

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365832	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/02/2025
NAME OF PROVIDER OR SUPPLIER  University Manor Health & Reha		STREET ADDRESS, CITY, STATE, ZIP CODE  2186 Ambleside Rd Cleveland, OH 44106	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>37095</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure medications were prepared and administered for one resident at a time. This had the potential to affect the 35 residents living on the fifth floor (Resident #8, #10, #13, #15, #20, #23, #25, #28, #31, #38, #40, #43, #50, #57, #59, #60, #64, #66, #71, #72, #74, #80, #82, #83, #84, #87, #90, #91, #97, #98, #107, #108, #114, #124, and #126). The total census was 144.</p> <p>Findings include:</p> <p>Observation on 01/02/25 at 9:06 A.M. of the fifth floor medication carts with Licensed Practical Nurse (LPN) #901 revealed LPN #901 had assembled 13 medication cups containing varying amounts of pills and wrote resident names on the cups with marker so she could later administer those pills to the respective residents. These cups were set on the high and low medication carts for the fifth floor, and LPN #901 was working at these medication carts removing the pills and placing them into the labeled cups.</p> <p>Interview with LPN #901 at the time of the above observation confirmed the above findings. LPN #901 said she did this to help keep track of the medications, as she recently switched to working day shift and it was much busier than during the night. LPN #901 said was the nurse for all residents on the fifth floor.</p> <p>Review of the facility's medication administration policy, revised 11/15/24, revealed medications were only to be prepared for one resident at a time.</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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