

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365661	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Heights Rehabilitation and Healthcare Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 E Royalton Rd Broadview Heights, OH 44147	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37095</p> <p>Based on observation, record review, interview, and facility policy review the facility failed to ensure resident records were protected and only accessed by authorized individuals. This affected one resident (#3) of three residents reviewed for safe record keeping. The facility census was 125.</p> <p>Findings include:</p> <p>Record review of Resident #3 revealed she was admitted to the facility 11/29/23 and had diagnoses including malignant neoplasm of the lung, cognitive communication deficit, and sheltered homelessness. Review of her minimum data set assessment dated [DATE] revealed she had severe cognitive impairment. Her contact list identified POA #601 and #602 as her powers of attorney and</p> <p>Interview with Power of Attorney (POA) #601 on 04/02/24 at 1:43 P.M. revealed she was a POA for Resident #3 and only her and POA #602 were the only non-providers allowed to access Resident #3's medical information. The resident had a sister (Family Member #603) who was not allowed to access the records due to the resident's wishes expressed when she was cognitively intact. The facility was supposed to fax medical information to another facility in preparation for a potential transfer; however, instead they gave the records to Family Member #603 because she said she'd take them to the facility herself.</p> <p>Observation of Resident #3 at the time of the above interview revealed she was not interviewable.</p> <p>Interview with Licensed Social Worker (LSW) #302 on 04/02/24 at 2:32 P.M. revealed she faxed Resident #3's admission information to an outside facility; however, during care conferences got three calls from the receptionist asking for the paperwork and saying the family would take it themselves. She brought Resident #3's information to the front desk and left it for them to pick up. Only later did she learn the requesting family was not authorized to access Resident #3's medical information.</p> <p>Interview with Family Member #603 on 04/02/24 at 3:17 P.M. revealed she asked for a copy of Resident #3's medical information the facility faxed to an outside facility and the facility provided it. She confirmed she was not a guardian or POA for the resident.</p> <p>Interview with the Administrator on 04/03/24 at 11:19 A.M. confirmed that Resident #3's medical information was given to an inappropriate party.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's medical information policy dated 09/2021 revealed the facility was to maintain privacy of residents' health information.</p> <p>This deficiency is an incidental finding identified during the complaint investigation.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37095</p> <p>Based on observation, record review, interview, and facility policy review the facility failed to ensure alleged abuse events were reported and investigated appropriately. This affected one resident (#19) of five residents reviewed for abuse prohibition. The facility census was 125.</p> <p>Findings include:</p> <p>Record review of Resident #19 revealed she was admitted to the facility on [DATE] and had diagnoses including hemiplegia, cognitive communication deficit, and anxiety disorder. She was assessed by her minimum data set assessment on 02/28/24 as having severe cognitive impairment. A progress note dated 02/06/24 entered by Licensed Practical Nurse (LPN) #701 revealed Resident #19 called the police and said staff beat her and treated her harshly. The police left the facility after stating they had no concerns regarding resident safety. There was no documentation of any related skin assessment, notification to management, or investigation into the allegation.</p> <p>Interview with Resident #19 on 04/02/24 at 10:06 A.M. revealed she denied being abused while at the facility. Observation revealed she resided on the facility's secured dementia unit and appeared calm and without clear sign of injury.</p> <p>Interview with LPN #701 on 04/04/24 at 9:13 A.M. revealed that on 02/06/24 the police arrived at the facility and informed her Resident #19 called them and said staff beat and spoke harshly to her. The police said they saw no injury and the claim was unsubstantiated. LPN #701 checked the resident for injury and found none. She believed she notified management but could not recall who she talked to.</p> <p>Review of the Ohio Department of Health Certification and Licensure website revealed no evidence the facility submitted a report or investigation of abuse related to Resident #19 at any point on or after 02/06/24.</p> <p>Interview with the Administrator on 04/04/24 at 9:05 A.M. confirmed the above findings.</p> <p>Review of the facility's abuse prevention policy dated 09/2021 revealed allegations of abuse were to be promptly investigated and reported to relevant government agencies.</p> <p>This deficiency represents noncompliance investigated under Master Complaint Number OH00152273 and Complaint Number OH00151735.</p>		