STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365865	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Main Street Care Center	500 Community Drive Avon Lake, OH 44012

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 44454 Based on observation and interview, the facility failed to ensure resident call lights were answered in a timely manner. This affected one (Resident #59) of one resident reviewed for call lights. The facility census was 106. Findings include: During an interview on 06/03/24 at 10:29 A.M., Resident #40 stated when she activated their call light, it took a long time for staff to respond. During an interview on 06/03/24 at 10:56 A.M., Resident #306 stated it sometimes took staff a long time to answer his call light. During an interview on 06/03/24 at 12:03 P.M., Resident #59 stated she activated her call light when she was incontinent of urine and/or bowel and her call light was often not answered timely. Resident #59 stated she would activate her call light button and staff would sometimes come into the room and turn it off without providing assistance. Resident #59 stated she yelled for help at times when waiting a long time for assistance. During an observation on 06/03/24 beginning at 12:21 P.M., Resident #59's call light was activated. The resident stated see, this is a perfect example, and stated a staff member had come into the room, turned the call light off, and said they would be back. Resident #59 continued to yell hello repeatedly. At 12:56 P.M., Agency State tested Nurse Aide (STNA) #611 entered Resident #59's room. Resident #59 told STNA #611 a staff member never came back to change her. STNA #511 stated she had just gotten to the facility and would return to the room in a few minutes. At 1:08 P.M., Resident #59 stated aloud I cant believe it--it's been an hour and they still haven't came in here. At 1:10 P.M., STNA #417 entered Resident #59's room while the call light was activated to deliver a meal tray for the lunch meal. Resident #59 stated she did not want to eat. STNA #417 stated no problem and returned the tray to the meal cart as the call light continued to be activated. During an observation on 06/03/24 at 1:11 P.M. an unidentified staff member delivered a meal tray to the roommate of Resident #59. At that time, Resident #59 stated she had been waiting to be changed for an hour. The staff member stated they did not know anything about that, turned the call light off, and exited the room. Resident #59 continued to notify staff that she needed assistance. On 06/03/24 at approximately 1:15 P.M., the resident received assistance from a nurse. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365865	A. Building B. Wing	06/06/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview following the observation, Resident #59 stated she refused her lunch because she was so upset at having to wait to be changed. During an interview on 06/03/24 at 1:28 P.M., Agency STNA #411 verified Resident #59's call light had been on for quite a while. STNA #411 reported that when receiving report, Resident #59 had asked her to come into the room when she had a chance but did not specify what they needed. STNA #411 stated she then got busy with assisting residents in getting up and delivering meal trays for the lunch meal.