

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Sunrise Pointe Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 19900 Clare Ave Maple Heights, OH 44137	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on observation, record review, interview and facility policy review, the facility failed to ensure Resident #35's bilateral lower extremity non-pressure wound care was completed as ordered by the physician. This finding affected one resident (#35) of three residents reviewed for wounds.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #35 was readmitted on [DATE] with diagnoses including partial traumatic amputation of the left foot, sepsis, and chronic obstructive pulmonary disease.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #35 exhibited moderate cognitive impairment.</p> <p>Review of Resident #35's physician orders revealed an order dated 04/17/24 to cleanse the bilateral lower extremities with normal saline, apply collagen powder to the wound bed followed by Xeroform (non-adherent dressing) and cover with a four-by-four gauze and wrap with Kerlix gauze once every two days.</p> <p>Review of the Medication Administration Records (MARS) and Treatment Administration Records (TARS) from 04/01/24 to 04/30/24 revealed Licensed Practical Nurse (LPN) #811 documented she had completed Resident #35's bilateral lower extremity wound care on 04/27/24 and LPN #810 documented she had completed the resident's bilateral lower extremity wound care on 04/29/24.</p> <p>Review of the Skin Grid Non-Pressure form dated 04/23/24 revealed Resident #35 had a vascular left lower anterior leg wound which measured 11.1 cm (centimeters) length by 2.2 cm width by 0.1 cm depth.</p> <p>Review of the Skin Grid Non-Pressure form dated 04/23/24 revealed Resident #35 had a left posterior leg vascular ulcer which measured 6.1 cm length by 42 cm width by 0.1 cm depth.</p> <p>Review of the Skin Grid Non-Pressure form dated 04/23/24 revealed Resident #35 had a right anterior lower leg vascular wound which measured 10.5 cm length by 4.4 cm width by 0.1 cm depth.</p> <p>Observation on 04/30/24 at 6:21 A.M. with LPN Nightshift Supervisor #804 of Resident #35's bilateral lower extremity wound care dressings revealed the bilateral dressings were dated 04/27/24.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/30/24 at 6:25 A.M. with LPN Nightshift Supervisor #804 confirmed Resident #35's bilateral lower wound care dressings were not completed as ordered.</p> <p>Interview on 04/30/24 at 6:43 A.M. of LPN #801 with LPN Nightshift Supervisor #804 in attendance confirmed Resident #35's bilateral lower extremity wound care was to be completed every two days and was signed off as completed on both 04/27/24 by LPN #811 and 04/29/24 by LPN #810.</p> <p>Review of the Clean Dressing Change Policy revealed to wash hands, remove soiled dressing and discard in a plastic bag, apply a dressing, wash hands, and document in the medical record.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152966.</p>