

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2025
NAME OF PROVIDER OR SUPPLIER  Slovene Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE  18621 Neff Rd Cleveland, OH 44119	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34297</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on record review and interview, the facility failed to ensure medical records were accurate and complete. This finding affected one (Resident #42) of nine resident records reviewed for accuracy. The facility census was 74.</p> <p>Findings include:</p> <p>Review of Resident #42's medical record revealed the resident was admitted on [DATE] with diagnoses including malignant neoplasm of the breast, neoplasm of the lung and primary osteoarthritis.</p> <p>Review of Resident #42's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment.</p> <p>Review of Resident #42's physician orders revealed an order dated 02/25/25 for oxycodone instant release (IR) 5 mg (milligrams) narcotic pain medication administer one tablet every two hours as needed for shortness of breath.</p> <p>Review of Resident #42's medication administration records (MAR) and narcotic flow records (NFR) from 03/01/25 to 03/31/25 revealed Licensed Practical Nurse (LPN) #813 documented on the NFR that she administered oxycodone 5 mg tablet on 03/04/25 at 7:50 A.M. and 03/04/25 at 10:27 A.M. The oxycodone medications were not documented on Resident #42's MAR indicating the medication was administered to the resident.</p> <p>Review of Resident #42's MAR and NFR from 03/01/25 to 03/31/25 revealed LPN #813 documented on the resident's MAR that she administered the oxycodone 5 mg tablet on 03/03/25 at 8:04 A.M. The medication was not documented on Resident #42's NFR.</p> <p>Review of Resident #42's MAR from 03/01/25 to 03/31/25 revealed LPN #816 had documented on the NFR that she administered oxycodone 5 mg to the resident on 03/04/25 at 3:10 A.M. The oxycodone medication was not documented on Resident #42's MAR indicating the medication was administered to the resident.</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Attempted interview on 05/21/25 at 11:39 A.M. with Resident #42 and the resident was unable to be interviewed.</p> <p>Interview on 05/21/25 at 3:46 P.M. with the Director of Nursing (DON) confirmed Resident #42's medical record did not accurately reflect the oxycodone narcotic pain medications administered to the resident.</p> <p>The deficient practice was corrected on 03/10/25 when the facility implemented the following corrective actions:</p> <p>On 03/03/25, the DON audited Residents #14, #18, #27, #42, #43, #44, #48, #58, #64 and #73's medical records for documentation discrepancies on the MARs and NFRs. No additional discrepancies were noted.</p> <p>On 03/04/25, the DON interviewed Residents #14 and #75 who were alert and oriented and on pain control. No concerns were identified.</p> <p>On 03/04/25, the DON interviewed hospice services for hospice residents who were not interviewable related to medication management and pain control to ensure Residents #18, #27, #42, #58 and #73's medication and pain were managed. No concerns were identified.</p> <p>On 03/04/25, Registered Nurse (RN) #817, RN #818, RN #819, RN #820 educated LPN #813 on narcotic documentation and sign off in the NFR and in the MAR. LPN #816 had not returned to the facility.</p> <p>From 03/04/25 to 03/10/25, RN #817, RN #818, RN #819 and RN #820 educated all other nurses on narcotic documentation sign off in the NFR and in the MAR.</p> <p>On 03/05/25, RN #818 reviewed the Controlled Drugs policy revised 03/25 to ensure the policy was complete and accurate.</p> <p>Beginning 03/10/25, the DON or designee monitored narcotic books for all units and identify missing signatures for both as needed and routine narcotic orders, weekly for four weeks to ensure that narcotics were signed out at the time of administration and that the Matrix timestamp matches the narcotic sheets. Monitoring will continue after the initial four weeks to include every two weeks times four then monthly thereafter.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163608.</p>		