

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42013</p> <p>Based on interview, record review and review of the facility policy the facility failed to ensure Resident #93's resident representative was notified of a change of condition. This affected one resident (Resident #93) out of three residents reviewed for resident representative notification. The facility census was 170.</p> <p>Findings include:</p> <p>Review of Resident #93's medical record revealed an admitted [DATE] and diagnoses included end stage renal disease, dependence on renal dialysis, and encephalopathy. Resident #93 was transported to the hospital on 03/12/24 and passed away at the hospital on 03/13/24.</p> <p>Review of Resident #93's medical record profile notes dated 11/21/23 revealed Resident #93's Emergency Contact Number One (EC1) #533 was her friend.</p> <p>Review of Resident #93's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #93 had moderate cognitive impairment. Resident #93 required supervision or touching assistance with Activity of Daily Living's and required partial to moderate assistance with bathing. Resident #93 was always incontinent of urine and bowel.</p> <p>Review of Resident #93's care plan dated 02/26/24 included Resident #93 had renal failure with hemodialysis. Resident #93 would be kept comfortable in the presence of changing symptoms related to renal failure. Interventions included for hemodialysis, to monitor right chest dressing for signs and symptoms of bleeding; monitor and record vital signs per physician's order; send to the ER (Emergency Department) for HD (hemodialysis) catheter dysfunction. Resident #93 was a fall risk and Resident #93 would prevent and minimize fall related injuries through the review date. Interventions included to encourage Resident #93 to ask for assistance and to assist with all transfers, locomotion and mobility. Resident #93 had ineffective breathing patterns as evidenced by shortness of breath, labored respirations, cough, change in alertness. Resident #93 would be kept comfortable in the presence of symptoms related to respiratory disease process. Interventions included to monitor respiration rate and depth, breath sounds, and report abnormal findings to the physician.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #93's progress notes dated 03/11/24 at 1:47 P.M. included Resident #93's physician was notified of significant bruising on the posterior scapula area on the right side of her upper back. A CBC (complete blood count), CMP (comprehensive metabolic panel), PT (prothrombin time) and PTT (partial thromboplastin time) was ordered to be drawn by the dialysis staff and sent out STAT (immediately). Resident #93 was her own responsible party. There was no evidence Resident #93's EC1 #533 was notified of bruising to her scapula or STAT bloodwork being drawn.</p> <p>Review of Resident #93's progress notes dated 03/12/24 at 3:16 P.M. included Resident #93 was admitted from the local hospital (on 03/07/24) with a diagnosis of acute encephalopathy and C Diff (clostridium difficile). Resident #93 was noted with scattered bruising on her right hip and leg, purple-blue in color, a dark purple bruise to her right upper back measuring 20 centimeters (cm), bruise to her left wrist 8 cm by 4 cm and was reddish-purple in color, right shoulder area 5 cm by 9.5 cm and was purple-blue in color, top of her right foot area 8.5 cm by 3 cm and was light purple in color and Resident #93's right clavicle and circumference of the arm length was 30 cm and purple-blue in color, petechiae were noted to the left upper back. No other skin issues were noted. There was no evidence Resident #93's EC1 #533 was notified.</p> <p>Review of Resident #93's progress notes dated 03/12/24 at 9:25 P.M. revealed Resident #93's Nurse Practitioner was notified she was gray in color, lips purple, heart rate 42, unable to obtain blood pressure, oxygen saturation was 86 percent. Resident #93 was a full code and Resident #93 was sent to the local hospital ER (Emergency Department) for further evaluation. There was no evidence Resident #93's EC1 #533 was notified of the transfer.</p> <p>Review of Resident #93's progress notes dated 03/13/24 at 5:20 A.M. revealed Resident #93 was admitted to the local hospital with a urinary tract infection, sepsis, and acute respiratory failure. There was no evidence Resident #93's EC1 #533 was notified.</p> <p>Interview on 03/27/24 at 10:48 A.M. of EC1 #533 revealed the facility did not notify her of bruises Resident #93 had all over her body, and she was not notified when Resident #93 had to be transferred to the hospital via 911 and had respiratory failure and sepsis. EC1 #533 stated she only found out about these things when the hospital called her to let her know Resident #93 was admitted to the hospital. EC1 #533 stated she got really upset with the facility staff because the facility did not notify her. EC1 #533 stated she thought Resident #93 was in good hands at the facility and was really upset when she realized she did not get the care she needed.