STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366008	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grande Pointe Healthcare Commu	Three Merit Dr Richmond Heights, OH 44143

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39973 Based on interview, observation, record review, and review of facility policy the facility did not ensure Resident #131 was provided timely incontinence care. This affected one resident (#131) out of three residents reviewed for incontinence. This had the potential to affect 102 residents (#2, #3, #4, #5, #7, #11, #12, #13, #14, #15, #17, #19, #20, #22, #23, #25, #26, #27, #28, #29, #30, #32, #33, #36, #37, #38, #39, #40, #41, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #57, #59, #62, #64, #65, #66, #68, #70, #71, #72, #73, #74, #76, #77, #79, #80, #81, #82, #83, #84, #86, #87, #88, #91, #92, #93, #96, #97, #103, #104, #105, #107, #108, #110, #112, #114, #115, #117, #118, #119, #120, #121, #123, #125, #126, #127, #128, #131, #132, #133, #134, #135, #136, #137, #138, #139, #140, #142, #144, #145, #146, and #148) that were identified by the facility as incontinent. The facility census was 142. Findings include: Review of the medical record for Resident #131 revealed an admitted [DATE] with diagnoses including dementia, diabetes, hypertension, need for personal assistance with personal care, and heart failure. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #131 had impaired cognition as his brief interview for mental status (BIMS) score was a four out of 15. He was dependent on staff for toileting, personal hygiene, rolling left and right, and transfers. He was always incontinent of urine and frequently incontinent of bowel. Review of the care plan dated 05/10/24 revealed Resident #131 had an activities of daily living (ADL) self-care performance due to morbid obesity. Interventions revealed he was totally dependent on one staff for toileting and rolling left and right. Review of the care plan dated 05/10/24 revealed Resident #131 had impaired skin integrity and/or was at risk for impaired skin integrity due to immobility and incontinence. Interventions included provide peri-care as needed to avoid skin breakdown due to incontinence and turn and reposition every two hours. Review of the daily staffing schedule for 05/10/24 revealed State tested Nursing Assistant (STNA) #606 was assigned Resident #131's unit from 7:00 A.M. to 7:00 P.M. (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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the witness statement dated 05/10/24 authored by Licensed Practical Nurse (LPN) #607 revealed STNA #606 was asked several times throughout the shift to change Resident #131. The statement revealed Resident #131 had his tray sitting in front of him and was, full of bowel movement (BM). He had BM in his bed and all over his body. Review of the Employee Corrective Action Form dated 05/13/24 revealed STNA #606 was given a final written warning due to performance/ policy violation regarding providing patient care and insubordination as she did not complete a directive by the charge nurse. Review of the witness statement dated 05/14/24 and completed by STNA #606 revealed on 05/10/24 she arrived at work at 7:00 A.M., and the nurse asked her to clean up Resident #131, who had a BM. She asked one of the other aides to assist her since the resident required two staff assist, and the other aide stated she would help after she was done with one of her residents. She started her rounds and was getting residents up out of bed. She asked for help again around 12:00 P.M., but the meal trays were getting dropped off. STNA #606 notified the nurse that she would get to Resident #131 after she passed lunch trays. She passed trays and started doing something for another resident and lost track of time. Interview on 05/20/24 from 8:09 A.M. to 8:34 A.M. with Resident #75 revealed on 05/10/24 an aide came in her room (she was unable to identify the aide by name) and stated an aide (also unable to identify the aide by name) assigned to Resident #131 did not change him all day, and he had bowel movement all over his body and hands. The aide provided his lunch tray even though he was incontinent of BM and made him eat in that condition until late afternoon when he was finally cleaned up. Interview on 05/20/24 at 2:56 P.M. with Resident #131 revealed he was cognitively impaired and unable to recall the incident that had occurred on 05/10/24 and/or any other incident where he was not timely assisted with incontinence care. Review of the Kardex as of 05/21/24 for Resident #131 revealed staff were to anticipate and meet the resident's needs, and provide assistance as needed with ADL. He was dependent on staff for rolling left and right and for toileting and hygiene. Observation on 05/21/24 at 5:44 A.M. revealed STNA #610 provided Resident #131 with incontinence care without any issues. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 05/21/24 at 8:02 A.M. with STNA #612 revealed she came on duty on 05/21/24 at 7:00 A.M. and was assigned Resident #131's care. When she arrived to the unit, she smelled something resembling a resident was incontinent of BM but at that time was unable to determine which resident was. Between 8:30 A.M. to 9:00 A.M. the nurse (unable to identify by name) came to her and stated Resident #131 was incontinent of BM and needed cleaned up. asked STNA #613 to assist her, but she was busy with another resident, so she started getting other residents up. At approximately 12:00 P.M. she thought about trying to complete his care, but the lunch trays came, so she and STNA #613 decided to clean him up after lunch trays were delivered. She did provide Resident #131 with his tray and knew he was still incontinent of BM as she could smell it. At the time she passed his tray, he did not have any BM on his hands. After lunch she got busy completing care for other residents. Between 2:00 P.M. to 2:20 P.M. Resident #131 had BM all over his body, hands, and bed. At that time, he was cleaned up. She verified she had not provided incontinence care and/or any other care from the time she came in on 05/10/24 at 7:00 A.M. until at approximately 2:00 P.M., and he laid in BM for a prolonged period of time (seven hours). She also verified she never asked for any other assistance from any other nurses and STNAs except STNA #613, who was busy and unable to assist her both times she asked. Interview on 05/21/24 at 8:40 A.M. with the Director of Nursing (DON) verified Resident #131 did not receive timely incontinence care on 05/10/24. Review of the undated facility policy labeled, Perineal Care- Male and Female revealed the purpose of the procedure was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation and to observe the resident's skin condition. The policy revealed providing personal care services promotes a sense of well-being and meets hygiene standards of care. Perineal care would be care planned for each individual resident to meet his or her specific needs, choices, and frequency. This deficiency represents non-compliance investigated under Complaint Number OH00153965.