STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365926	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Normandy Manor of Rocky River	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44457 Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure baseline care plans were developed and failed to ensure summaries of the baseline care plan were provided to the residents and/or their representatives. This affected two (Residents #120 and #67) out two residents who were reviewed for baseline care plans. The facility census was 126 residents. Findings include: 1. Review of the medical record for Resident #120 revealed admitted [DATE] and diagnoses including sepsis due to streptococcus pneumoniae, aphasia, and dysarthria. Review of the admission Minimum Data Set (MDS) assessment for Resident #120 dated 06/01/24 revealed the resident had severely impaired cognition and was dependent on staff for activities of daily living (ADLs.) Review of the medical record for Resident #120 revealed it did not include a baseline care plan. Interview on 07/11/24 at 1:04 P.M. with MDS Nurse #508 confirmed the facility had not completed a baseline care plan for Resident #120. 2. Review of the medical record for Resident #67 revealed admitted [DATE] and diagnoses including left non-dominant sided hemiplegia and hemiparesis, cerebral infarction, difficulty walking, gastrostomy status, aphasia, and enterocolitis due to clostridium difficile. Review of the admission MDS assessment dated [DATE] revealed Resident #67 had intact cognition and was dependent on staff for ADLs. Review of the medical record for Resident #67 revealed it did not include a baseline care plan. Interview on 07/11/24 at 1:08 P.M. with MDS Nurse #508 confirmed the facility had not completed a baseline care plan for Resident #67. (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

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Baseline Care Plan revealed a baseline care plan would be developed within 48 hours of a resident's admission which would include minimum care planning information. A written summary of the baseline care plan would be provided to the resident and representative in a language that the resident/representative would understand.

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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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44457 Based on medical record review, observation, resident interview, staff interview, and review of the facility policy, the facility failed to ensure physician's orders were followed regarding dressing changes for an enteral tube feeding site. This affected one (Resident #67) of one reviewed for enteral nutrition. The facility identified two Residents (#67 and #378) as receiving enteral nutrition feedings. The facility census was 126 residents. Findings include: Review of the medical record for Resident #67 revealed an admitted [DATE] with diagnoses including left non-dominant sided hemiplegia and hemiparesis, cerebral infarction, difficulty walking, dysphagia, gastrostomy status, aphasia, and enterocolitis due to clostridium difficile. Review of the physician's orders for Resident #67 revealed an order dated 06/01/24 revealed the resident to receive nothing by mouth (NPO) and was to receive continuous enteral feeding to meet nutrition and hydration needs. Review of the physician's order dated 06/13/24 revealed Resident #67's percutaneous endoscopic gastrostomy (PEG) tube site should be cleaned and covered with a dry dressing daily and as needed. Observation on 07/09/24 at 8:04 A.M. revealed Resident #67 had two Styrofoam cups of water on his bedside tray table. Resident #67 had a dressing to his PEG tube site which was dated 07/07/24. Interview on 07/09/24 with Resident #67 confirmed staff regularly leave water on his tray table and reported he was not supposed to have it. Resident #67 also confirmed nursing staff did not change his PEG tube dressing daily as ordered by the physician. Interview on 07/09/24 at 8:18 A.M. with Licensed Practical Nurse (LPN) #473 confirmed Resident #67 had an NPO diet order and had cups of water at his bedside. LPN #473 further confirmed the cups of water should be removed, and she requested State tested Nursing Assistant (STNA) #496 remove the water from the resident's bedside table. LPN #473 confirmed Resident #67's PEG tube dressing was dated 07/07/24, and the dressing should be changed daily. Review of facility policy titled Care and Treatment of Feeding Tubes dated 11/14/22 revealed feeding tubes will be utilized according to physician's orders.

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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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 44457 Based on observation, staff interview, and review of the facility policy, the facility failed to maintain a clean and sanitary dumpster area. This had the potential to affect all of the residents residing in the facility. The facility census was 126 residents. Findings include: Observation on 07/08/24 at 9:02 A.M. with Dietary Director (DD) #470 of facility dumpster area behind the kitchen revealed there were two dumpsters. The sliding doors on the sides of both dumpsters were open with a significant amount of garbage and debris on the ground outside the dumpsters and in the surrounding brush. There was an unpleasant odor emanating from the dumpster. Interview on 07/08/24 at 9:03 A.M. with DD#470 confirmed maintaining the dumpster area was a shared responsibility with grounds and kitchen staff. DD#470 confirmed the dumpster area was not maintained in a clean and sanitary manner. Review of facility policy titled Garbage Removal and Dumpster undated revealed the dumpster would have a tight fitting lid and slide doors and would be kept covered at all times. This deficiency represents noncompliance investigated under Complaint Number OH00155054.