

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365706 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Pleasant Lake Villa | | STREET ADDRESS, CITY, STATE, ZIP CODE 7260 Ridge Rd Parma, OH 44129 | |

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on observation, interview and record review, the facility failed to ensure Resident #135's nails were clean, and her chin was free of hair. This affected one resident (Resident #135) out of three residents (Residents #51, #135, and #187) reviewed for activities of daily living (ADLs). The facility census was 158.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #135 revealed an admitted [DATE] with diagnoses including diabetes mellitus, Alzheimer's disease, and anxiety disorder.</p> <p>Review of the Care Plan dated 04/14/22 revealed Resident #135 had a self-care deficit related to cognition and generalized weakness. Interventions included nail care as needed.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment, dated 08/06/24, revealed Resident #135 had moderately impaired cognition and required substantial/maximal assistance with ADLs.</p> <p>Observation and interview on 09/14/24 at 9:40 A.M. with Resident #135 revealed she was lying in bed; her fingernails were long and dirty and she had hairs growing on her chin. Resident #135 stated that she liked the length of her nails, but she wished that they were cleaner, and she was embarrassed by having hairs on her chin. Resident #135 stated that she used to make sure that they were taken care of when she was at home.</p> <p>Interview on 09/14/24 at 9:41 A.M. with Licensed Practical Nurse (LPN) #371 verified the Resident #135's dirty nails and the hairs on her chin.</p> <p>Review of the facility policy dated 11/30/23 titled, Activity of Daily Living (ADL's), revealed maintaining personal hygiene included planning the task and gathering supplies, combing and/or styling hair, washing face and hands, brushing teeth, shaving or applying make-up, oral hygiene, self-manicure (safety awareness with nail care and/or application of deodorant or powder).</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157469.</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 |
|---|-------|-----------|