

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Lake Pointe Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45442</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure monitoring prior to and following dialysis treatments for Resident #33. This affected one resident of one (Resident #33) reviewed for dialysis. The facility census was 82.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #33 revealed an admitted [DATE]. Diagnoses included but were not limited to encephalopathy, stage five hypertensive chronic kidney disease, dependent on renal dialysis, Alzheimer's dementia, type II diabetes mellitus, legal blindness and unspecified protein-calorie malnutrition.</p> <p>Review of the Minimum Data Set (MDS) 3.0 quarterly assessment dated [DATE] for Resident #33 revealed she was on dialysis treatments.</p> <p>Review of the care plan for Resident #33, last reviewed on 09/05/24, revealed she was receiving dialysis and interventions included communication with dialysis center regarding medication, vital signs, weights, any restrictions, diet order, nutritional and fluid needs, lab results, and who to notify with concerns. Evaluation following dialysis treatment and report abnormal findings to the medical provider, nephrologist/dialysis center, resident and resident representative.</p> <p>Review of physician's order dated 09/07/24 for Resident #33 revealed an order to check dialysis site for signs and symptoms of infection and an order dated 09/10/24 for dialysis treatments on Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for October 2024 for Resident #33 revealed no monitoring of dialysis site.</p> <p>Review of the vitals documentation for Resident #33 revealed last documented occurrence of blood pressure monitoring was on 09/06/24.</p> <p>Review of the nursing progress note dated 10/22/24 timed at 4:26 P.M. for Resident #33 revealed she returned from dialysis with her site bleeding through the gauze and clothing. Nurse spoke with dialysis center, reinforced the dressing obtained vitals and continued to monitor.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of nursing progress notes from 07/01/24 through 10/22/24 did not reveal any additional documentation on resident status prior to or post dialysis treatments.</p> <p>Review of the pre and post dialysis assessments for Resident #33 in the electronic medical record revealed a pre/post dialysis evaluation for 07/07/24, 07/11/24, 08/31/24 and 09/28/24. No further evidence was provided for additional dates for pre-dialysis and post dialysis assessments as required.</p> <p>Review of the paper medical record revealed last available Dialysis Communication Form was from 06/18/24. There was no evidence of additional documentation or monitoring or Resident #33's status. Interview on 10/24/24 at 11:03 A.M. with Licensed Practical Nurse (LPN) #939 confirmed it was the most recent dialysis communication form in the medical record.</p> <p>Interview on 10/23/24 at 2:57 P.M. with LPN #812 confirmed the facility is to print and send pre-dialysis assessment paperwork located in the electronic medical record with Resident #33 when she goes to dialysis. Upon return, the nurse is to complete the post dialysis assessment form.</p> <p>Interview on 10/23/24 at 3:48 P.M. with the Director of Nursing (DON) confirmed the facility provides morning care and completes a pre-dialysis assessment prior to going to dialysis as well as completed a post dialysis assessment in the electronic medical record. The DON confirmed the pre and post dialysis assessments were not being completed as required.</p> <p>Review of the undated facility policy called, Hemodialysis Care and Monitoring, revealed the facility will provide resident centered care that meets the psychosocial, physical and emotional needs and concern of the residents. Pre-dialysis evaluation will be completed within four hours of transportation to be sent to dialysis and include accurate weight, blood pressure, pulse, respirations and temperature, and medication information. Post dialysis evaluation information will be completed by the nurse upon return from dialysis and uploaded into the electronic health record or placed in the hard medical record.</p>		