

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Concord Ridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 9901 Johnnycake Ridge Rd Mentor, OH 44060	

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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44808</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on record review and staff interview, the facility failed to provide timely notification of Medicare non-coverage and inform residents of the costs of continuing non-covered services. This affected two residents (#43 and #80) of three reviewed for beneficiary notification. The facility census was 77.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #43 revealed an admitted [DATE] and readmitted [DATE]. Diagnoses included acute and chronic respiratory failure with hypoxia, morbid obesity, chronic obstructive pulmonary disease, type two diabetes mellitus, and congestive heart failure.</p> <p>Review of the progress note dated 06/11/24 at 5:31 P.M. revealed Resident #43 was provided the Notice of Medicare Non-Coverage (NOMNC) and planned to stay in the facility long-term. The note did not specify whether the Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) was provided.</p> <p>Review of the NOMNC, not dated, revealed Resident #43's services would end on 06/12/24 and it was not signed by Resident #43 or a representative.</p> <p>There was no evidence the facility provided Resident #43 with a SNF ABN.</p> <p>As of 08/15/24, Resident #43 continued to reside in the facility.</p> <p>2. Review of the medical record for Resident #80 revealed an admitted [DATE] and discharge date of [DATE]. Diagnoses included presence of right artificial knee joint, type two diabetes mellitus, muscle weakness, and hypertension.</p> <p>Review of the NOMNC, dated 05/08/24, revealed Resident #80's services would end on 05/08/24 and Resident #80 signed the NOMNC on 05/08/24.</p> <p>On 08/14/24 at 4:26 P.M., an interview with the Administrator verified the former Social Services Designee (SSD) did not provide NOMNC and SNF ABN notices to Residents #43 and #80 in a timely manner.</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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The deficient practice was corrected on 07/02/24 when the facility implemented the following corrective actions:</p> <p>On 05/17/24, the Administrator identified NOMNC and SNF ABN notices were not being provided to residents as required.</p> <p>Between 05/17/24 and 06/10/24, the Administrator and regional support staff added social services job duties to their Quality Assurance (QA) monitoring and conducted audits.</p> <p>On 06/10/24, the former SSD was educated on job responsibilities and timeliness of completing NOMNC and SNF ABN notices.</p> <p>On 06/14/24, the former SSD turned in a notice of immediate resignation.</p> <p>On 06/17/24, SSD #509 was hired as the new SSD.</p> <p>Review of the NOMNCs and SNF ABNs provided by SSD #509 between 07/02/24 and 08/09/24 were provided in a timely manner.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on interview, record review, and facility policy review the facility failed to ensure pre and post dialysis assessments were completed as ordered for Resident #3. This affected one resident (#3) of one resident review for dialysis services. The facility census was 77.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #3 revealed an admitted [DATE]. Diagnosis included heart failure, diabetes, end stage renal disease, obesity, anemia, and insomnia.</p> <p>Review of the physician's orders for August 2024 revealed an order for dialysis Monday, Wednesday, and Friday. A dialysis communication form was to be sent with Resident #3 for each visit.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 was cognitively intact. She required supervision or touch assistance for eating and oral hygiene and substantial or maximum assistance for toileting, showering, and personal hygiene. Resident #3 received dialysis.</p> <p>Review of the care plan dated 07/29/24 revealed Resident #3 received dialysis on Mondays, Wednesdays, and Fridays. Interventions included checking for new orders upon return from dialysis, monitoring labs, and maintaining communication with the dialysis physician.</p> <p>Further review of the medical record revealed Resident #3 revealed no pre or post dialysis assessments had been completed since 06/07/24. There was no documented evidence the resident had missed any scheduled dialysis days since that time.</p> <p>Interview on 08/15/24 at 3:12 P.M. with the Administrator confirmed there was no documented evidence pre and post dialysis assessments were completed for Resident #3 since 06/07/24.</p> <p>Review of the undated facility policy titled Hemodialysis revealed the facility would provide necessary care and treatment for the provision of dialysis to following physician's orders and monitoring for complications before and after dialysis treatments.