STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366272	A. Building B. Wing	11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
O'Neill Healthcare North Olmsted	4800 Clague Road North Olmsted, OH 44070

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39969 Based on medical record review, observation, and interview, the facility failed to ensure appropriate and reasonable accommodations of needs were in place to ensure resident safety. This affected one resident (Resident #63) of four residents (#40, #61, #62, and #63) reviewed for falls. The facility census was 59. Findings include: Review of the medical record for Resident #63 revealed an admitted [DATE]. Diagnoses included history of falling, nondisplaced fracture of right leg, polyarthritis, and chronic obstructive pulmonary disease (COPD). Review of the admission/readmission nursing progress note dated 10/31/24 at 4:20 P.M. revealed on 10/31/24 at 2:30 P.M. Resident #63 was admitted to the facility from a short term general hospital with the diagnoses of falls and closed fracture of right tibia no surgical intervention. The resident was oriented to the room and instructed on the use of the call light. The note stated Resident #63 was alert, oriented to self, not oriented to place, not oriented to the day, not oriented to the date, and not oriented to time. The note also revealed the resident was frequently incontinent of urine and bowel and she was not to bear weight on the right lower extremity. Observation on 10/31/24 at 4:32 P.M. revealed Resident #63 was in bed which was in the low position and pushed forward away from the wall. Resident #63 was observed with her right leg in bed with a black brace on and the left leg was out of bed and the left foot was on the floor. The residents call light was on the floor behind the bed, and also on the floor, was a pitcher of water with a straw, which was on the right side of the residents bed, between the bed and window. There was no bedside table observed in the room. Resident #63 was attempting to get up out of her bed. Interview on 10/31/24 at 4:32 P.M. with Resident #63 revealed she needed help, but did not know where the call light was and she could not move her right leg. Observation and interview on 10/31/24 at 4:35 P.M. with Staffing Coordinator (SC) #515, in Resident #63 room, verified the above observations. SC #515 grabbed a black pendant attached to a lanyard from the nightstand behind the bed and to left, near the call light string in the wall. SC #515 then placed the call pendant/lanyard around Resident #63's neck. SC #515 stated Resident #63 was a new admission and that she would make sure the resident received a bedside tray table. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents non-compliance investigated under Complaint Number OH00158376.