</p> <p>Interview on 04/01/24 at 12:10 P.M. of the Director of Nursing (DON) confirmed Resident #93's EC1 #533 was not notified on 03/11/24 of Resident #93's bruising to her scapula. The DON confirmed Resident #93's EC1 #533 was not notified on 03/12/24 of Resident #93's bruising to multiple areas of her body, or Resident #93 was transferred to the hospital when she was gray in color, lips blue, and staff was unable to obtain blood pressure and her oxygen saturation was 86 percent. The DON confirmed Resident #93's EC1 #533 was not notified on 03/13/24 when the facility found out Resident #93 was admitted to the hospital with a urinary tract infection, sepsis and respiratory failure. The DON stated Resident #93 was her own responsible party and the facility did not have to notify EC1 #533. The DON stated Resident #93's EC1 #533 was only a friend and emergency contact person and was not Resident #93's responsible party, power of attorney or guardian and the facility did not have to notify her. The DON stated she stopped notifying Resident #93's EC1 #533 when she realized she was only an emergency contact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Change in Resident's Condition reviewed 11/30/23 included the facility should notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical, mental condition. Unless otherwise instructed by the resident, the Nurse Supervisor or Charge Nurse would notify the resident's family or representative (sponsor). Except in medical emergencies notifications would be made timely of a change occurring in the resident's medical, mental condition or status.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152410.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42013</p> <p>Based on observation, interview, record review and review of the facility policy the facility failed to ensure Resident's #104 and #124 had a clean, sanitary and homelike environment. This affected two residents (Resident's #104 and #124) out of three reviewed for clean, sanitary environment. The facility census was 170.</p> <p>Findings include:</p> <p>Review of Resident #149's medical record revealed an admitted [DATE] and diagnoses include quadriplegia, chronic respiratory failure with hypoxia or hypercapnia, and type two diabetes mellitus.</p> <p>Review of Resident #149's Quarterly Minimum Data Set (MDS) 3.0 assessment revealed Resident #149 was cognitively intact.</p> <p>Review of Resident #104's medical record revealed an admitted [DATE] and diagnoses included heart failure, antiphospholipid syndrome and moderate protein-calorie malnutrition.</p> <p>Interview on 03/26/24 at 4:57 P.M. with Resident #149 revealed the room he shared with Resident #104 was not very clean.</p> <p>Interview on 03/26/24 at 5:00 P.M. with Resident #104 revealed he was very unhappy the room was dirty and needed cleaned. Resident #104 stated he had to tell the staff the room was very dirty and they needed to clean it. Resident #104 stated he took pictures of his dirty room and showed unidentified staff members. Resident #104 stated some of the dirty things were cleaned but others still needed done. Resident #104 pointed to two pedestal fans in the room and said look at those, and also said to look at the toilet dispenser in the bathroom which was empty and to look at a roll of toilet paper which looked like it was rolling around on the floor in something wet, had dried and was placed on the grab bar in the bathroom. Resident #104 stated he was not going to use the dirty looking toilet paper.</p> <p>Observation on 03/26/24 at 5:00 P.M. of Resident #104's and #149's room with the Director of Nursing confirmed two pedestal fans were in the room, the fans were turned on and a thick coating of dust was covering both fans and dust was blowing around the room. Further observation revealed the floor had bits and pieces of debris on it and looked like it needed mopped. Observation of the bathroom revealed the toilet paper dispenser was empty and a small roll of toilet paper was placed on a metal grab bar near the toilet. The roll of toilet paper looked like it had been wet, dried, had some dirty areas noted on it and the edges of the toilet paper roll were curled up.</p> <p>Interview on 03/27/24 at 3:42 P.M. of Housekeeping Supervisor (HS) #371 revealed she cleaned Resident #104 and #149's room. HS #371 stated the fans were very dirty and dusty and she took the fans apart and cleaned them. HS #371 stated she put toilet paper in the bathroom, cleaned the room well and put the room on a dusting schedule. HS #371 stated she was recently hired and the facility did not have a housekeeping supervisor for about three months.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Resident Rights and Facility Responsibilities reviewed 10/24/23 included residents have the right to a safe and clean living environment pursuant to the Medicare and Medicaid programs, and applicable state laws and regulations prescribed by the public health council.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42013</p> <p>Based on interview, record review, review of hospital records and review of the facility policy the facility failed to ensure Resident #93's central venous catheter dressing was changed and failed to ensure physician orders were obtained for the care of Resident #93's central venous catheter. This affected one resident (Resident #93) out of three residents reviewed for dressing changes. The facility census was 170.</p> <p>Findings include:</p> <p>Review of Resident #93's medical record revealed an admitted [DATE] and diagnoses included end stage renal disease, dependence on renal dialysis, and encephalopathy. Resident #93 was transported to the hospital on 03/12/24 and passed away at the hospital on 03/13/24.</p> <p>Review of Resident #93's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #93 had moderate cognitive impairment. Resident #93 required supervision or touching assistance with Activity of Daily Living's and required partial to moderate assistance with bathing. Resident #93 was always incontinent of urine and bowel.</p> <p>Review of Resident #93's care plan dated 02/26/24 included Resident #93 had renal failure with hemodialysis. Resident #93 would be kept comfortable in the presence of changing symptoms related to renal failure. Interventions included for hemodialysis, to monitor right chest dressing for signs and symptoms of bleeding; monitor for signs of infection; send to the ER (Emergency Department) for HD (hemodialysis) catheter dysfunction.