Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365623	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Pointe Health Care	3364 Kolbe Rd Lorain, OH 44053

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44454 Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure fall interventions were implemented per physician order. This affected one (#18) of three residents reviewed for falls. The facility census was 87. Findings include: Review of Resident #18's medical record revealed an admitted [DATE]. Diagnoses included dementia, history of falling, weakness, hypertension, need for assistance with personal care, muscle weakness, and unsteadiness on the feet. Review of Resident #18's quarterly Minimum Data Set 3.0 assessment dated [DATE] revealed the resident was severely cognitively impaired. Review of Resident #18's plan of care dated 03/19/24 revealed the resident was at risk for falls related to impaired mobility and cognition, ataxia, and incontinence. Interventions included the bed in the lowest position, engage bed locks, and providing assistive devices as needed. Review of the nursing progress notes dated 03/25/24 and timed 1:11 P.M. revealed Resident #18 sustained a fall when attempting to transfer from bed and therapy was to evaluate the resident for mobility bars. Review of Resident #18 active physician orders revealed an order dated 03/25/24 for bilateral bed rails for mobility. Review of the fall risk assessment dated [DATE] revealed Resident #18 was at risk for falls. Observation on 11/26/24 at 9:07 A.M. and on 11/26/24 at 3:50 P.M. revealed Resident #18 was lying in bed and there were no bed rails/mobility bars attached to the bed. An interview on 11/26/24 at 11:48 A.M. with Housekeeper #478 verified Resident #18 did not have bed rails on the bed. An interview on 11/26/24 at 12:14 P.M. with Certified Nurse Aide #595 also verified Resident #18 did not have bed rails on their bed and should have had them. (continued on next page)

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the undated facility policy titled, Fall Prevention and Management, revealed the facility would attempt to put an intervention in place that could prevent further falls. This deficiency represents non-compliance investigated under Complaint Number OH00159672.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44454 Based on medical record review, review of an activity calendar, observation, and staff interview, the facility failed to ensure residents were provided with assistive devices per physician orders and the plan of care. This affected one (#18) of three residents reviewed for assistance with eating and drinking. The facility census was 87. Findings include: Review of Resident #18's medical record revealed an admitted [DATE]. Diagnoses included dementia, history of falling, weakness, hypertension, need for assistance with personal care, muscle weakness, and unsteadiness on the feet. Review of Resident #18's plan of care dated 03/28/24 revealed the resident had potential for altered nutrition status and/or related problems. Interventions included providing assistance with meals, staff to feed the resident, and a two-handled cup with lid. Review of Resident #18's quarterly Minimum Data Set 3.0 assessment dated [DATE] revealed the resident was severely cognitively impaired. Review of Resident #18's active physician orders revealed an order dated 11/17/24 for Resident #18 to receive a two-handled cup with a lid for all liquids. Review of the activity calendar for 11/26/24 identified coffee time was scheduled for 10:00 A.M. Observation on 11/26/24 at 10:56 A.M. revealed Resident #18 was seated in the dining area for the activity. Resident #18 was given a disposable cup of coffee with a lid and did not receive a cup with handles. Observation on 11/26/24 at 11:18 A.M. of Resident #18's lunch meal revealed the resident received one beverage in a two-handled cup with a lid. The resident also received another beverage which was not in a cup with handles or had a lid. An interview on 11/26/24 at 11:25 A.M. with Housekeeper #478 verified Resident #18 received coffee and juice in cups which did not have handles. An interview on 11/27/24 at 8:26 A.M. with Dietitian #834 revealed Resident #18 was to receive a two-handled cup for beverages to facilitate Resident #18's independence with drinking. Review of the activity calendar for 11/27/24 identified coffee social was scheduled for 10:00 A.M. Observation on 11/27/24 at 10:04 A.M. revealed Resident #18 was seated in the dining area for the activity. Resident #18 was given a disposable cup of coffee with a lid and did not receive a cup with handles. (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 11/27/24 at 11:34 A.M. with Activities Leader #833 verified Resident #18 received coffee in a disposable cup and did not receive a cup with handles on 11/26/24 or 11/27/24. This deficiency represents non-compliance investigated under Complaint Number OH00159672.