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review, interview, and facility policy review the facility failed to ensure clear instruction was in place for the use of opioid pain medication and did not ensure nonpharmacological interventions were attempted prior to the administration of pain medication for Resident #33. This affected one resident (#33) of five residents reviewed for unnecessary medications and had the potential to affect all residents. The facility census was 77.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #33 revealed an admitted [DATE] with diagnoses including heart failure, respiratory failure, asthma, and diabetes.</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #33 was cognitively intact. She required set up or clean up help for eating, supervision or touch assistance for oral hygiene, substantial or maximum assistance for personal hygiene and was dependent for toileting and showering.</p> <p>Review of the physician's orders for August 2024 revealed an order for Acetaminophen 325 milligrams (mg) every six hours as needed (prn) pain and Tramadol (an opioid pain medication) 50 mg every six hours prn for pain.</p> <p>Review of the medication administration record (MAR) for June 2024 revealed Resident #33 received one dose of Tramadol on 06/22/24 for a pain level of 7, one dose on 06/25/24 for a pain level six, one dose on 06/26/24 for a pain level of three, one dose on 06/26/24 for a pain level of five, one dose on 06/28/24 for a pain level of three, one dose on 06/28/24 for a pain level of five, one dose on 06/29/24 for a pain level of six, and one dose on 06/30/24 for a pain level of seven.</p> <p>Review of the MAR for July 2024 revealed resident #33 received one dose of Tramadol on 07/01/24 for a pain level of eight, one dose on 07/03/24 for a pain level of six, one dose on 07/03/24 for a pain level of seven, one dose on 07/05/24 for a pain level of seven, one dose on 07/09/24 for a pain level of six, one dose on 07/09/24 for a pain level of five, one dose on 07/12/24 for a pain level of nine, one dose on 07/13/24 for a pain level of five, one dose on 07/14/24 for a pain level of five, one dose on 07/15/24 for a pain level of three, one dose on 07/16/24 for a pain level of four, one dose on 07/16/24 for a pain level of five, one dose on 07/18/24 for a pain level of eight one dose on 07/18/24 for a pain level of five, two doses on 07/19/24 for a pain level of six, one dose on 07/20/24 for a pain level of five, one dose on 07/22/24 for a pain level of eight, one dose on 07/23/24 for a pain level of 10, one dose on 07/25/24 for a pain level of eight, one dose on 07/26/24 for a pain level of six, two doses on 07/30/24 for a pain level of five, and one dose on 07/31/24 for a pain level of nine. Resident #33 received one dose of Acetaminophen on 07/08/24 for a pain level of five, one dose on 07/09/24 for a pain level of four, one dose on 07/20/24 for a pain level of five, and one dose on 07/31/24 for a pain level of seven.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MAR for August 2024 revealed Resident #3 received one dose of Tramadol on 08/03/24 for a pain level of four, one dose on 8/04/24 for a pain level of five, one dose on 8/05/24 for a pain level of three, and one dose on 8/13/24 for a pain level of six. Resident #3 received one dose of Acetaminophen on 08/02/24 for a pain level of four.</p> <p>Review of the progress notes dated 06/01/24 through 08/15/24 revealed nonpharmacological interventions were attempted prior to the administration of pain medications on 06/01/24, 06/04/24, 06/05/24, 06/06/24, 06/10/24, 06/11/24, 06/12/24, 06/15/24, 06/16/24, 06/18/24, 06/22/24, 06/25/24, 07/05/24, 07/09/24, 07/22/24, and 08/01/24. There was no other documented evidence of nonpharmacological interventions were attempted prior to the use of the above pain medications.</p> <p>Interview on 08/15/24 at 11:46 A.M. with the Director of Nursing (DON) confirmed nonpharmacological interventions should be attempted prior to the administration of pain medications and could provide no further evidence attempts were made for the above-mentioned pain medications. The DON also confirmed Tramadol is usually given for a pain level of five to six on a pain scale of one to ten, with ten being the worst. Acetaminophen should be administered for a pain level of one to four.</p> <p>Review of the facility policy titled Pain Assessment and Management, dated 03/31/16, revealed the facility would use a one to ten scale, with ten being the worst, to determine the intensity of pain. In addition, the facility would attempt non-pharmacological pain reduction techniques prior to administering pain medications.</p>		