</p> <p>Review of Resident #93's medical record dated 03/07/24 revealed Resident #93 returned to the facility after being discharged from the local hospital.</p> <p>Review of Resident #93's Admission Assessment and Baseline Care Plans dated 03/07/24 at 3:12 P.M. included Resident #93 was admitted to the facility on [DATE] at 9:45 A.M. Resident #93 was alert, calm, forgetful and cooperative. Resident #93 had a PICC (peripherally inserted central catheter) line, single lumen located in her right upper arm. The right upper arm dressing was dry and intact with old dried blood beneath the tegaderm, double lumen flushes without issue. The documentation was unclear whether the lumen is single lumen or double lumen. There was no documentation regarding Resident #93's left central venous catheter or the location. There was no documentation of a dialysis catheter in Resident #93's chest.</p> <p>Review of Resident #93's physician orders, Medication Administration Record (MAR) and Treatment Administration Record (TAR) from 03/07/24 through 03/12/24 did not reveal evidence Resident #93's left internal jugular central venous catheter had orders for the care of the catheter or orders for dressing changes. Further review of Resident #93's MAR and TAR from 03/07/24 through 03/12/24 did not reveal evidence dressing changes were completed for Resident #93's left internal jugular central venous catheter. There was no evidence from 03/07/24 through 03/12/24 dressing changes for a right upper arm PICC line were ordered and completed, and there was no evidence of dressing changes or orders for a dialysis catheter located in Resident #93's chest.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #93's progress notes dated 03/08/24 at 6:00 A.M. written by Resident #93's Nurse Practitioner included Resident #93 was post acute hospitalization and was readmitted on [DATE] following a hospitalization for AMS (altered mental status) and hypotension experienced at dialysis. Resident #93 had her dialysis catheter swapped out to a left IJ (internal jugular).</p> <p>Further review of Resident #93's progress notes dated 03/08/24 through 03/12/24 did not reveal documentation about Resident #93's left IJ central venous catheter, right PICC line or dialysis catheter in her chest.</p> <p>Review of Resident #93's Emergency Department to Hospital Admission included Resident #93 arrived at the Emergency Department on 03/12/24 at 10:14 P.M. and Resident #93's chief complaint was altered mental status and facility staff reported altered mental status and Resident #93 was more lethargic than last week. Staff was unable to give any further report than that. Facility staff did not provide much information to EMS (Emergency Medical Services). Further review revealed documentation of a PICC line in the left upper extremity and a dialysis line in the chest. Resident #93 arrived at the Emergency Department wearing a hospital gown and an incontinence brief. Resident #93's LUE (left upper extremity) central line dressing was barely hanging on and noted to be completely soiled. There was dark brown-green drainage all around the central line.</p> <p>Interview on 04/01/24 at 4:51 P.M. of the Director of Nursing (DON) and the Administrator revealed Resident #93 was combative on the way to the hospital on 03/12/24 and was giving the transport people a hard time. The DON stated her left upper arm dressing must have come loose in the struggle. When asked about the left upper extremity central line dressing being completely soiled with dark brown-green drainage the DON stated hospitals have a problem with nursing homes, and she would investigate the left upper extremity central line dressing changes. The DON did not provide further information regarding Resident #93's left upper extremity central line dressing changes or dressing changes or orders for the right upper arm PICC line or the dialysis catheter located in Resident #93's chest.</p> <p>Interview on 04/01/24 at 3:58 P.M. of Dialysis Nurse (DN) #531 revealed Resident #93 had a permanent central venous catheter used for her dialysis. DN #531 stated she could not remember the location of the central venous catheter.</p> <p>Review of the facility policy titled Resident Rights and Facility Responsibilities reviewed 10/24/23 included upon admission and thereafter, the right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care consistent with the program for which the resident contracted. This care shall be provided without regard to considerations such as race, color, religion, national origin, age or source of payment for care.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152410.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42013</p> <p>Based on observation, interview, record review, review of the facility policy and review of hospital records the facility failed to ensure Resident #142 received incontinence care timely, failed to ensure Resident #9 received services to care for his suprapubic catheter, and failed to ensure Resident's #76 and #93 received appropriate incontinence care. This affected three residents (Resident's #76, #93, #142) out of five residents reviewed for incontinence care and one resident (Resident #9) out of three residents reviewed for catheter care. The facility census was 170.</p> <p>Findings include:</p> <p>1. Review of Resident #142's medical record revealed an admitted [DATE] and diagnoses included congestive heart failure, drug-induced systemic lupus erythematosus, and schizophrenia.</p> <p>Review of Resident #142's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #142 had moderate cognitive impairment. Resident #142 was dependent on staff for toileting, bathing and personal hygiene. Resident #142 had an indwelling catheter and was always incontinent of bowel.