

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Legacy North Royalton		STREET ADDRESS, CITY, STATE, ZIP CODE 9055 West Sprague Road Parma, OH 44133	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47568</p> <p>Based on record review, interview, review of the employee personnel file and facility policy review, the facility failed to ensure residents were free from potential neglect when staff were asleep while on duty. This affected one resident (Resident #97) and had the potential to affect 14 residents (#2, #21, #26, #28, #35, #38, #43, #52, #53, #64, #74, #77, #81, #89) who were assigned to Certified Nurse Aide (CNA) #403. The facility census was 103.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #97 revealed an admitted [DATE]. Medical diagnoses included cellulitis of the left lower limb, chronic obstructive pulmonary disease, anxiety disorder, polyneuropathy, neurogenic bowel, depression, and essential hypertension.</p> <p>Interview with Resident #97 on 11/14/24 at 12:10 P.M. revealed on 11/05/24, CNA #403 was asleep in the bed adjacent to her. She stated that she had originally heard some ruffling sounds next to her but could not see who it was since the curtain was pulled blocking her view of the bed. Resident #97 eventually asked who was there, and CNA #403 came around the curtain and told her not to be mad.</p> <p>Review of CNA #403's employee file revealed a document titled Notice of Corrective Action dated 11/11/24 that revealed CNA #403 was suspended. The document stated that it was reported to Assistant Director of Nursing (ADON) #306 that on 11/05/24 CNA #403 was asleep in Resident #97's room in the extra bed. Resident #97 had reported that CNA #403 was asleep in the adjacent bed for an extended period of time.</p> <p>Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation, and Misappropriation of Resident Property dated 11/30/23 revealed residents have the right to be free from abuse, neglect, exploitation and misappropriation of resident property.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00159766.</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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