

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Diplomat Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 9001 W 130th St North Royalton, OH 44133	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36650</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were not left unattended in resident rooms. This affected one of three residents (Resident #43) reviewed for medication storage. The census was 101.</p> <p>Findings Include:</p> <p>Review of the medical record for Resident #43 revealed an admitted [DATE]. Diagnoses included congestive heart failure, hypertension, chronic obstructive pulmonary disease, and acute kidney disease.</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE] revealed Resident #43 had impaired cognition.</p> <p>Review of Resident #43's physician orders for July 2024 revealed orders for aspirin 81 milligrams (mg) daily, Farxiga (antidiabetic) 10 mg tablet, isosorbide mononitrate (for chest pains) tablet extended release, every 24 hours, 30 mg tablet, Lisinopril-Hydrochlorothiazide (for blood pressure) 20-25 mg tablet daily and Symbicort HFA aerosol inhaler (for pulmonary disease) 160-4.5 microgram (mcg)/actuation, two puffs twice a day.</p> <p>Review of Resident #43's Medication Administration Record for July 2024 revealed medications were documented as being administered.</p> <p>Review of the self-administration of medications document dated 07/10/24 revealed Resident #43 did not want to self-administer medications.</p> <p>Observation of Resident #43's room on 07/29/24 at 9:43 A.M. revealed there were five pills, two were on the bedside table and three pills were on the floor. At the time of the observation, STNA #320 verified the five pills and placed them in a medication cup. There was also an inhaler noted on the bedside table.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Diplomat Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 9001 W 130th St North Royalton, OH 44133	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 07/29/24 at 9:48 A.M. with Licensed Practical Nurse (LPN) #386 confirmed the medications in Resident #43's room. The medications were identified as Farxiga 10 mg, aspirin 81 mg, isosorbide mononitrate extended release 30 mg, Lisinopril-Hydrochlorothiazide 25 mg/20 mg and Symbicort HFA inhaler. LPN #386 verified Resident #43 was ordered the five medications. LPN #386 verified Resident #43 was not to self-administer medication and the nurses were to watch Resident #43 take his medication; medications should not be left in Resident #43's room.</p> <p>Interview on 07/29/24 at 10:00 A.M. with the Director of Nursing (DON) revealed nurses were to watch residents take their medications and inhalers should not be left in resident's room unless they had an order in place and a self-administration assessment completed.</p> <p>Review of the facility policy Drug Storage Regulations by State, dated May 2024 revealed all drugs were to be maintained under locked security except when under direct supervision of the nurse.</p>		