</p> <p>Review of Resident #142's care plan revised 03/27/24 included Resident #142 was at risk for infection and, or trauma related to the use of a foley (indwelling catheter) catheter and retention. Resident #142 would be free from infection and, or injury related to foley catheter use. Interventions included monitor for signs and symptoms of a urinary tract infection, and assess Resident #142 for pain and discomfort every shift.</p> <p>Observation on 03/27/24 at 5:48 A.M. of State tested Nursing Assistant (STNA) #515 provide incontinence care for Resident #142 revealed Resident #142's incontinence brief was saturated with urine and the reusable pad underneath Resident #142 was very wet with urine. Resident #142 stated it was very uncomfortable to have the catheter leak urine and to lay in urine after the catheter leaked. Resident #142 stated her catheter had been leaking for three days and had not been changed. STNA #515 confirmed Resident #142's foley catheter was leaking two days ago and Licensed Practical Nurse (LPN) #387 was notified. STNA #515 indicated she did not check Resident #142's incontinence brief during the night because Resident #142 put her call light on if she needed anything. STNA #515 stated she should have checked Resident #142.</p> <p>Interview on 03/28/24 at 8:25 A.M. of Licensed Practical Nurse (LPN) #387 revealed she changed Resident #142's catheter on 03/24/24. LPN #387 stated she did not work on 03/25/24 and when she came to work on 03/26/24 she was told Resident #142's catheter was leaking, she checked it and saw it was leaking. LPN #387 stated Resident #142 was previously on medication for bladder spasms, the medication was discontinued, LPN #387 contacted Resident #142's physician and obtained a new order for the medication for bladder spasms. LPN #387 stated she did not document Resident #142's catheter was leaking, or orders were obtained for medication for bladder spasms in Resident #142's medical record because she had a lot going on and forgot.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the policy titled Incontinence Care reviewed 11/30/23 included the purpose was to keep skin clean, dry, and free of irritation and odor, to identify skin problems as soon as possible so treatment could be started, to prevent skin breakdown and to prevent infection.</p> <p>2. Review of Resident #9's medical record revealed an admitted [DATE] and diagnoses included type two diabetes mellitus with diabetic autonomic polyneuropathy, neuromuscular dysfunction of the bladder, and epilepsy.</p> <p>Review of Resident #9's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #9 was cognitively intact. Resident #9 was dependent for toileting, personal hygiene and lower body dressing. Resident #9 had an indwelling catheter and was always incontinent of bowel.</p> <p>Review of Resident #9's care plan dated 01/08/24 included Resident #9 was at risk for infection and, or trauma related to use of a suprapubic catheter for a neurogenic bladder. Interventions included assess Resident #9 for pain and discomfort every shift, provide foley catheter care every shift and monitor for signs and symptoms of a urinary tract infection.</p> <p>Review of Resident #9's physician orders from 03/01/24 through 03/27/24 did not reveal orders for a suprapubic catheter dressing or to cleanse the area around the suprapubic catheter.</p> <p>Review of Resident #9's Medication Administration Record (MAR) and Treatment Administration Record (TAR) from 03/01/24 through 03/27/24 did not reveal evidence cleansing the suprapubic catheter or dressing's around the catheter was completed.</p> <p>Observation on 03/27/24 at 6:02 A.M. of STNA #515 revealed she provided incontinence care for Resident #9 and Resident #9's catheter bag was lying on the floor and did not have a dignity cover. STNA #515 placed an empty plastic container on Resident #9's bed, picked the catheter bag off the floor and emptied a large amount of dark yellow urine into the plastic container placed on Resident #9's bed. STNA #515 took the empty bag and placed it back on the floor. Further observation revealed STNA #515 removed Resident #9's incontinence brief and Resident #9's suprapubic catheter did not have a dressing around it, there was a small amount of bloody drainage around the insertion site and a moderate amount of light yellowish colored mucous looking drainage around the bloody drainage at the insertion site. Resident #9's skin around the suprapubic catheter was irritated and reddish in color. STNA #515 finished changing Resident #9's incontinence brief and did not put barrier cream on Resident #9's buttocks, scrotum or groin.</p> <p>Observation on 03/27/24 at 7:12 A.M. of Resident #9 with Unit Manager (UM) #338 confirmed Resident #9 had bloody and light colored mucous-like drainage around his suprapubic catheter insertion site and there was no dressing around the catheter. UM #338 confirmed the skin around the suprapubic catheter insertion site was irritated and reddish in color. UM #338 confirmed Resident #9's catheter bag was lying on the floor. UM #338 confirmed there were no physician orders for cleansing Resident #9's suprapubic catheter insertion site or for a dressing for the suprapubic catheter.</p> <p>Review of the policy titled Incontinence Care reviewed 11/30/23 included the purpose was to keep skin clean, dry, and free of irritation and odor, to identify skin problems as soon as possible so treatment could be started, to prevent skin breakdown and to prevent infection.