

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Copley Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  155 Heritage Woods Drive Copley, OH 44321	

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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35768</p> <p>Based on record review, policy review and interview, the facility failed to ensure transportation to and from scheduled eye surgery for Former Resident #120. This affected one (Former Resident #120) of three residents reviewed for transportation assistance.</p> <p>Findings include:</p> <p>Review of medical record for Former Resident #120 noted an admitted [DATE] and discharge date of [DATE]. Diagnoses included schizophrenia, glaucoma, and non-compliance with medication regimen.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Former Resident #120 had intact cognition and required supervision for activities of daily living.</p> <p>Review of Former Resident #120's scheduled outside appointments for September 2024 through January 2025 revealed Former Resident #120 was scheduled to leave the facility on 01/27/25 at 5:30 A.M. for laser eye surgery related to a diagnosis of glaucoma.</p> <p>Review of a nurse progress note dated 01/27/25 timed 5:56 A.M. revealed Former Resident #120 was unable to go to appointment because no staff was available.</p> <p>Interview on 03/03/25 at 12:50 P.M. with the Director of Nursing (DON) revealed she was not sure why Former Resident #120 was not taken to her scheduled eye surgery on 01/07/25. The DON stated she met with the Transportation Coordinator weekly to set up transportation to outside appointments. Staff did not contact her on 01/27/25 regarding the appointment.</p> <p>Interview on 03/03/25 at 1:06 P.M. with Transportation Coordinator (TC) #200 revealed she was told there was not enough staff to take Former Resident #120 to her scheduled eye surgery. TC #200 stated she was responsible for tracking the appointments but was unable to provide specific information related to why Former Resident #120 was not taken to her scheduled surgery on 01/27/25.</p> <p>Review of the undated facility policy Resident Transportation revealed the facility would assist residents in making transportation arrangements to and from any needed services, such as dental visits or physician visits in the event the resident required such assistance.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161972.</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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