

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365926	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Normandy Manor of Rocky River		STREET ADDRESS, CITY, STATE, ZIP CODE 22709 Lake Rd Rocky River, OH 44116	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42011</p> <p>Based on observation, resident interview, staff interview, medical record review and review of facility policy, the facility failed to ensure Enhanced Barrier Precautions (EBP) were consistently implemented for Resident #67. This affected one (#67) of one resident reviewed for EPB. The facility identified 27 additional residents (#2, #9, #12, #14, #16, #27, #32, #33, #36, #44, #50, #54, #59, #60, #63, #76, #79, #80, #82, #101, #105, #107, #108, #118, #123, #126, and #127) on EBP. Additionally, the facility failed to ensure hand hygiene was performed following resident care. This affected two (#73 and #85) of two residents reviewed for personal care. The facility census was 127.</p> <p>Findings include:</p> <p>Record review for Resident #67 revealed an admitted [DATE]. Diagnoses included gastrostomy status.</p> <p>Review of the Admission Minimum Data Set (MDS) assessment, dated 06/07/24, revealed Resident #67 was cognitively intact. Resident #67 was dependent for toileting, bathing, personal hygiene and was always incontinent of bowel and bladder. Resident #67 had medically complex conditions and had a feeding tube.</p> <p>Review of a physician order, dated 06/01/24, revealed EBP - gloves and gown to be worn when providing: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator) and/or wound care (any skin opening requiring a dressing).</p> <p>Review of a physician order dated 07/23/24 revealed an order to cleanse gastrostomy (g)-tube site with normal saline (NS), pat dry and cover with dry split gauze daily and as needed.</p> <p>Review of the care plan, 06/03/24, revealed Resident #67 was on EBP related to a feeding tube and included gloves and gown to be worn when providing the following: dressing, bathing/showering, transferring, hygiene assistance, changing linens, incontinence care, toileting and device care or use.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365926	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Normandy Manor of Rocky River		STREET ADDRESS, CITY, STATE, ZIP CODE 22709 Lake Rd Rocky River, OH 44116	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 08/22/24 at 9:00 A.M. of g-tube site care and treatment with Licensed Practical Nurse (LPN) #272 revealed Resident #67 had a sign near the entrance door to the room revealing the resident was on EBP. There was an isolation cart with personal protective equipment (PPE) near the entrance of the door. Continued observation revealed LPN #272 gathered the supplies to complete the dressing change to Resident #67's g-tube site. LPN #272 entered Resident #67's room without donning an isolation gown. LPN #272 proceeded to remove the old dressing, cleanse the g-tube site, applied new dressing and washed her hands. Concurrent interview with LPN #272 verified Resident #67 was on EBP and confirmed she did not wear an isolation gown while providing care, including the dressing change to Resident #67 g-tube site. LPN #272 stated, Well that's just a state thing.</p> <p>Interview on 08/22/24 at 10:37 A.M. with Resident #67 revealed staff do not wear a gown when they assist him with personal care.</p> <p>2. Record review for Resident #85 revealed an admitted [DATE]. Diagnoses included pleural effusion and muscle weakness.</p> <p>Review of the Medicare five-day MDS assessment, dated 07/17/24, revealed Resident #85 was cognitively intact. Resident #85 was dependent for toileting, hygiene and was frequently incontinent of bowel.</p> <p>Observation on 08/22/24 at 9:36 A.M. of toileting assistance for Resident #85 provided by State tested Nursing Assistant (STNA) #277 revealed Resident #85 was sitting on the toilet when STNA #277 entered the resident's room. STNA #277 donned a pair of disposable gloves, assisted Resident #85 with standing and proceeded to provide perineal (peri) care for Resident #85, following a bowel movement. STNA #277 pulled Resident #85's brief and pants up and assisted the resident to a chair near her bed. STNA #277 then removed her gloves, gathered dishes from Resident #85's bedside table and took the dishes to the kitchenette area. Concurrent interview with STNA #277 verified she did not perform hand hygiene, either by washing her hands or using hand sanitizer, after providing peri care to Resident #85 or prior to leaving the resident's room.</p> <p>Interview on 08/22/24 at 9:48 A.M. with the Director of Nursing (DON) revealed after doing peri care, staff should wash their hands or use hand sanitizer before leaving the room.</p> <p>3. Record review for Resident #73 revealed an admitted [DATE]. Diagnoses included epilepsy and need for assistance with personal care.</p> <p>Review of the quarterly MDS assessment, dated 07/10/24, revealed Resident #73 was cognitively intact. Resident #73 was dependent for toileting and required substantial/maximum assist for personal hygiene. Resident #73 was always incontinent of bowel and bladder.</p> <p>Observation on 08/22/24 at 10:11 A.M. of incontinence care provided by STNA #341 for Resident # 73 revealed STNA #341 provided care, removed her gloves, then exited Resident #73's room, without performing hand hygiene. Continued observation revealed STNA #341 walked up the hall and entered another resident's room. Upon exit from the the other resident's room, interview with STNA #341 revealed she did not provide care for the resident. STNA #341 verified she did not wash her hands or use hand sanitizer after providing incontinence care for Resident #73 or prior to exiting Resident #73's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365926	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Normandy Manor of Rocky River		STREET ADDRESS, CITY, STATE, ZIP CODE 22709 Lake Rd Rocky River, OH 44116	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy titled, Enhanced Barrier Precautions, revised 07/13/22, revealed it was the policy of the facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multi drug-resistant organisms. Implementation of enhanced barrier precautions included making gowns and gloves available outside the resident's room and was used for high-contact resident care activities to include dressing, bathing, transferring, hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care.</p> <p>Review of the facility policy titled, Perineal Care, revised 11/10/22, revealed prior to providing care, perform hand hygiene and put on gloves. After completion of peri care, remove gloves and discard. Perform hand hygiene. Ensure call light is within reach and replace all equipment used.</p>		