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of Resident #76's medical record revealed an admitted [DATE] and diagnoses included urinary tract infection, peripheral vascular disease and vascular dementia.</p> <p>Review of Resident #76's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #76 had severe cognitive impairment. Resident #76 was dependent for toileting hygiene, personal hygiene and dressing. Resident #76 was always continent of urine and frequently incontinent of bowel.</p> <p>Review of Resident #76's care plan revised 10/25/19 included Resident #76 had bowel incontinence and loose stool. Resident #76 would remain free from skin breakdown due to incontinence and brief use through the review date. Interventions included if Resident #76 was incontinent to remove wet or soiled clothing and incontinence briefs, provide incontinence care and apply protective barrier cream after each episode.</p> <p>Observation on 03/27/24 at 6:55 A.M. of State tested Nursing Assistant (STNA) #311 revealed she entered Resident #76's room to provide incontinence care. There was a pungent odor in the room and when STNA #311 removed Resident #76's incontinence brief a large brown semi formed bowel movement was noted. Further observation revealed Resident #76 was wearing two incontinence briefs. STNA #311 stated she did not put two incontinence briefs on Resident #76 and when asked if she changed Resident #76 during the night STNA #311 was vague in her answer and it was not a yes or no. Resident #76 could not say when she was last changed. Observation of Resident #76's skin revealed her coccyx was a dark purple-red color and blanched to the touch. STNA #311 did not apply protective barrier cream after Resident #76's incontinence care was complete and before she put a clean incontinence brief on her. STNA #311 confirmed she did not apply barrier cream to Resident #76's buttocks.</p> <p>Review of the policy titled Incontinence Care reviewed 11/30/23 included the purpose was to keep skin clean, dry, and free of irritation and odor, to identify skin problems as soon as possible so treatment could be started, to prevent skin breakdown and to prevent infection.</p> <p>4. Review of Resident #93's medical record revealed an admitted [DATE] and diagnoses included end stage renal disease, dependence on renal dialysis, and encephalopathy. Resident #93 was transported to the hospital on 03/12/24 and passed away at the hospital on 03/13/24.</p> <p>Review of Resident #93's medical record profile notes dated 11/21/23 revealed Resident #93's Emergency Contact Number One (EC1) #533 was her friend.</p> <p>Review of Resident #93's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #93 had moderate cognitive impairment. Resident #93 required supervision or touching assistance with Activity of Daily Living's and required partial to moderate assistance with bathing. Resident #93 was always incontinent of urine and bowel.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #93's care plan dated 02/26/24 included Resident #93 had renal failure with hemodialysis. Resident #93 would be kept comfortable in the presence of changing symptoms related to renal failure. Interventions included for hemodialysis, to monitor right chest dressing for signs and symptoms of bleeding; monitor and record vital signs per physician's order; send to the ER (Emergency Department) for HD (hemodialysis) catheter dysfunction. Resident #93 had bladder and bowel incontinence. Resident #93 would remain free from skin breakdown due to incontinence and brief use through the review date. Interventions included to check Resident #93 for incontinence, and if she was incontinent remove wet or soiled clothing and briefs, provide incontinence care and apply protective barrier after each incontinent episode.</p> <p>Review of Resident #93's ED (Emergency Department) to Hospital admitted d 03/12/24 included Resident #93 was admitted to the ED on 03/12/24 at 10:14 P.M. Resident #93 was admitted to the hospital wearing a hospital gown and and incontinence brief. When placing Resident #93's foley catheter (indwelling catheter), Resident #93 was noted to have massive amounts of powder and creams with fecal matter still dried underneath of them. Resident #93 was cleaned and found to have excoriation to the groin and pus draining from the area. After the foley catheter was placed return urine was purulent and sluggish. Resident #93's family arrived to the ED and were visibly upset about the state Resident #93 was in when she arrived to the ED from the facility and the lack of proper care at the facility.</p> <p>Interview on 04/01/24 at 11:04 A.M. of Emergency Contact Number One (EC1) #533 revealed EC1 #533 stated she felt like she dropped the ball on Resident #93's care because Resident #93 was in the facility and she thought she was being cared for properly, but she really wasn't receiving good care. EC1 #533 stated the nurse at the local hospital took very good care of Resident #93 and told her when Resident #93 was admitted to the hospital on 03/12/24 she had feces inside the folds of her legs, in her vagina, and it was crusted and old. EC1 #533 stated the nurse told her she documented the condition Resident #93 was in on 03/12/24 when she was admitted to the hospital.</p> <p>Interview on 04/01/24 at 4:51 P.M. of the Director of Nursing and the Administrator revealed when asked about the hospital documentation Resident #93 was admitted with massive amounts of powder and cream on her buttocks and legs and it was mixed with dried feces the DON stated that was why we use barrier cream. When asked about the excoriation and pus noted to Resident #93's groin when the barrier cream and powder mixed with feces was removed the DON stated hospitals had a problem with nursing homes, Resident #93 was incontinent and that was why she could have stool mixed with creams and powders.