

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  Grand River Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1515 Brookstone Blvd Painesville, OH 44077	

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 0803</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>42734</p> <p>Based on record review, interviews with residents and staff and observations the facility failed to follow the menu as planned and posted. This affected 73 of 75 resident in the facility as Resident #9 and Resident #58 received no food by mouth. The census was 75.</p> <p>Findings Include:</p> <p>Observation on 09/17/24 at 12:20 P.M. of the test tray revealed beef stew over mashed potatoes, an eggroll and jello.</p> <p>Interviews and observations on 09/17/24 at 12:25 P.M. with Resident #8 and Resident #26 revealed Resident #8 had beef stew over mashed potatoes and Resident #26 had beef stew over rice. Both had egg rolls and jello. Resident #8 revealed they often do not get what was stated on the menu. Resident #26 agreed.</p> <p>Interview on 09/17/24 at 1:00 P.M. with the Food Service Director revealed she was using up stock before the facility switched food service companies. She stated she tried to keep it as close to the meal as possible. She verified she did not post or notify the residents beforehand.</p> <p>Review of the menu and the meal ticket for Resident #8 for 09/17/24 revealed it should have been beef stirfry, rice, eggroll and pineapple mousse.</p> <p>Review of the substitution list revealed the meal change had not been logged for 09/17/24. There were only two entries in July for all of 2024 and the last logged entry for 2023 was October.</p> <p>Interviews on 09/17/24 at 5:00 P.M. with the Administrator and then again on 09/18/24 at 10:40 A.M. with the Administrator and the registered dietitian revealed they verified the menu replacement should have been posted and the substitution list current.</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
---	-------	-----------