

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Aristocrat Berea Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Front Street Berea, OH 44017	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37097</b></p> <p>Based on record review and interview, the facility failed to ensure that Resident #3's privacy was maintained. This affected one resident (#3) of two residents reviewed for personal privacy and confidentiality. The facility census was 145.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #3 revealed an admitted [DATE]. Diagnoses included psychosis, impulse disorder, and alcohol dependence with alcohol induced dementia. Resident #3 was discharged to the hospital on 09/09/24, re-entered 09/10 24, was discharged to the hospital on 09/12/24, re-entered 10/01/24, and was discharged to the hospital on 10/09/24.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 had severely impaired cognition. Behaviors included hallucinations, delusions, physical behavioral symptoms, verbal behavioral symptoms, and other behavioral symptoms.</p> <p>Review of the Facility Bulletin Board, on the Electronic Medical Record (EMR) screen revealed on 09/17/24 the administrator posted that Resident #3's daughter/power of attorney (POA) asked the facility not to give out any information regarding the resident to family members except for her.</p> <p>Interview on 10/25/24 at 12:38 P.M. with the Director of Nursing (DON) verified a large group of family members came to see Resident #3 when he was out at the hospital. They were upset and wanted to know what was going on. The family was told Resident #3 had been sent to a hospital in the area.</p> <p>Interview on 10/25/24 at 1:41 P.M. with Resident #3's daughter revealed family members were informed by the facility the resident was admitted to the hospital and the reason why he was admitted .</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00158996.</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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