

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366222 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Falls Village Skilled Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 330 Broadway East Cuyahoga Falls, OH 44221 | |

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30809</p> <p>Based on record review, interview, review of a facility self-reported incident (SRI) and review of the facility policy, the facility failed to ensure staff treated Resident #49 in a respectful and dignified manner during incontinence care. This affected one resident (#49) of three residents reviewed for abuse. The facility census was 71.</p> <p>Findings include:</p> <p>Record review revealed Resident #49 had diagnoses including chronic respiratory failure with hypoxia, emphysema, chronic obstructive pulmonary disease, pleural effusion, obstructive sleep apnea and use of continuous positive airway pressure (CPAP) nasal device, polyosteoarthritis, high blood pressure, buttock open wound, contact dermatitis, fatigue, right shoulder pain, depression, anxiety, diabetes mellitus, chronic kidney disease, bilateral eye disease with blindness in one eye, spondylosis (degeneration of the vertebra due to the general wear and tear caused due to the process of aging) of lumbar region with intervertebral disc degeneration.</p> <p>Resident #49's plan of care initiated on 10/29/23 revealed the resident had impaired self-care for activities of daily living (ADL). Interventions on the plan of care indicated to allow the resident the time needed to complete tasks, assemble all equipment/materials necessary for resident to accomplish ADL task and provide assistance as needed. A plan of care also revealed the resident had bladder incontinence with interventions including to provide assistance with toileting promptly in advance of need to void as much as possible and provide incontinence care with good perineal care and apply moisture barrier cream after each incontinence episode.</p> <p>Resident #49's Minimum Data Set (MDS) Significant Change assessment dated [DATE] revealed the resident required (staff) assistance with toileting, bathing, dressing, mobility including transfer to the toilet, and used a walker for ambulation. The MDS assessment dated [DATE] indicated Resident #49 was always incontinent of bowel and bladder.</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 |
|---|-------|-----------|