</p> <p>Review of the policy titled Incontinence Care reviewed 11/30/23 included the purpose was to keep skin clean, dry, and free of irritation and odor, to identify skin problems as soon as possible so treatment could be started, to prevent skin breakdown and to prevent infection.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00152410 and Complaint Number OH00151750.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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** 42013</p> <p>Based on interview, record review and review of the facility policy the facility failed to thoroughly assess Resident #93's condition prior to dialysis treatment and failed to ensure Resident #93 was transported to the hospital timely when her dialysis catheter was not functioning and she could not receive renal dialysis. This affected one (Resident #93) of three residents reviewed for dialysis. The facility census was 170.</p> <p>Findings include:</p> <p>Review of Resident #93's medical record revealed an admitted [DATE] and diagnoses included end stage renal disease, dependence on renal dialysis, and encephalopathy. Resident #93 was transported to the hospital on 03/12/24 and passed away at the hospital.</p> <p>Review of Resident #93's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #93 had moderate cognitive impairment. Resident #93 required supervision or touching assistance with Activity of Daily Living's and required partial to moderate assistance with bathing. Resident #93 was always incontinent of urine and bowel.</p> <p>Review of Resident #93's care plan dated 02/26/24 included Resident #93 had renal failure with hemodialysis. Resident #93 would be kept comfortable in the presence of changing symptoms related to renal failure. Interventions included for hemodialysis, to monitor right chest dressing for signs and symptoms of bleeding; monitor and record vital signs per physician's order; send to the ER (Emergency Department) for HD (hemodialysis) catheter dysfunction.</p> <p>Review of Resident #93's Dialysis Communication Form dated 02/19/24 at 7:58 P.M. included Resident #93's vital signs were not checked on 02/19/24 before dialysis, but the blood pressure, pulse and and temperature were from 02/16/24 at 1:01 A.M. Further review revealed Resident #93 was unable to be dialyzed due to poor blood flow from CVC (central venous catheter). Activase was attempted without success. An order was received from Nephrologist #530 to send Resident #93 to the ER (Emergency Department) for CVC replacement.</p> <p>Review of Resident #93's progress notes dated 02/19/24 at 8:24 P.M. included while Resident #93 was in dialysis she began having complications with her port. The dialysis center contacted Nephrologist #530 and obtained an order to send Resident #93 to the local hospital due to CVC (central venous catheter) dysfunction. Resident #93's primary care provider was notified and a transportation company was called and a pick up time was arranged for 02/20/24 at 1:00 A.M. for Resident #93 to be transported to the local hospital.</p> <p>Review of Resident #93's progress notes dated 02/20/24 at 11:04 A.M. revealed Resident #93 was sent to the local hospital for dialysis port obstruction.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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>Interview on 04/01/24 at 12:10 P.M. of the Director of Nursing (DON) revealed Resident #93's catheter was not working properly off and on since she was admitted to the facility. The DON stated Resident #93 was sent for vascular studies to determine if she was a candidate for an AV (arteriovenous) fistula. When asked why Resident #93's blood pressure, pulse and temperature checked on 02/16/24 at 1:00 A.M. were documented on Resident #93's communication form on 02/19/24 and vital signs were not checked on 02/19/24 before dialysis the DON stated she would have checked vital signs before dialysis on 02/19/24 due to her complex medical history. The DON confirmed Resident #93 was not transported to the hospital until 02/20/24 around 11:00 A.M. and stated she did not know why Resident #93 was not transported to the local hospital on 02/20/24 at 1:00 A.M. as arranged.</p> <p>Interview on 04/01/24 at 3:58 P.M. of Dialysis Nurse (DN) #531 revealed Resident #93 had a permanent central venous catheter used for dialysis.</p> <p>Interview on 04/01/24 at 3:45 P.M. of Nephrologist #530 revealed Resident #93 had dialysis Monday, Wednesday and Friday and there were problems with her dialysis catheter and it had to be changed every other week. Nephrologist #530 stated Resident #93 should have been transferred to the hospital ASAP (as soon as possible) when she could not receive dialysis because her catheter was not working properly. Nephrologist #530 stated it should have been treated as an urgent situation because Resident #93 missed dialysis and her potassium level was not known, and it was not known if Resident #93 had fluid overload, or if she was septic. Nephrologist #530 indicated Resident #93 was confused, had stones, had infected calculi, sepsis, thrombophilia, she had encephalopathy, she was not healthy and was not doing well.</p> <p>Interview on 04/01/24 at 4:04 P.M. of Licensed Practical Nurse (LPN) #476 revealed she was working on 02/19/24 when Resident #93's dialysis catheter was not functioning properly and Nephrologist #530 wrote an order for her to be sent to the Emergency Department at the local hospital. LPN #476 stated she was told the transfer was non-emergent and she made arrangements for Resident #93 to be transferred to the hospital by a transportation company on 02/20/24 at 1:00 A.M. LPN #476 stated the transportation company said they were on their way but did not pick up Resident #93 on 02/20/24 at 1:00 A.M. and still had not arrived to transfer Resident #93 when she went home on 02/20/24 at around 8:00 A.M. LPN #476 stated she did not call the transportation company to find out why they did not come to the facility to transfer Resident #93 to the hospital.