI investigation findings within five working days. This affected three residents (#5, #21, and #37) of five reviewed for abuse. The facility census was 44.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #5 revealed an admitted [DATE] with diagnoses of fibromyalgia, post traumatic stress disorder, anxiety disorder, and major depressive disorder.</p> <p>Review of the medical record for Resident #21 revealed an admitted [DATE] with diagnoses of dementia with agitation, depression, moderate intellectual disability, and anxiety disorder.</p> <p>Review of the medical record for Resident #37 revealed an admitted [DATE] and readmitted [DATE]. Diagnoses included vascular dementia with psychotic disturbance, major depressive disorder, anxiety disorder, alcohol abuse in remission, cocaine use in remission, and other psychoactive substance use in remission.</p> <p>Review of the facility's SRI #250112 revealed there was a resident-to-resident incident on 07/26/24 in which Resident #37 scratched Resident #21. The discovery date was 07/26/24 and the investigation completion date was 08/06/24, which was seven business days after the date of discovery.</p> <p>Review of the facility's SRI #250126 revealed there was a resident-to-resident incident on 07/27/24 in which Resident #37 struck Resident #21 with her hand and then hit Residents #21 and #5 with a walker. The discovery date was 07/27/24 and the investigation completion date was 08/06/24, which was six business days after the date of discovery.</p> <p>Review of the facility's policy titled Abuse Prevention, dated 08/20/21, revealed the investigation of allegations of abuse would be completed within five working days and the results of the investigation would be reported to the Department of Health no later than five working days after the discovery of the incident.</p> <p>On 08/30/24 at 12:28 P.M., an interview with the Administrator verified the investigation results for SRIs #250112 and #250126 were not submitted within five working days of the date of discovery.</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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