STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366021	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shaker Gardens Nursing and Rehabilitation Center	3550 Northfield Road Shaker Heights, OH 44122

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, resident interview, and staff interview, the facility failed to ensure an adequate supply of washcloths and towels were available for resident care needs. This had the potential to affect all 46 residents residing in the facility. The facility census was 46.Findings include:Observation and interview with Certified Nurse Aide (CNA) #299 on 05/01/26 at 8:28 A.M. revealed there were no washcloths or towels were available on the first floor for resident care needs.Observation on 05/01/26 at 8:48 A.M. outside the laundry room revealed 26 bags of dirty laundry and three bags of clean laundry pending delivery to residents. Interview with Maintenance Director (MD) #200 at that time revealed only one clothes washer was operational. MD #200 stated a new washer was delivered the previous day; however, installation was delayed due to a non-functioning elevator, which required repair prior to delivery.Observation of the clean laundry room on 05/01/26 at 8:49 A.M. revealed no clean towels or washcloths available for resident care. Interview with MD #200 at the time of the observation stated linens were stored in his office for emergency situations which included nine packages of clothing and four packages of towels; however, he was unaware of the need for linens on resident floors.Observation and interview with CNA #300 on 05/01/26 at 8:55 A.M. revealed, showers barely get done because of linen not being available, and it was hard to do get-ups due to personal clothing not being available. CNA #300 further reported staff have encouraged placing residents in hospital gowns due to lack of clothing; however, CNA #300 declined due to personal belief of dignity concerns for residents.Observation of the linen cart on the third floor on 05/01/26 at 8:57 A.M. revealed one towel and one washcloth available for use. Interview with CNA #300 verified these findings at the time of observation.Interview with Resident #44 on 05/01/26 at 9:50 A.M. revealed he was often cold and had to bring in his own bedsheets and blankets. Resident #44 further stated he did not receive a shower on 04/30/26 due to lack of towels.This deficiency represents non-compliance investigated under Complaint Number 2984248.

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