

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365874	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Hudson Elms Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 563 W Streetsboro Road Hudson, OH 44236	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46195</p> <p>Based on record review and staff interview the facility failed to ensure a complete and thorough investigation was completed for an allegation of neglect/mistreatment/abuse of Resident #21 by a staff member. This affected one resident (#21) of three residents revealed for abuse. The facility census was 36.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #21 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), atherosclerotic heart disease, chronic atrial fibrillation (abnormal heart rhythm), hypertension (high blood pressure) , and hyperlipidemia (high levels of fats in the blood).</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 02/20/24, revealed Resident #21 was cognitively intact, was independent for oral and toileting hygiene, required set up or clean up assistance for personal hygiene and eating, and supervision for showering/bathing self. Resident #21 was able to walk independently 150 feet.</p> <p>Review of the facility self-reported incident (SRI) dated 02/21/24 revealed Resident #21 alleged State tested Nursing Assistant (STNA) #377 had hit him in the left shoulder. Resident #21 stated he did not think STNA #377 was intentionally trying to harm him, but instead felt she was just joking with him. The facility unsubstantiated the allegation of neglect/mistreatment/abuse.</p> <p>Review of the facility investigation revealed interview of like resident conducted who state that they feel safe in facility and free from abuse. There was no documentation noted to indicate which residents were interviewed and when they were interviewed. Further review of the facility investigation revealed interview of staff conducted with no knowledge of incident and no concerns. Other than a 02/20/24 witness statement from Social Services Director #324, there was no documentation noted to indicate what other staff members were interviewed and when they were interviewed.</p> <p>Interview on 04/05/24 at 11:39 A.M. with the Director of Nursing (DON) verified the lack of documentation regarding resident interviews and lack of staff interviews.</p> <p>Review of the facility's undated policy Abuse Prohibition Policy and Procedure revealed suspected or substantial cases of resident abuse, neglect, misappropriation of property, or mistreatment shall be thoroughly investigated, documented, and reported.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency represents noncompliance as an incidental finding during the investigation of Master Complaint Number OH00151845 and Complaint Number OH00151430.</p>