</p> <p>Interview on 04/01/24 at 4:12 P.M. of Transportation Company Representative (TCR) #532 revealed on 02/19/24 at 9:30 P.M. the transportation crew arrived at the facility to transfer Resident #93 to the hospital, but the doors were locked and they could not get in the building. TCR #532 stated the crew called all four extensions listed on the sign on the outside of the main entrance, but the phones just kept ringing and ringing, no one answered the phones, then the crew left. TCR #532 stated the transportation company tried again on 02/20/24 at 7:21 A.M. to pick up Resident #93 so she could be transferred to the hospital, but again the facility phones kept ringing and ringing with no answer. TCR #532 indicated the transportation company called the facility again on 02/20/24 at 8:37 A.M., someone answered the phone and the facility was told it would probably be about two hours before the transportation company could pick Resident #93 up and take her to the hospital. TCR #532 stated the company was able to pick Resident #93 up on 02/20/24 at 9:07 A.M. and transport her to the hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	

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>Review of the facility policy titled Dialysis Communication revised 11/30/23 included the policy was to ensure appropriate documentation was provided for the resident to ensure communication between the facility and the dialysis center. Nursing would complete the dialysis communication form each time the resident had dialysis.</p> <p>Review of the facility policy titled Resident Rights and Facility Responsibilities reviewed 10/24/23 included upon admission and thereafter, the right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care consistent with the program for which the resident contracted. This care shall be provided without regard to considerations such as race, color, religion, national origin, age or source of payment for care.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152410 and Complaint Number OH00152162.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42013</p> <p>Based on observation, record review, review of email, review of facility policy the facility failed to ensure Resident's #104, #124 and #149 were provided milk that is palatable. This is affected three residents (Resident's #104, #124 and #149) and had the potential to affect all 166 residents who dined in the facility. The facility census was 170.</p> <p>Findings include:</p> <p>Review of Resident #149's medical record revealed an admitted [DATE] and diagnoses include quadriplegia, chronic respiratory failure with hypoxia or hypercapnia, and type two diabetes mellitus.</p> <p>Review of Resident #149's physician orders dated 02/03/24 revealed regular diet, regular texture, thin consistency.</p> <p>Review of Resident #149's Quarterly Minimum Data Set (MDS) 3.0 assessment revealed Resident #149 was cognitively intact.</p> <p>Review of Resident #104's medical record revealed an admitted [DATE] and diagnoses included heart failure, antiphospholipid syndrome and moderate protein-calorie malnutrition.</p> <p>Review of Resident #124's medical record revealed an admitted [DATE] and diagnoses included hypertensive heart disease, end stage renal disease, and congestive heart failure.</p> <p>Review of Resident #124's physician orders dated 12/20/23 revealed renal diet, regular texture, thin consistency, double portions.</p> <p>Review of an email dated 10/13/23 at 11:21 A.M. from a representative of the outside company that managed dietary operations to DDS #308 revealed the facility food supplier reported a supply shortage for half-pint dairy production. The supplier was reporting the issue lied in the main paper supply for the milk cartons. At this time the current inventory would be allocated to accounts that have historically purchased half-pints. All other orders would be substituted to bulk options. The issue was not focused on milk, but to the cartons the milk was supplied in. This was a national supplier of cartons for milk. The issue would take about one to two months to build inventory back to the original standard. The outside company would continue to work with the food supplier and the customer to ensure product would be received as needed. Bulk milk was available as substitution and an option for purchase. If this became an issue for the facility, the facility might need to make arrangements to pour milks for a short period of time. The following items were affected: low fat chocolate milk half-pints, two percent milk half-pints, homogenized vitamin D milk half-pint, one percent milk half-pint and fat free skim milk half-pints.</p> <p>Review of Resident Food Committee minutes dated 01/03/24 attended by 11 residents revealed old business follow-up was a milk shortage, but there was no documentation about the milk shortage in the minutes. Review of the minutes dated 03/06/24 revealed 16 residents attended the meeting and new business issues included milk vendor issues but there was no documentation regarding the milk vendor issues.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility food delivery invoices dated 02/19/24 and 03/04/24 revealed only one percent fresh milk half-pints were delivered to the facility. There was no evidence two percent and whole milk half-pints were delivered. Review of invoices dated 03/11/24 and 03/18/24 revealed only the substitute ultra pasteurized one percent milk was delivered to the facility. There was no evidence fresh milk was delivered in one percent, two percent or whole milk half-pints.