

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/27/2026
NAME OF PROVIDER OR SUPPLIER  Westpark Healthcare Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  4401 W 150th Street Cleveland, OH 44135	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, staff interviews, and facility policy, the facility failed to maintain the resident environment and equipment in a safe, sanitary, and homelike manner. This affected resident #17, #29, #52, #11, #28, #46 out of 85 residents residing in the facility. The census was 85. Findings include:</p> <p>1. Observation of building B on 04/23/26 with Administrator from 10:14 A.M. to 11:00 A.M. confirmed the following: Resident #17 had ceiling tiles with large brown stains and brown dried liquid stains that have dripped from the ceiling. Resident #29 had cracks in multiple areas in the floor and yellow stains throughout the flooring and multiple tiles cracked. Resident #52's inside bathroom door had severe wood chipping along the entire width of the door. Resident #11's bathroom ceiling tiles had water stains. Resident #28's bathroom paper towel holder not fully attached to the wall and paper towels were on the toilet. Resident #46 had three ceiling tiles with brown water stains. 2nd floor dining room had water stains on the ceiling tiles. Building B 1st floor the floor boards along hallway were stained and not fully attached. Interview on 04/23/26 at 11:00 A.M. with Administrator confirmed the observations.</p> <p>2. Follow-up observation on 04/27/26 from 8:27 A.M. to 8:52 A.M. of Building B with Corporate Administrator #403 and Maintenance Director #279 confirmed the following: Resident #17 had ceiling tiles with large brown stains and brown dried liquid stains that have dripped from the ceiling. Resident #29 had cracks in multiple areas in the floor and yellow stains throughout the flooring and multiple tiles cracked. Resident #52's inside bathroom door, hinges were not painted and rough to touch. Resident #11's bathroom ceiling tiles had water stains. Resident #28's bathroom paper towel holder not fully attached to the wall and very loose. Resident #46 had three ceiling tiles with brown water stains. 2nd floor dining room had fourteen ceiling tiles noted with water stains. Interview on 04/27/26 at 8:55 A.M. with Corporate Administrator #403 and Maintenance Director #279 confirmed the observation findings from 8:27 A.M. to 8:52 A.M. Review of facility policy, Homelike Environment, dated February 2021, revealed the facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment. This deficiency is an incidental finding discovered during the complaint investigation.</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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