STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366355	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Singleton Health Care Center	1867 East 82nd Street Cleveland, OH 44103

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, financial record review, staff interview, and facility policy review, the facility failed to ensure financial records were timely update. This affected 14 (Residents #50, #7, #8, #51, #13, #16, #21, #22, #52, #31, #35, #36, #46, and #53) of 14 resident financial records reviewed. The census was 49.Findings Include:Resident #50 was admitted to the facility on [DATE]. His diagnoses were hypertension, sepsis, and paranoid schizophrenia. Review of Resident #50's minimum data set (MDS) assessment revealed his cognitive status had not been completed.Review of Resident #50's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$970.99.Resident #7 was admitted to the facility on [DATE]. Her diagnoses were major depressive disorder, dementia, dysphagia, allergic rhinitis, osteoporosis, valgus deformity, slow transit constipation, disorder of thyroid, alcohol dependence, hyperlipidemia, and anemia. Review of her MDS assessment, dated 01/01/26, revealed she had a mild cognitive impairment.Review of Resident #7's resident trust account information, dated 02/27/26, revealed she had a negative balance in her account of -$31.45.Resident #8 was admitted to the facility on [DATE]. His diagnoses were hemiplegia, major depressive disorder, hydrocephalus, spondylosis, rheumatic tricuspid insufficiency, alcohol abuse, hypokalemia, hypo-osmolality and hyponatremia, hypertension, vitamin D deficiency, and lack of coordination. Review of his MDS assessment, dated 01/27/26, revealed he had a mild cognitive impairment.Review of Resident #8's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$59.09.Resident #51 was admitted to the facility on [DATE]. His diagnoses were hypertension, benign prostatic hyperplasia, and anemia. Review of his MDS assessment found his cognitive status has not been reviewed.Review of Resident #51's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$77.14.Resident #13 was admitted to the facility on [DATE]. His diagnoses were anxiety disorder, major depressive disorder, malignant neoplasm of larynx, dysphonia, dementia, vitamin D deficiency, nicotine dependence, and insomnia. Review of his MDS assessment, dated 12/08/25, revealed he had a severe cognitive impairment.Review of Resident #13's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$110.97.Resident #16 was admitted to the facility on [DATE]. His diagnoses were flat foot, pain, cataracts, insomnia, chronic hepatitis, osteoarthritis, schizoaffective disorder, hypertension, dementia, and malignant neoplasm of prostate. Review of his MDS assessment, dated 12/23/25, revealed he was cognitively intact.Review of Resident #16's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$31.57.Resident #21 was admitted to the facility on [DATE]. Her diagnoses were restlessness and agitation, hyperlipidemia, cognitive communication deficit, dementia, peripheral vascular disease, and schizophrenia. Review of her MDS assessment, dated 12/23/25, revealed she was cognitively intact.Review of Resident #21's resident trust account information, dated 02/27/26, revealed she had a negative balance in his account of (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366355	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Singleton Health Care Center	1867 East 82nd Street Cleveland, OH 44103

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-$56.96.Resident #22 was admitted to the facility 10/08/21. Her diagnoses were centrilobular emphysema, dementia, schizophrenia, mood disorder, hyperlipidemia, nicotine dependence, hypertension, insomnia, glaucoma, cannabis dependence, alcohol abuse, anxiety disorder, and osteoarthritis. Review of her MDS assessment, dated 02/12/26, revealed she was cognitively intact.Review of Resident #22's resident trust account information, dated 02/27/26, revealed she had a negative balance in his account of -$44.47.Resident #52 was admitted to the facility on [DATE]. Her diagnoses were schizophrenia, anxiety disorder, and vitamin D deficiency. Review of her MDS assessment found her cognitive status had not been evaluated.Review of Resident #52's resident trust account information, dated 02/27/26, revealed she had a negative balance in his account of -$4.73.Resident #31 was admitted to the facility on [DATE]. His diagnoses were edema, other obesity due to excess calorie, cognitive communication deficit, hypertension, anemia, paranoid schizophrenia, chronic obstructive pulmonary disease, and anxiety disorder. Review of his MDS assessment, dated 01/07/26, revealed he was cognitively intact.Review of Resident #31's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$18.97.Resident #35 was admitted to the facility on [DATE]. Her diagnoses were osteoporosis, hyperlipidemia, neuromuscular dysfunction of bladder, dementia, hypertension, pulmonary embolism, osteoarthritis, dysphagia, type II diabetes, hemiplegia and hemiparesis, and chronic obstructive pulmonary disease. Review of her MDS assessment, dated 01/01/26, revealed she was cognitively intact.Review of Resident #35's resident trust account information, dated 02/27/26, revealed she had a negative balance in his account of -$64.57.Resident #36 was admitted to the facility on [DATE]. His diagnoses were hypertension, tachycardia, obsessive compulsive disorder, thrombocytopenia, anemia, hyperlipidemia, moderate intellectual disabilities, vitamin D deficiency, type II diabetes, impulse disorder, and disorganized schizophrenia. Review of her MDS assessment, dated 01/22/26, revealed he was cognitively intact.Review of Resident #36's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$39.72.Resident #46 was admitted to the facility on [DATE]. His diagnoses were type II diabetes, hydrocephalus, spondylosis, cognitive communication deficit, vitamin D deficiency, insomnia, vascular dementia, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, alcohol abuse, atherosclerotic heart disease, alcohol abuse, and chronic kidney disease. Review of his MDS assessment, dated 01/15/26, revealed he had a severe cognitive impairment. Review of Resident #46's resident trust account information, dated 02/27/26, revealed he had a negative balance in his account of -$1,819.10.Resident #53 was admitted to the facility on [DATE]. Her diagnoses were hypertension, paranoid schizophrenia, vitamin D deficiency, drug induced subacute dyskinesia, and tobacco use. Review of her MDs assessment revealed her cognitive status had not been evaluated.Review of Resident #53's resident trust account information, dated 02/27/26, revealed she had a negative balance in his account of -$36.71.Interview with Business Office Manager (BOM) #200 on 02/27/26 at 11:15 A.M. confirmed there are many resident financial records that are not currently up to date, which is reflected by a negative balance. She stated she gets financial information from Executive Director (ED) #150, who is responsible for cashing resident checks and paying cost of care costs; she will get that information from ED #150 whenever he has it. She confirmed she is dependent on ED #150 information to update the resident's financial statements.Interview with Administrator on 02/27/26 at 11:20 A.M. confirmed they are behind in paperwork and book keeping for resident financial records. She confirmed that there are resident financial records reflecting they have negative balances that really don't have a negative balance. She confirmed they need to find a new way of keeping the financial records to make sure they are up to date more timely. She confirmed if a resident has a negative balance at the end of the year, and the reason for the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366355	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Singleton Health Care Center	1867 East 82nd Street Cleveland, OH 44103

