STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365370	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Momentous Health at Richfield	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure accurate documentation was recorded in the residents' medical record. This affected two residents (#14 and #57) of three residents reviewed for documentation. The facility census was 56. Findings include: 1. Review of Resident #14's medical record revealed an admission date of 01/29/26 with diagnoses including schizoaffective disorder, bipolar disorder, congestive heart failure, viral hepatitis C, and diabetes.Review of the Minimum Data Set 3.0 dated 04/01/26 revealed Resident #14 had a severe cognitive impairment and wandering behaviors.Review of the progress notes for Resident #14 dated 04/28/26 through 05/27/26 revealed no documentation of an incident that occurred on 05/18/26 when Resident #57 wandered into Resident #14's room and was found with her brief and pants around her ankles.2. Review of the medical record for Resident #57 revealed an admittance date of 04/04/25. Diagnoses included dementia with moderate behavior disturbance, type II diabetes, psychosis, and chronic obstructive pulmonary disease (COPD). The resident was discharged to another facility on 05/19/26.Review of the comprehensive Minimum Data Set 3.0 dated 03/10/26 revealed the resident had a severe cognitive impairment and verbal behaviors.Review of the psychosocial assessment dated [DATE] revealed the resident had behaviors of disorganized thinking and inattention continuously present.Review of the nursing progress notes dated 04/23/25 to 05/19/26 revealed no documentation of an incident that occurred on 05/18/26 when Resident #57 wandered into Resident #14's room and was found with her brief and pants around her ankles.Review of the facility investigation dated 05/19/26 revealed Certified Nursing Assistant (CNA)'s #212 witness statement revealed on 05/18/26 at 9:45 P.M. Resident #57 was sitting in the dining room watching television. CNA #212 provided care to another resident and noticed Resident #57 was not in the dining room. CNA #212 found Resident #57 in Resident #14's room. Resident #57 had her pants and brief pulled down around her ankles. Resident #14 was wearing no pants or underwear. CNA #212 assisted Resident #14 in getting dressed. The nurse assisted Resident #57 in getting dressed. Resident #57 became combative and was taken to her room. The investigation indicated checks were completed on Resident #14 and Resident #57 every fifteen minutes.Interview on 05/29/26 at 10:50 A.M. with the Director of Nursing (DON) verified there was no documentation in Resident #14's or Resident #57's medical record regarding the disrobing or wandering. The DON stated she would expect the nurse to document the incident in the residents' medical record.This deficiency represents non-compliance investigated under Complaint Number 3022557.

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