

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366350 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Gardens of McGregor and Amasa Stone | | STREET ADDRESS, CITY, STATE, ZIP CODE 14900 Private Dr East Cleveland, OH 44112 | |

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on medical record review and staff interview, the facility failed to timely provide care and services to a resident's change in condition. This affected one (Resident #40) of three residents reviewed for change in condition. The facility census was 136.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #40 revealed an admitted [DATE]. Diagnoses included pain in right hip, low back pain, and disorders of bone density.</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment, dated 12/20/24, revealed Resident #40 had intact cognition.</p> <p>Review of the care plan dated 12/16/24 revealed Resident #40 was at risk or had pain related to right hip and left shoulder pain. Interventions included observe for signs and symptoms of pain, assess pain, provide comfort measures, medicate per physician's order and consult with physician for ineffective pain relief.</p> <p>The nursing notes dated 12/30/24 at 5:00 P.M. revealed the nurse was notified by the Certified Nursing Assistant (CNA) that Resident #40 was on the floor in the resident's room. Upon entering her room, resident observed sitting on her buttocks with her lower extremities stretched outward in front of her. When asked what happened, a staff member stated the resident rolled out of bed while caring for her. This nurse assessed resident and vital signs were taken and within normal limits, resident denied head injury nor pain. No evident sign of injuries, full range of motion (ROM) of extremities.</p> <p>Review of the Social Worker #500's statement dated 01/02/25 revealed Resident #40 was going down to therapy and requested a follow up from her fall. The social worker brought the Assistant Director of Nursing (ADON) #307 into the conversation. Resident #40 explained she had pain her shoulder prior to the fall, but this pain was different. She was told by staff earlier in the day that she had bruising on her back. ADON #307 explained an x-ray would be ordered. Resident #40 appeared to be reluctant on getting the x-ray. Resident #40 was pleased with conversation and continued to go to scheduled therapy.</p> <p>Review of ADON #307's statement dated 01/02/25 revealed Social Worker #500 obtained ADON #307 to speak with Resident #40. Resident #40 explained stated she was having pain in her left shoulder that was not new but a little different. ADON #307 explained an x-ray would be ordered.</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: 366350 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Gardens of McGregor and Amasa Stone | | STREET ADDRESS, CITY, STATE, ZIP CODE 14900 Private Dr East Cleveland, OH 44112 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>There was nothing documented in the medical record on 01/02/25 and 01/03/25 regarding the physician being notified of Resident #40's reported pain in the left shoulder that was described by the resident as different and the request to obtain an x-ray of the shoulder.</p> <p>Review of physician orders dated 01/03/25 at 6:53 P.M. revealed an order to obtain an x-ray of the left shoulder and left arm. There was no diagnosis/reason for x-ray.</p> <p>Review of the x-ray results stated 01/04/25 at 4:10 P.M. revealed x-ray results showed evidence of a new or more conspicuous nondisplaced distal clavicle fracture is seen. The x-ray was obtained at 1:02 P.M. and the results were reported to the facility at 4:10 P.M.</p> <p>The nursing note dated 01/04/25 at 5:49 P.M. revealed an x-ray of the left arm and shoulder were reported to physician that x-ray results show evidence of a new or more conspicuous nondisplaced distal clavicle fracture was seen. The new order was to send Resident #40 to the hospital for evaluation. Family was made aware. The note dated 01/04/25 at 10:32 P.M. revealed Resident #40 left the facility to go to emergency room for evaluation and treatment of x-ray results.</p> <p>The nursing note dated 01/05/25 at 4:47 A.M. revealed Resident #40 returned from hospital with left arm in a sling with no new orders from hospital.</p> <p>The interview on 1/09/25 at 12:25 P.M. with Director of Nursing (DON) revealed the DON did not know that she was in pain because she did not tell anyone until 01/03/25 when she told ADON #307 that she was experiencing pain that was different than her usual pain. ADON #307 ordered an x-ray. DON stated the resident thought she fractured the left shoulder before and had an x-ray done.</p> <p>An interview on 01/15/25 at 12:19 P.M. with ADON #307 stated Resident #40 stopped her as she was walking in the hall on 01/02/25 and Resident #40 stated she was having a different kind of pain. ADON #307 recommended that an x-ray should be taken. ADON #307 verified there was no documentation in the medical record on 01/02/25 regarding the conversation with Resident #40 and notifying the physician on 01/02/25. ADON #307 explained she did notify the physician on 01/02/25 and the physician did not respond to her prior to her leaving the facility for the day, which was around 5:00 P.M. to 5:30 P.M. ADON #307 stated she returned to work on 01/03/25 and asked the charge nurse, Licensed Practical Nurse (LPN) #310 to contact the physician to follow up on an order for an x-ray for Resident #40. ADON #307 confirmed there was no documentation in Resident #40's medical record for the follow up on 01/03/25.</p> <p>An interview on 01/15/25 at 12:38 P.M. with LPN #310 stated ADON #307 told her late morning or early afternoon on 01/03/25 to follow up with the physician to obtain an x-ray of Resident #40's left shoulder. LPN #310 stated she got a hold of the physician around 4:30 P.M. to 5:00 P.M. and the physician ordered the x-ray to be completed routinely, and the x-ray was completed on 01/04/25.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161352.</p> | | |