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366222 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Falls Village Skilled Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 330 Broadway East Cuyahoga Falls, OH 44221 | |
| 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview with Resident #49 on 12/11/24 at 11:25 A.M. the resident shared a concern she had with a staff member. The resident revealed Certified Nursing Assistant (CNA) #73 had an attitude as soon as she answered her call light. Resident #49 stated she needed assistance with incontinence care. Resident #49 stated she left the bathroom light on for the staff to see and asked that they not turn on her overhead light because it hurt her eyes due to her eye disease. Resident #49 stated she asked CNA #73 to turn off the overhead light which she refused. Resident #49 asked CNA #73 to use a hot soapy washcloth to clean her perineal area after she was incontinent of urine. The resident stated CNA #73 grabbed the cold disposable wipes and started to clean her perineal area with the cold wipes. Resident #49 stated CNA #73 grabbed her headphones out of her hand after she roughly pulled the pillow out from under her head. Resident #49 stated she became angry because of the way CNA #73 was treating her and asked her to leave the room. CNA #73 refused to leave because she told her she was the staff member who was assigned to provide care for her. Resident #49 stated she then pushed her call light two or three times and CNA #73 promptly turned off the call light and informed Resident #49 she would assist her with her care needs. Resident #49 eventually started yelling for help, and CNA #73 finally left the room.</p> <p>An interview with CNA #73 on 12/17/24 at 4:50 P.M. revealed she had entered Resident #49's room to provide incontinence care on 10/20/24 in the evening. CNA #73 stated she encouraged Resident #49 to walk to the bathroom because she believed she was perfectly capable of using the toilet instead of the bedpan. Resident #49 refused, and CNA #73 stated she asked Resident #49 to turn on her side so she could clean her perineal area. CNA #73 tried to reposition Resident #49's pillow for comfort when Resident #49 accused her of being rough during the task and asked her to leave the room. The CNA reported Resident #49 then became verbally abusive calling her derogatory names. CNA #73 stated she noticed Resident #49's headphones were tangled up in her oxygen tubing and was attempting to untangle them while Resident #49 was grabbing her arm. CNA #73 stated during the task after Resident #49 asked her to leave the room, Resident #49 pushed her call light a couple times and CNA #73 stated she turned off the call light because she was the staff member who was supposed to provide care for Resident #49. CNA #73 stated she eventually left the room to allow Resident #49 to use the bedpan after she stated she needed to have a bowel movement. CNA #73 stated she notified the charge nurse of what happened with Resident #49. CNA #73 stated she completed a witness statement and after the charge nurse notified the Director of Nursing (DON) she was sent home pending the outcome of the investigation. CNA #73 stated approximately one week later she was terminated because a customer had made a complaint about her, and she was still in the 90 day probation period.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366222 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Falls Village Skilled Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 330 Broadway East Cuyahoga Falls, OH 44221 | |
| 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of the facility's SRI dated 10/20/24, tracking number 253136, revealed the facility reported this incident involving Resident #49 as an allegation of abuse. The SRI included Resident #49 reported CNA #73 entered her room to assist her to the restroom. Upon entering, Resident #49 insisted that she was not able to get up to use the restroom. CNA #73 encouraged Resident #49 to get up to go to the restroom instead of utilizing the bed pan. Resident #49 became agitated by CNA #73 stating that she can't tell her what she can and can't do. During this time, Resident #49 began turning on her call light multiple times for someone else to assist her. CNA #73 turned off the call light, as she was there to assist the Resident #49. CNA #73 and Resident #49 then noted that the resident's headphones cord was tangled in the resident's continuous positive airway pressure (CPAP) cord. CNA #73 reported attempting to untangle the cords for the resident, but the resident was agitated with the staff member and grabbed CNA #73's arm. Resident #49 also reported grabbing the CNA #73's arm, and CNA #73 then grabbed Resident #49's arm. CNA #73 stated that she told the resident not to grab her, removed her hand and left the room. CNA #73 was issued education and disciplinary action for customer service. Based on facility review of staff statements, like-resident statements and the resident's medical record, the facility unsubstantiated the allegation of physical abuse.</p> <p>An interview with the Administrator on 12/17/24 at 1:38 P.M. revealed the facility had submitted an SRI to the State agency (as noted above) related to Resident #49 and an allegation of physical abuse. The Administrator stated the facility conducted an investigation and felt no abuse had occurred, but CNA #73 failed to meet the facility's expectations for customer service. The Administrator stated CNA #73 had only worked in the facility for a short time, had been trained extensively during her orientation to the facility, but lacked customer service skills. The Administrator stated CNA #73 was unwilling to meet the facility's expectations for customer service. The Administrator indicated CNA #73 had a preference for the way her workday should be organized to complete her job duties. In addition, the Administrator stated CNA #73 was trying to assist Resident #49 to the best of her ability but was not communicating well with Resident #49. During the interview the Administrator verified the above findings.</p> <p>The facility undated policy titled How to Provide Excellent Customer Service Staff and Resident Interactions included:</p> <p>Patients should not know how busy you are! This is very BAD customer service.</p> <p>Do not share with residents' facility business in terms of someone calling off or using terms like short staffed or I'm the only one working. Such phrases are unacceptable. THIS DOES NOT COMFORT A RESIDENT! If anything, it leaves them anxious and lacks confidence in our ability to provide them with quality care.</p> <p>Complaining to a resident adds stress and worry and could be seen as emotional abuse.</p> <p>How would you feel if you dropped your child off at daycare and they told you they were short staffed' today?</p> <p>Staff should always include the residents and interact while providing care and talk directly to the residents. Even if they cannot respond</p> <p>It is absolutely inappropriate behavior to discuss what you are doing tonight or did yesterday, etc.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366222 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Falls Village Skilled Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 330 Broadway East Cuyahoga Falls, OH 44221 | |
| 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Talk about things that are important and of value to the residents. Talk to the residents and not shout from a distance.</p> <p>Never tell a resident you will help them when you get back from break, etc. Take care of the residents BEFORE your break.</p> <p>RESIDENTS COME FIRST. They are the ONLY reason we are here.</p> <p>The facility Customer Service Promise:</p> <p>We all play a big role in customer service within the facility.</p> <p>This is your opportunity to make a difference.</p> <p>What other reason would you have to be working in this industry?</p> <p>We do not make widgets here. We TAKE CARE OF REAL PEOPLE'S LIVES.</p> <p>Think of how you want your loved one to be cared for . because someone is depending on you to care for them.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00160364.</p> | | |