

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365828	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Harvard Gardens Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18810 Harvard Ave Cleveland, OH 44122	

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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47570</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure Resident #51 was seen by a physician least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. This affected one resident (#51) of the three residents reviewed for physician visits. The facility census was 92.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #51 revealed an admitted [DATE] with diagnosis including vascular dementia, depression, epilepsy, atrial fibrillation, anxiety, hypertension, heart failure, and hemiplegia.</p> <p>Review of the practitioner's progress notes dated 02/07/24 revealed a New Admission History and Physical was conducted by a virtual visit by Physician #348 for Resident #51.</p> <p>Review of medical record progress notes revealed no visits were made by a general practitioner after 02/07/24 until 05/08/24.</p> <p>Review of practitioner's progress note revealed the last general practitioner note was written on 05/08/24. There was no evidence of a general practitioner visit for Resident #51 after 05/08/24.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 09/17/24, revealed Resident #51 was cognitively intact.</p> <p>On 10/28/24 at 3:05 P.M., an interview with Resident #51 stated he had only seen the physician once during his eight months stay in the facility.</p> <p>On 10/29/24 at 9:00 A.M., an interview with the Assistant Director of Nursing (ADON) #328, confirmed the facility or Physician #348 was unable to find any physician's notes for visits after May 2024 for Resident #51.</p> <p>Review of the facility policy titled Physician Visits Version 1.2, dated April 2013, revealed the attending physician must visit their patients at least once every thirty days for first ninety days following the resident's admission, and then at least every sixty days thereafter.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00158474.</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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