

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Chagrin Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Cleveland Street Chagrin Falls, OH 44022	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>38522</p> <p>Based on observation, interview and menu spreadsheet review, the facility failed to follow the menu as written. This affected two residents (#16 and #34) of two residents receiving a puree diet. Facility census was 36.</p> <p>Findings include:</p> <p>Review of the menu spreadsheet for week two, Thursday corresponding to 08/29/24 revealed portions of the menu were to be served as followed for those receiving pureed meals: five ounces pureed sloppy joes, four ounces pureed tater tots, four ounces pureed lima beans, six ounces pureed soup of the day and two ounces pureed cookie (no nuts).</p> <p>Review of the facility resident diet list revealed Resident #16 and #34 received pureed diets.</p> <p>Observation of lunch tray service on 08/29/24 at 12:24 P.M. revealed the trays for the two residents on a pureed diet (Resident #16 and Resident #34) were at the end of the tray line. Certified Dietary Manager (CDM) #52 was plating meals during service and brought two divided plates over to the serving area. A blue #16-scoop (two ounces) was placed into the pan with the pureed sloppy joe meat, a blue #16-scoop was placed into the pan of pureed butter beans and a spatula was noted in the pan of pureed tater tots and a square container of room temperature pureed bread was noted to the left of the serving area. Resident #34's plate included one #16-scoop of pureed beans, a #16-scoop of pureed sloppy joe meat on top of a square (not used with a measuring device thus an unknown amount) of pureed bread with another square of pureed bread on top, and a dollop of pureed tater tots applied to the plate with the spatula (not used with a measuring device thus an unknown amount). Resident #16's plate consisted of one #16-scoop of pureed beans, two #16-scoops of pureed sloppy joe meat on top of two squares (not used with a measuring device thus an unknown amount) of pureed bread with another square of pureed bread on top of each sandwich, and a dollop of pureed tater tots applied to the plate with the spatula (not used with a measuring device thus an unknown amount) as she was ordered double portions.</p> <p>Interview on 08/29/24 at 12:34 P.M. with CDM #52 verified the observed pureed beans and pureed tater tots were under served and did not meet the four ounce serving sizes as written on the diet spreadsheet. CDM #52 stated she did not have the spreadsheet available when she was preparing the purees for the lunch meal.</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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow up interview on 08/29/24 at 1:14 P.M. with CDM #52 and the Administrator present revealed CDM #52 did not usually serve at trayline and was unable to provide oversight during trayline as a staff member had called off that date.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155938.</p>		