

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Rocky River Healthcare of Westpark		STREET ADDRESS, CITY, STATE, ZIP CODE 4650 Rocky River Dr Cleveland, OH 44135	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38091</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on personnel file review, staff timecard review, review of the state board of nursing license verification website, staff interview, and review of facility corrective action, the facility failed to ensure nursing staff providing care and services to residents had an active and unencumbered license to practice through the state authority. This had the potential to affect all 46 residents residing in the facility. The facility census was 46.</p> <p>Findings Include:</p> <p>Review of Registered Nurse (RN) #500's personnel file revealed a hire date of [DATE]. Further review revealed at the time of hire, RN #500 had an active valid nursing license from the Ohio Board of Nursing (OBN).</p> <p>Review of the State of Ohio's elicense verification system (online system used by the public to verify license statuses of numerous healthcare professionals including registered nurses in the state Ohio) at, https://elicense.ohio.gov/oh_verifylicense and a national database of nursing license statuses at, https://www.nursys.com/ revealed RN #500's nursing license was suspended on [DATE] for, Violation of Federal or State Statutes, Regulation, or Rules. The suspension was noted as indefinite and no other public information was available.</p> <p>Review of RN #500's timecards she worked a total of 24 shifts as the facility Assistant Director of Nursing (ADON) for a total of 193.58 hours between [DATE] and her last day of employment at the facility on [DATE]. These shifts included direct resident care and resident monitoring and oversight.</p> <p>Interview with the Administrator on [DATE] at 9:00 A.M. revealed on [DATE] the facility was made aware by a former employee that RN #500's license was suspended. Upon learning of this information, on [DATE] the information was confirmed by the Administrator and Director of Nursing (DON). RN #500 was immediately contacted regarding the situation and at that time she denied any knowledge of her license being suspended. The Administrator stated RN #500 was subsequently terminated after the facility verified she did not have an active RN license.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>As a result of the incident, the facility implemented the following corrective actions to correct the deficient practice by [DATE]:</p> <p>On [DATE], upon notification of RN #500's expired license the Administrator and DON immediately suspended RN #500 pending a completed investigation and verification of RN #500's nursing license status.</p> <p>On [DATE], after verifying RN #500's license status was suspended the Administrator and DON met in person with RN #500 and terminated her employment.</p> <p>On [DATE], the Administrator completed a whole house audit of the personnel files for all facility staff to review licensure verification. There were no negative findings.</p> <p>On [DATE], the DON conducted a complete review of RN #500's clinical documentation and found no additional concerns.</p> <p>On [DATE], the Administrator and the DON conducted an in-service with all licensed nursing staff, including state tested nurse aides (STNAs), licensed practical nurses (LPNs), and RNs which introduced a new policy that all licensed professionals would have their license verified every month with the facility expectation that included any concerns with staff professional licenses should be reported immediately or staff risked immediate termination.</p> <p>On [DATE], the OBN was contacted by the facility and made aware of the situation.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155494.</p>		