

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 04/22/2026
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation and resident and staff interviews, the facility failed to ensure foods were served at a palatable temperature. This affected five (Residents #5, #7, #30, #50, and #100) of five residents interviewed for palatable food and had the potential to affect all 102 residents who received meals prepared by the kitchen. The facility identified three (Residents #31, #58, and #59) as receiving no food by mouth (NPO). The facility census was 105. Findings include: Observation of tray line on 04/21/26 from 11:45 A.M. through 12:44 P.M. revealed food was above 180 degrees Fahrenheit (F) on the tray line. Observation of the tray line service on 04/21/26 from 12:35 P.M. through 12:44 P.M. revealed the facility ran out of lids for the plates and used the bottoms in place of the lids, which did not fit tightly over the plate. Observation of test tray and interview on 04/21/26 at 12:59 P.M. with Dietary Manager (DM) #214 revealed the baked ham was 101.1 degrees F, and the collard greens were 111.0 degrees F. DM #214 verified that the ham and collard greens should have been hotter, and she was going to have corporate order more lids for the plates. Interview on 04/21/26 at 1:45 P.M. with Registered Dietitian (RD) #217 revealed that she does not do tray line audits. RD #217 stated that she didn't know that cold food was a problem. Interviews on 04/21/26 and 04/22/26 from 7:00 A.M. through 4:00 P.M. with Residents #5, #7, #30, #50, and #100 revealed they had concerns with taste and temperatures of food. Review of the facility policy dated 10/25 titled, Food Service Distribution, revealed that there was no standard for temperatures of food delivered to the residents. This deficiency represents non-compliance investigated under Complaint Number 2987038 and is a recite to the survey completed on 03/03/26.		

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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, resident and staff interviews, review of dietary guidance from NephCure Kidney International and Kaiser Permanente, and facility policy review, the facility failed to ensure that therapeutic diet orders were accurately implemented for two residents (Residents #36 and #10) of three reviewed for therapeutic diets. The facility census was 105. Findings include: 1. Record review showed Resident #36 was admitted on [DATE] with diagnoses including bacteremia, osteomyelitis, and diabetes mellitus. The comprehensive Minimum Data Set (MDS) 3.0 assessment was in progress. The plan of care dated 04/14/26, revised 04/19/26, identified an alteration in nutrition related to type I diabetes mellitus with an intervention to provide the diet as ordered. Physician orders for April 2026 indicated a consistent carbohydrate diet (regular texture, regular thin liquids). During lunch tray-line observation on 04/21/26 at 12:10 P.M., Resident #36's diet ticket incorrectly listed a renal diet. Dietary Aide (DA) #215 asked [NAME] #216 whether the resident should receive ham and collard greens. [NAME] #216 said Yes, and DA #215 placed the tray into the food cart. Upon further review, DA #215 and Dietary Manager (DM) #214 confirmed the spreadsheet listed the meal for renal diets as a pork cutlet; however, no pork cutlets were prepared. [NAME] #216 substituted chicken legs. On 04/22/26 at 8:52 A.M., DM #214 confirmed the diet ticket was incorrect and that Resident #36 should have been receiving a consistent carbohydrate diet, not a renal diet. 2. Record review showed Resident #10 was admitted on [DATE] with chronic kidney disease, dysphagia, and polyosteoarthritis. The comprehensive MDS 3.0 assessment was in progress. The plan of care dated 04/02/26 identified an alteration in nutrition related to dependence on renal dialysis, with an intervention to provide the ordered diet. Physician orders for April 2026 included a renal (liberalized low protein) diet, low concentrated sweets, mechanical soft texture, and regular thin liquids. During lunch tray-line observation on 04/21/26 at 12:18 P.M., Resident #10's ticket listed a renal diet with mechanical soft texture. DA #215 asked [NAME] #216 if the resident should receive ham; [NAME] #216 said Yes. DA #215 confirmed the resident received ham, despite the spreadsheet indicating that renal diets should receive a ground pork cutlet. [NAME] #216 did not have ground pork cutlets or ground chicken prepared. At 1:45 P.M. the same day, Registered Dietitian (RD) #217 stated she did not perform tray-line audits and was unaware that prescribed diets were not being followed. Spreadsheet review for 04/21/26 confirmed that the liberal renal diet should have included pork cutlet, buttered noodles, and green beans. Review of the facility policy titled Liberalized Low Protein Renal Diet (undated) prohibited cured and canned meats such as ham, bacon, sausage, corned beef, regular cheese, hot dogs, and cold cuts-items inconsistent with what residents were served. Authoritative dietary guidance reviewed during the investigation included:- NephCure Kidney International's renal diet overview, stating that renal diets limit sodium, phosphorus, certain proteins, and sometimes fluids to reduce waste buildup, maintain electrolyte balance, and slow kidney disease progression.- Kaiser Permanente's detailed guide describing a consistent carbohydrate diet (CCHO) as one that stabilizes carbohydrate intake across meals and snacks, typically 2-4 carbohydrate servings per meal, to maintain stable blood glucose levels. This deficiency represents non-compliance investigated under Complaint Number 2987038.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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 and staff interviews, the facility failed to ensure resident use equipment and the physical environment were maintained in a safe, clean, sanitary, and well functioning condition. This deficient practice affected one resident (Resident #7) of three reviewed for physical environment and had the potential to affect all 105 residents residing in the facility. Findings include: During an observation and interview on 04/22/26 at 10:28 A.M., Resident #7 was noted to have a bed remote that was taped and non functional. The resident reported that there was a short in the remote and he was unable to adjust the bed. The blinds in Resident #7's room were also observed to be broken. The Director of Nursing (DON) confirmed these findings at the time of the observation. On 04/22/26 at 10:55 A.M., an observation with the DON in the dining room revealed a noticeable smell of tobacco. The windows were open due to outdoor temperatures at 76 degrees Fahrenheit; however, four of the five dining room windows were missing screens, permitting bugs to enter the facility. The DON verified these observations at the time. During an interview on 04/22/26 at 12:56 P.M., Maintenance Director #224 reported that measurements for the replacement blinds for Resident #7's room had been provided to the corporate office and blinds were ordered. He was unable to provide documentation showing the blinds had been ordered. He further stated that attempts were made to repair bariatric bed remotes, but the beds varied in style and remotes needed to be purchased. All ordering, he stated, must go through corporate. This deficiency represents non-compliance investigated under Complaint Number 2987038.</p>		