

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Grande Pointe Healthcare Commu		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37096</p> <p>Based on observation, interview, and policy review, the facility failed to ensure adequate supervision to prevent accidents related to smoking safety. This had the potential to affect four residents (#62, #85, #98, and #210) of four residents reviewed for smoking. The facility identified 18 current residents who smoked. The facility census was 147.</p> <p>Findings include:</p> <p>Observation on 03/10/25 at 9:15 A.M. of the resident smoke break with Activity Leader #548 revealed Resident #85 and Resident #98 were outside the building, approximately five feet from the glass exit door, smoking cigarettes. Activity Leader #548 was inside the building supervising through the glass door. Resident #210 arrived to smoke break late, and Activity Leader #548 opened the door for her to go out and smoke. Resident #210 wheeled herself out and parked her wheelchair with her back facing the glass door where Activity Leader #548 was supervising. Activity Leader #548 remained inside the building supervising through the door. Resident #85 was observed to pass his lit cigarette to Resident #210 to light her cigarette. Resident #210 then returned the cigarette to Resident #85 and both residents continued to smoke. The approved cigarette disposal receptacle was located approximately thirty feet from the building. Resident #98 smoked his cigarette down to filter and threw it on the ground and motioned Activity Leader #548, who was inside the building, to come out and help him back into the building. Resident #62 then arrived to smoke and the Activity Leader lit her cigarette.</p> <p>Interview with Activity Leader #548 on 03/10/25 at 9:24 A.M. stated she supervised the residents from inside the building. Activity Leader #548 verified that all four residents required supervision with smoking. She stated she did not see Resident #98 throw his cigarette on the ground nor did she see Resident #85 give his cigarette to Resident #210 to light. Activity Leader #548 stated the residents will throw routinely throw their used cigarettes on the ground instead of using the designated receptacle. At the end of the smoking session, Activity Leader #548 stated she typically will retrieve the used cigarettes the residents discard on the ground and disposes of them in the designated receptacle.</p> <p>Interview with the Activity Director on 03/10/25 at 9:30 A.M. stated she would allow staff to supervise residents from inside the building through the glass door if they can visibly see the residents while smoking. Activity Director #559 verified Activity Leader #548 was unable to see Resident #210 smoking. Activity Leader #548 should have walked outside and positioned herself within view of all residents who were outside smoking.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 366008	Facility ID: 366008 If continuation sheet Page 1 of 5

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy titled Resident Smoking Guidelines. undated stated a supervised smoker is a resident that is unable to demonstrate safe smoking habits including smoking material management, lighting, controlling cigarette ash, extinguishing smoking materials, and requires staff supervision when smoking. The policy is to promote a resident centered care by providing a safe smoking area for residents that request to smoke and are capable of safe smoking behaviors either independently or with supervision.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48567</p> <p>Based on interview, record review, and review of facility policy, the facility failed to ensure residents with a diagnosis of Post-Traumatic Stress Disorder (PTSD) were provided culturally competent and trauma-informed care. This affected two residents (#81 and #82) of two residents reviewed for PTSD. The facility census was 147.</p> <p>Findings include:</p> <p>1. Review of Resident #81's medical record revealed the Resident was admitted to the facility on [DATE]. Her diagnoses included heart disease, burns to her head, face, and neck. Other diagnoses included major depressive disorder, scar conditions and fibrosis, insomnia, Post Traumatic Stress Disorder (PTSD), and restlessness and/or agitation.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #81 had moderately impaired cognition, slight confusion regarding person, place and time. She displayed no signs or symptoms of delirium, and no behaviors were noted. PTSD was noted as an active diagnosis.</p> <p>Review of Resident #81's Social History Assessments, dated 10/19/23 and 11/05/24, completed by Resident #81's nephew and guardian, revealed no information regarding PTSD.</p> <p>Review of Resident 81's care plans revealed nonspecific, generic triggers such as unexpected noises.</p> <p>Interview on 03/05/25 at 10:22 A.M. with Certified Nursing Assistant (CNA) #336, CNA #355, and CNA #542 revealed they were unaware of which residents have PTSD nor where to look for any possible triggers.