STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365713	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Painesville	70 Normandy Dr Painesville, OH 44077

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 0606 Level of Harm - Potential for minimal harm Residents Affected - Many	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. 49774 Based on review of personnel files and interview, the facility did not ensure pre-employment reference checks were completed for the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON) #202, Human Resources/Payroll #205, Licensed Practical Nurse (LPN) #248, and LPN #243. This affected six of the 12 personnel files reviewed and had the potential to affect all 52 residents residing in the facility. Findings include: Review of the personnel file for the Administrator, DON, ADON #202, Human Resources/Payroll #205, LPN #248, and LPN #243 did not contain documented evidence reference checks were completed but did contain documentation the abuse registry checks were completed. Interview on 09/18/24 at 1:03 P.M. with Human Resources/Payroll #205 revealed the reference checks for the Administrator, DON, ADON #202, and Human Resources/Payroll #205 were completed by the corporate office and were not included in their personnel files maintained at the facility. It was confirmed the personnel records for LPN #248 and #243 did not contain documented evidence that reference checks were completed. Interview on 09/18/24 at 3:08 P.M. with Human Resources/Payroll #205 revealed the corporate office was contacted and copies of the reference checks requested; however, the corporate office was unable to locate them.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37097 Based on record review and interview, the facility failed to ensure showers/bed baths were provided to Residents #18, #23, and #29 as scheduled. This affected three residents (#18, #23, and #29) of five residents reviewed for showers. The facility census was 52. Findings include: 1. Review of the medical record for Resident #18 revealed an admitted [DATE]. Diagnoses included fracture of left pubis, dementia, Bell's palsy, chronic pain syndrome, and fracture of the fifth lumbar vertebra. Review of the Admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #18 was cognitively intact. Review of shower/bathing task report for Resident #18 for 30-days revealed the resident received bed baths on 08/23/24, 08/27/24, 09/13/24, and 09/14/24. Review of the shower/bathing sheets for Resident #18 for two months revealed none had been completed, Interview on 09/15/24 at 11:33 A.M. Resident #18 stated she rarely got a bed bath. Staff never mentioned them to her. 2. Review of the medical record for Resident #23 revealed an admitted [DATE]. Diagnoses included end stage renal disease, dependence on renal dialysis, diabetes, and acute and chronic respiratory status. Review of the Medicare - 5 Day MDS 3.0 assessment dated [DATE] revealed Resident #23 was cognitively intact. Review of the shower/bathing task report for Resident #23 for 30-days revealed the resident had received a shower or bed bath on 0 8/18/24, 08/22/24, 08/23/24, 08/26/24, 09/14/24, and 09/15/24. Review of the shower/bathing sheets for Resident #23 for two months revealed the resident had a bed bath on 08/01/24, on 08/12/24, and had refused on 08/26/24. Interview on 09/15/24 at 12:51 P.M. Resident #23 stated she didn't get her bed baths when she was supposed to. 3. Review of the medical record for Resident #29 revealed a readmitted [DATE]. Diagnoses included fracture of left humerus, fracture of pubis, repeated falls, orthopedic aftercare, and intervertebral disc displacement lumbar region. Review of the Medicare Five-Day MDS 3.0 assessment dated [DATE]revealed Resident #29 was cognitively intact. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the shower/bathing task report for Resident #29 for 30-days revealed on 08/23/24 and 08/27/24 the resident refused a shower/bath. The resident received a bed bath on 09/13/24 and 09/14/24. Review of the shower/bathing sheets for Resident #29 for two months revealed on 09/08/24 the form was blank regarding a bath/shower and appeared to be a skin check only and on 09/10/24, the resident refused. Interviews on 09/15/24 at 2:13 P.M. and on 09/17/24 at 5:31 P.M., Resident #29 stated she was not allowed showers at first, but now she was able to have them. She had not received a shower in a while. When one was offered, it was at night, and she preferred to go to bed early. She wanted her showers during the day. Interview on 09/18/24 at 11:33 A.M. with the Director of Nursing (DON) verified those were all the shower sheets available. The documentation in Point Click Care (PCC), the electronic medical record, was lacking. Very few showers/bed baths were documented.

