

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  03/17/2026
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to initiate wound care promptly upon identification of a pressure sore. This affected one resident (#72) of three residents reviewed for pressure sores. The facility census was 71. Findings include: Review of the medical record for Resident #72 revealed she was admitted [DATE] and had diagnoses including cellulitis, prediabetes, and pressure sores. A wound assessment done on 09/05/25 revealed she had an unstageable pressure sore (full-thickness tissue loss and covered by necrotic tissue) on the coccyx measuring two centimeters (cm) length by two cm width with light serous exudate (clear, thin, watery plasma). No specific wound care orders were initiated or documented as completed until 09/08/25 when triad wound cream was ordered to be applied to the coccyx twice daily. The first wound nurse practitioner assessment dated [DATE] identified the wound to measure 11.5 cm length by 11.2 cm width with moderate serosanguinous exudate (clear fluid with small amounts of blood). Interview with Wound Nurse Practitioner #301 on 03/17/26 at 1:21 P.M. revealed she recalled Resident #72's sacral wound was very large and encompassed the bilateral buttocks. She did not recall learning that the wound initially measured two cm by two cm. The resident had comorbid factors, and she found it possible the initial measurement was inaccurate. Interview with the Director of Nursing and Administrator on 03/17/26 at 2:30 P.M. confirmed no wound dressing orders were initiated for Resident #72 until three days after admission. This deficiency represents noncompliance investigated under Complaint Number 2749003.</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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