STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365392	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rocky River Gardens Rehab and Nursing Ctr	4102 Rocky River Dr Cleveland, OH 44135

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure concerns related to Resident #90's care was addressed timely with resolution. This affected one resident (Resident #90) out of three residents reviewed for resident rights. Facility census was 87.Findings include:Review of the medical record for Resident #90 revealed an admission date of 09/22/25 and a discharge date of 04/07/26. Diagnoses included demyelinating disease of central nervous system, cognitive communication deficit, unspecified dementia, alcohol abuse, unspecified psychosis, visual hallucinations, mood affective disorder, and needs help with personal care.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #90 had intact cognition.Review of the incident reported dated 02/08/26 at 1:24 P.M. revealed Certified Nursing Assistant (CNA) #225 notified Licensed Practical Nurse (LPN) #261 resident had discoloration noted under her right eye and right side of face appeared swollen. Resident #90stated last night, while attempting to retrieve her hairbrush from her bag, the bag shifted and the hairbrush hit her in the face. LPN #261 assessed Resident #90's right side of face. Resident #90 denied pain and vital signs were within normal limits. The physician and Director of Nursing (DON) were made aware. A cold compress was applied to the right side of Resident #90 ?s face and Resident #90 tolerated intervention. The end of the report noted physician notified on 02/08/26 at 1:28 P.M. and Family Member notified on 02/08/26 at 1:36 P.M.Review of the progress note dated 02/08/26 at 3:58 P.M. revealed Certified Nursing CNA #225 notified LPN #261 Resident #90 had discoloration noted under right eye and right side of face appeared swollen. Resident #90 stated last night, while attempting to retrieve her hairbrush from her bag, the bag shifted and the hairbrush hit her in the face. LPN #261 assessed Resident #90?s right side of face. Resident #90 denied pain and vital signs were with normal limits. Physicians and DON were notified. Cold compress applied to right side of the Resident #90?s face.Interview on 05/14/26 at 2:03 P.M with LPN #261 confirmed CNA #225 notified her Resident #90 had some bruising and swelling on her face. LPN #261 reported she assessed Resident #90 immediately and Resident #90, who is alert and oriented, told her she was accidentally hit with her hairbrush. LPN #261 denied any abuse. Interview on 05/18/26 at 8:27 A.M. with Resident #90?s family revealed she expressed concerns regarding bruising on Resident 90's face with the DON and there was no follow-up. Resident #90?s family revealed she never heard back from DON regarding her concerns about Resident #90's bruising.Interview on 05/18/26 at 8:54 A.M. with Regional Director of Clinical Services (RDCS) #303 confirmed for any resident or family concerns, there should be an investigation immediately and follow up call to family of outcome. RDCS #303 confirmed Resident's #90's family's concern was not addressed timely. There was no evidence of follow up regarding Resident #90's family concerns. Interview on 05/18/26 at 9:03 A.M. with DON confirmed she did receive a call from Resident #90?s family regarding the incident with concerns of bruising to her face. DON couldn't remember any details as to when the call was made, what time, or anything regarding the call. DON reported she received the call after the incident. DON reported Resident #90's family asked what happened and DON reported she told the family member Resident #90 hit self with her hairbrush in the face. DON doesn't remember Resident #90?s family response. DON confirmed she had (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	no evidence of the call or conversation or follow up of the resolution. Review of facility policy, Grievances/complaint staff responsibility, revised May 2017, revealed staff will inform the resident or person acting on the resident behalf as to where to obtain a Resident Grievance/Complaint form and where to locate the procedures for filing a grievance or complaint. The policy further stated all alleged abuse, mistreatment, neglect, injuries of unknown source, and misappropriation of property will be reported to the Administrator immediately not more than twenty-four (24) hours after the alleged incident.Review of facility policy, Grievances/Complaints, filing, revised August 2020, revealed residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances. The policy further stated all grievances, complaints or recommendations stemming from resident or family concerns will be responded to in writing, including a rationale for the response.Review of facility policy, Grievances/Complaints, Recording and Investigating, revised August 2020, revealed all grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance. The policy further states upon receiving grievance and complaint an investigation into the allegation will begin. The resident or person acting on behalf of the resident, will be informed of the findings of the investigation, as well as any corrective actions recommended within 5 working days.This deficiency represents non-compliance investigated under Complaint Number 2744875 and Complaint Number 2727333.