

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare of Cuyahoga Falls		STREET ADDRESS, CITY, STATE, ZIP CODE  300 East Bath Road Cuyahoga Falls, OH 44223	

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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35771</p> <p>Based on medical record review, review of the Centers of Disease Control and Prevention (CDC) COVID-19 vaccination guidelines, policy review and interview, the facility failed to offer any 2024-2025 COVID-19 vaccinations to residents. This affected five (Residents #9, #43, #38, #17 and #34) residents reviewed for COVID-19 vaccination. The census was 59.</p> <p>Findings include:</p> <p>Review of the CDC's Interim Clinical Considerations for COVID-19 Vaccines in the United States dated 01/31/25 revealed people ages 65 and older, vaccinated under the routine schedule, were recommended to receive two doses of any 2024-2025 COVID-19 vaccine separated by six months (minimum interval two months) regardless of vaccination history with one exception: unvaccinated people who initiated vaccination with 2024-2025 Novavax COVID-19 vaccine were recommended to receive two doses of Novavax followed by a third dose of any COVID-19 vaccine six months (minimum interval two months) later.</p> <p>Review of the facility's COVID-19 policy revised April 2024 revealed long-term care facilities should offer residents COVID-19 vaccination.</p> <p>1. Review of the medical record for Resident #9 revealed an admitted [DATE] with diagnoses of Alzheimer's disease, anxiety disorder, convulsion, and dementia. Resident #9 was over [AGE] years old, resided in the secured memory care unit and his spouse was his responsible party.</p> <p>Review of the immunization audit report dated 02/11/25 revealed Resident #9 received the COVID-19 Pfizer booster vaccine on 06/30/22. There was no evidence Resident #9 was offered and/or received any 2024-2025 COVID-19 vaccine.</p> <p>Interview on 02/10/25 at 2:20 P.M. with [NAME] President of Operations (VPO) #11 verified there was no evidence Resident #9 was offered and/or received any 2024-2025 vaccine.</p> <p>2. Review of medical record for Resident #43 revealed an admitted [DATE] with diagnoses of schizophrenia, hypertension, hyperlipidemia, delusional disorder, and absence of left foot. Resident #43 was over [AGE] years old and was his own responsible party.</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
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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the immunization audit report dated 02/11/25 revealed Resident #43 refused COVID-19 Pfizer vaccine on 04/26/23. There was no evidence Resident #43 was offered and/or received any 2024-2025 COVID-19 vaccine.</p> <p>Interview on 02/10/25 at 2:20 P.M. with [NAME] President of Operations (VPO) #11 verified there was no evidence Resident #43 was offered and/or received any 2024-2025 vaccine.</p> <p>3. Review of the medical record for Resident #38 revealed an admitted [DATE] with diagnoses of chronic obstructive pulmonary disease (COPD), asthma, diabetes, emphysema, atrial fibrillation, epilepsy, dementia, heart failure. Resident #38 was over [AGE] years old, resided on the secured memory care unit and Resident #38's son was the resident's Power of Attorney (POA).</p> <p>Review of the immunization audit report dated 02/11/25 revealed there was no evidence Resident #38 was offered and/or received any COVID-19 vaccine.</p> <p>Interview on 02/10/25 at 2:20 P.M. with [NAME] President of Operations (VPO) #11 verified there was no evidence Resident #38 was offered and/or received any 2024-2025 vaccine.</p> <p>4. Review of the medical record for Resident #17 revealed an admitted [DATE] with diagnoses of dementia with behavioral disturbance, diabetes, hyperlipidemia, and intestinal malabsorption. Resident #17 was over [AGE] years old, resided in the secured memory care unit and Resident #17's granddaughter was the resident's responsible party.</p> <p>Review of the immunization record report dated 02/11/25 revealed there was no evidence Resident #17 was offered and/or received any COVID-19 vaccine.</p> <p>Interview on 02/10/25 at 2:20 P.M. with [NAME] President of Operations (VPO) #11 verified there was no evidence Resident #17 was offered and/or received any 2024-2025 vaccine.</p> <p>5. Review of the medical record for Resident #34 revealed an admitted [DATE] with diagnoses of acute kidney failure, Alzheimer's disease, diabetes, protein-calorie malnutrition, and restless and agitation. Resident #34 was over [AGE] years old, resided in the secured memory care unit and Resident #34's daughter was her legal guardian.</p> <p>Review of the immunization record report dated 02/11/25 revealed Resident #34 received the COVID-19 vaccine on 06/27/21 and 07/28/21. There was no evidence Resident #43 was offered and/or received any 2024-2025 COVID-19 vaccine.</p> <p>Interview on 02/10/25 at 2:20 P.M. with [NAME] President of Operations (VPO) #11 verified there was no evidence Resident #34 was offered and/or received any 2024-2025 vaccine.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162019.</p>		