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37095 Based on observation, interview, and record review, the facility failed to ensure Resident #39 received wound care according to physician's orders. This affected one resident (#39) of one resident reviewed for pressure ulcers. The facility census was 52. Findings include: Record review of Resident #39 revealed he was admitted to the facility on [DATE] and had diagnoses including diabetes, atrial fibrillation, and end stage renal disease. He was admitted with unstageable pressure ulcers (full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed) to both heels as well as two pressure sores to his gluteus. The gluteus pressure sores had since healed, and the heel pressure sores progressed to stage III pressure ulcers (full thickness tissue loss, subcutaneous fat may be visible, but bone, tendon or muscle are not exposed, slough may be present but does not obscure the depth of tissue loss, may include undermining and tunneling). Review of wound assessments revealed the wounds had decreased in size since admission and the most recent assessment on 09/10/24 identified the right heel to measure 1.4 by 1.6 centimeters (cm) with a depth of 0.3 cm, and the left heel measured 1.5 by 2.0 centimeters with a depth of 0.3. Resident #39 had physician's orders dated 08/28/24 to have daily dressing changes to both heels. Review of his September treatment administration record (TAR) revealed the dressings were changed on 09/02/24, 09/03/24, 09/05/24, 09/08/24, and 09/12/24, 09/13/24, 09/14/24, and 09/15/24 with refusals documented on 09/06/24, 09/09/24, 09/10/24, 09/11/24, and 09/16/24. Interview with Resident #39 on 09/17/24 at 9:17 A.M. revealed he did not receive regular wound care, although his wounds have improved since his admission. Observation of a wound care procedure for Resident #39 by Assistant Director of Nursing (ADON) #202 and Wound Physician #901 on 09/17/24 at 11:31 A.M. revealed the pressure sore dressings on both of Resident #39's heels were dated 09/10/24. The dressing change revealed the wounds were stage III pressure sores with no clear evidence of infection. The left heel wound measured 1.4 cm by 1.8 cm with a depth of 0.4 cm, and the right heel wound measured 1.0 cm by 1.7 cm with a depth of 0.2 cm. Interview with ADON #202 on 09/17/24 at 12:09 P.M. confirmed the above observation. She confirmed the previous dressings were the same dressings she applied when doing her weekly wound rounds on 09/10/24.

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F 0730 Level of Harm - Potential for minimal harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. 49774 Based on review of personnel files and interview, the facility did not ensure an annual evaluation was completed for stated tested nurse aide (STNA) #225. This affected one of the 12 personnel files reviewed and had the potential to affect all 52 residents residing in the facility. Findings include: Review of the personnel file for STNA #225 revealed the most recent annual evaluation for STNA #225 was completed on 05/05/23. Interview on 09/18/24 at 12:54 P.M. with Human Resources/Payroll #205 confirmed the most recent evaluation was dated 05/05/23.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 49774 Based on review of personnel files and interview, the facility did not ensure tuberculosis testing was completed on or prior to the date of hire for the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON) #202, Human Resources/Payroll #205, State tested Nurse Aide (STNA) #212, Licensed Practical Nurse (LPN) #243, and LPN #238. This affected seven of the 12 personnel files reviewed and had the potential to affect all 52 residents residing in the facility. Findings include: Review of the personnel file for the Administrator revealed the date of hire was 07/03/24, and the tuberculosis test was not administered until 07/16/24. Review of the personnel file for the DON revealed the date of hire was 04/23/24, and the tuberculosis test was not administered until 07/16/24. Review of the personnel file for the ADON #202 revealed the date of hire was 06/12/24, and the tuberculosis test was not administered until 07/16/24. Review of the personnel file for Human Resources/Payroll #205 revealed the date of hire was 04/29/24, and the tuberculosis test was not administered until 07/16/24. Review of the personnel file for the STNA #212 revealed the date of hire was 06/10/24, and the tuberculosis test was not administered until 07/17/24. Review of the personnel file for the LPN #238 revealed the date of hire was 06/09/24, and the tuberculosis test was not administered until 07/17/24. Review of the personnel file for the LPN #243 revealed the date of hire was 07/25/24, and the tuberculosis test was not administered until 07/29/24. Interview on 09/18/24 at 12:59 P.M. with the Human Resources #205 verified the above findings.