</p> <p>2. Review of the medical record for Resident #82 revealed an admitted [DATE] with diagnoses including unspecified dementia without behavioral disturbance, psychotic disturbance, or mood disturbance, hypertensive chronic kidney disease, attention to gastrostomy, dysphagia, malignant neoplasm of the prostate, and benign prostatic hyperplasia with lower urinary tract symptoms. On 01/21/25, a diagnosis was added to the medical diagnoses list for chronic post-traumatic stress disorder (PTSD).</p> <p>Review of the Social History Assessment: Ohio - V8 completed on 11/01/24 revealed Resident #82 had no indication of PTSD, no noted triggers, and listed mental health diagnoses included adjustment disorder with depressed mood, psychotic disturbance, mood disturbance, and anxiety. There were no updated Social History Assessment updates after PTSD was added as an additional diagnosis.</p> <p>Review of the care plan updated on 01/22/25 revealed Resident #82 had the diagnosis of PTSD. Further review of the care plan revealed no etiology, triggers, or resident-specific interventions to mitigate agitation or anxiety related to PTSD. The care plan intervention was to provide quiet areas and comfort item but did not list what items provided Resident #82 comfort.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MDS quarterly assessment dated [DATE] revealed Resident #82 had a severe cognitive impairment with no reported behaviors. Further review of the MDS revealed Resident #82 had non-traumatic brain dysfunction, non-Alzheimer's dementia, and PTSD.</p> <p>Interview on 03/06/25 at 1:51 P.M. with CNA #422 confirmed she was unaware Resident #82 had PTSD and did not know how to find out if he had any specific triggers. CNA #422 suggested the surveyor could probably just ask Resident #82 if he had any triggers.</p> <p>Interview on 03/06/25 at 2:11 P.M. with Licensed Practical Nurse (LPN) #325 confirmed she was not aware Resident #82 had PTSD and was unable to verbalize specific triggers or stressors.</p> <p>Interview on 03/06/25 at 2:15 P.M. with LPN #416 confirmed he had no concerns regarding behaviors and had no encounters where he believed Resident #82 to be triggered. LPN #416 further confirmed staff should be able to find information regarding triggers in the resident charts. At 2:21 P.M., after several minutes of searching Resident #82's electronic medical record, LPN #416 confirmed he was unable to determine anything regarding Resident #82's PTSD-related behaviors or triggers.</p> <p>Interview on 03/05/25 at 2:10 P.M. with the Director of Nursing (DON) reported PTSD triggers are found in the resident's care plan.</p> <p>Interview on 03/06/25 at 11:45 A.M. Regional Registered Nurse (RN) #581 confirmed PTSD triggers are found in the resident's care plan.</p> <p>Review of the list of facility residents who received counseling services in the past six months revealed no counseling services were provided to Resident #81 or Resident #82.</p> <p>Review of facility policy titled Plan of Care Overview, undated, asserted the care plans were written treatment provided for a resident that is resident-focused and provides for optimal personalized care.</p> <p>Review of facility policy titled Behavior Management General, undated, revealed the facility was to identify and safely manage residents who were at risk for displaying behaviors related to psychiatric diagnoses and implement a person-centered plan to help find causes of potential behaviors and de-escalation techniques to mitigate safety risks to self or others.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39969</p> <p>Based on observation, interview, and review of the facility policy, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner. This had the potential to affect all residents except three residents (#68, #75, and #207) who received nothing by mouth and did not receive food from the facility's kitchen. The facility census was 147.</p> <p>Findings include:</p> <p>Observations on 03/03/25 from 10:02 A.M. to 10:23 A.M. during the tour of the kitchen with Mobile Dietary Manager (MDM) #800 revealed on a rack several white dessert plates stacked that had dried brownish, substance and crumbs on several of the plates. Observation of the oven, stove, tilt skillet, and steamer all had various food crumbs and grease on the front and the surfaces on the side of the equipment. The floor in front of the stove, oven, tilt skillet, and steamer and between the stove and the tilt skillet and the tilt skillet and the steamer were dirty with a moderate amount of dark colored debris.</p> <p>Interview on 03/03/25 between 10:02 A.M. and 10:23 A.M. with MDM #800 verified the identified findings and stated they will be taken care of right away.</p> <p>Review of the list of residents with the diet orders provided by facility revealed Resident #68, Resident #75, and Resident #207 had orders to receive nothing by mouth and received no food from the facility's kitchen.</p> <p>Review of the policy Environment, dated September 2017 revealed all food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition.</p>