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	negative balance is because the facility allowed them to spend more than they had, the facility will take responsibility for the overages and balance the resident's account. Interview with ED #150 on 02/27/26 at 1:50 P.M. confirmed he can get behind on documenting the expenses and revenues for resident financials, but he does try to have them up to date by the end of the quarter when they send out the financial statements to the residents and/or representatives. He confirmed that most of the residents who currently have a negative balance, don't really have a negative balance; they haven't updated the financial records yet.Review of facility Resident Rights and Dignity policy, undated, revealed the resident is permitted to manage one's personal funds or if funds are managed by the home, to receive upon request, quarterly statements showing all deposits and how the money was spent.Review of facility Personal Allowance guidelines, dated 2022, revealed upon written authorization, the facility will open an account in the resident's name to manage your personal allowance funds. An amount less than $50.00 can be kept in a non-interest bearing checking account or petty cash account for easy withdrawal. Any amount more than $50.00 will be kept in an interest bearing cash fund account. Both the checking account and cash fund account are accounts strictly separate from the facility accounts. The resident or responsible party can find the balance of the accounts by contacting the business office during regular business hours. Upon request, the resident can also get a written breakdown of your resident fund activity. Interest from the cash fund is figured regularly and added into the account. This account bears a surety bond to ensure that any money placed in the account is secure and guaranteed. Withdrawals and deposits to the allowance fund can be made through the business office during regular business hours. Signed requests or validated receipts for merchandise are required to release funds for the account. This deficiency represented non-compliance investigated regarding complaint number 2655352.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366355	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Singleton Health Care Center	1867 East 82nd Street Cleveland, OH 44103

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to ensure resident records were complete and accurate. This affected one (Resident #46) of three resident records reviewed. The census was 49.Findings Include:Resident #46 was admitted to the facility on [DATE]. His diagnoses were type II diabetes, hydrocephalus, spondylosis, cognitive communication deficit, vitamin D deficiency, insomnia, vascular dementia, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, alcohol abuse, atherosclerotic heart disease, alcohol abuse, and chronic kidney disease. Review of his minimum data set (MDS) assessment, dated 01/15/26, revealed he had a severe cognitive impairment. Review of Resident #46 progress notes found no evidence of any psychiatric evaluations or notes regarding meetings they have had in the last 12 months. There was no documentation to support his Veteran's Administration (VA) psychiatric physician was consulted or was made aware of any pharmacy recommendations regarding his ordered medications. Finally, there was no documentation to support the VA psychiatric physician was consulted about any medications that were ordered by the facility physician, including psychotropic medications.Interview with Director of Nursing (DON) on 02/27/26 at 1:45 P.M. confirmed they have no documentation to support psychiatric appointments or meetings with Resident #46 VA physician. She confirmed they have evidence that telehealth meetings between Resident #46, his wife, the facility, and the VA physician occurred on 02/13/25, 11/05/25, and 02/13/26, but they have no documentation about these meetings, what was discussed, and if there were any recommendations made for the resident's health.This deficiency represented non-compliance investigated regarding complaint number 2655352.