

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365845	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Rae Ann Suburban		STREET ADDRESS, CITY, STATE, ZIP CODE 29505 Detroit Rd Westlake, OH 44145	

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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44454</p> <p>Based on medical record review and staff interview, the facility failed to follow physician orders to obtain a urinalysis with culture and sensitivity testing as ordered. This affected one (#2) of three residents reviewed for a change in condition. The census was 87.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #2 was admitted to the facility on [DATE]. The resident was discharged from the facility on 06/17/24. Diagnoses included retention of urine, muscle weakness, and lack of coordination.</p> <p>Review of the admission Minimum Data Set assessment dated [DATE] revealed Resident #2 was cognitively intact and had an indwelling catheter.</p> <p>Review of the plan of care dated 06/04/24 revealed Resident #2 had a urinary catheter with an intervention to monitor, record, and report signs and/or symptoms of a urinary tract infection (UTI).</p> <p>Review of the nursing progress notes dated 06/14/24 and timed 4:10 P.M., revealed Resident #2 reported pain when he felt like he needed to urinate. The resident's urinary (Foley) catheter was irrigated and the resident was encouraged to drink more fluids.</p> <p>Review of Resident #2's progress note dated 06/14/24 and timed 6:37 P.M., revealed the nurse practitioner (NP) was notified and orders were given to obtain a urinalysis with culture and sensitivity testing (UA C&S) and to start Pyridium (an analgesic pain reliever for UTIs). The resident was made aware of the new orders.</p> <p>Review of Resident #2's physician orders for June 2024, identified an order entered on 06/14/24 with a start date of 06/16/24 for a UA C&S.</p> <p>Review of Resident #2's medical record, including administration records for June 2024, revealed the UA C&S was not completed per physician order.</p> <p>Interview on 06/28/24 at 10:03 A.M., with Licensed Practical Nurse (LPN) #251 verified Resident #2's UA C&S was not completed per physician order.</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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>This deficiency represents non-compliance investigated under Complaint Number OH00154996.</p>