</p> <p>Interview on 03/26/24 at 4:57 P.M. of Resident #149 revealed he was lying in bed and pleasant to talk to. Resident #149 stated the food was terrible, not palatable and he could not drink the milk. Resident #149 stated the milk had a weird flavor, was served warm, and he could not drink it.</p> <p>Interview on 03/26/24 at 5:00 P.M. of Resident #124 revealed the milk was horrible. Resident #124 stated the milk was watery, made with some kind of powder, did not need refrigerated, and he could not drink it.</p> <p>Interview on 03/27/24 at 3:01 P.M. of Registered Dietician (RD) #349 revealed she was the facility dietician for about a year and a half. RD #349 stated she was not aware the food company was using a milk substitute and stated the facility received whatever the food service provided. RD #349 stated Director of Dining Services (DDS) #308 typically informed her if there were substitutions. RD #349 stated culinary and nutritional expertise was provided to the facility by an outside company who were responsible for key aspects of dietary operations including the menu for the facility. RD #349 stated dieticians who worked for the outside company were responsible for making sure the milk was the same nutritional value. RD #349 stated she never tried the substitute milk, but it was actual milk and just powdered.</p> <p>Interview on 03/27/24 at 3:33 P.M. of DDS #308 revealed if the facility was out of a food item she would go to the store and buy whatever was needed including milk. If there was no milk DDS #308 would substitute something like juice or lemonade. DDS #308 stated if she needed to make a substitution she spoke to RD #349 or a dietician from the outside company. DDS #308 stated the facility had been getting the substitute milk off an on since 06/2023. DDS #308 stated she had not tasted the substitute milk.</p> <p>Interview on 03/28/24 at 8:55 A.M. of Dietary Aide (DA) #471 revealed when the food service company did not have fresh milk to complete the facility delivery order, the company used a substitute milk which it got from a different supplier. DA #471 stated the substitute milk was one percent milk and was in a green and white container, and did not need refrigerated. DA #471 stated sometimes the food supply company would add the substitute milk to the delivery to complete the order if there was not enough regular, fresh milk. DA #471 stated when she received substitute milk in the delivery she tried to save the regular, fresh milk for residents who liked it for their cereal. DA #471 indicated for the past two to three weeks the only milk delivered to the facility was the substitute milk. There was no fresh milk delivered and the residents were not happy. DA #471 stated she tried the substitute milk and it was disgusting.</p> <p>Interview on 03/28/24 at 9:30 A.M. of Company Representative (CR) #534 revealed the milk provided to the facility as a substitute milk was actually regular milk with the same nutritional value. CR #534 stated it probably tasted different because the company used an ultra high temperature pasteurization process. CR #534 stated it tasted different because the pasteurization process extended the shelf life of the milk and the milk did not have to be refrigerated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Broadview Multi Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Broadview Rd Parma, OH 44134	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 03/28/24 at 9:49 A.M. of DDS #308 revealed when the food supply company began deliveries to the facility in 06/2023 there used to be two percent and whole milk as well as one percent milk. DDS #308 indicated this was before the shortage of cardboard in 10/2023. DDS #308 stated the facilities delivery of milk changed in 10/2023, and sometimes the facility received two percent and whole milk, and about 50 percent of the time the deliveries only included one percent fresh milk or the substitute milk. DDS #308 stated at times she went to the store and bought gallons of fresh two-percent or whole milk to use when there was not enough milk sent to last the week. DDS #308 stated the last time she went to the store to buy milk was about a month ago and since that time the facility only received one percent fresh milk or the substitute milk. DDS #308 indicated there had been no deliveries of two-percent or whole milk for at least a month and the residents wanted two percent or whole milk and complained about it. DDS #308 stated she did not go to the store to purchase gallons of fresh two-percent and whole milk because she wanted to use what was on the shelf before buying additional milk.</p> <p>Interview on 03/28/24 at 10:00 A.M. of Resident #124 revealed he was not happy with the milk and wished it was whole milk because whole milk had a richer flavor and goes better in cereal and recipes.</p> <p>Interview on 03/28/24 at 10:10 A.M. of DA #506 revealed she had not tried the substitute milk, wrinkled her nose up and stated there was no way she would drink that stuff.</p> <p>Interview on 03/28/24 at 12:49 P.M. of Registered Nurse (RN) #511 revealed there was a back order of milk over the past weekend, and some of the residents were not happy with the milk substitutions. RN #511 stated he tried the substitute milk and it was not very good.</p> <p>Review of the facility policy titled Resident Rights and Facility Responsibilities reviewed 10/24/23 included residents had the right to have all reasonable requests and inquiries responded to promptly.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152162.</p>