

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Richmond Heights Place-A Continuum of Care Communi		STREET ADDRESS, CITY, STATE, ZIP CODE 562 Richmond Road Richmond Heights, OH 44143	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35768</p> <p>Based on record review, observation, and interview the facility failed to ensure residents had a dignified eating experience. This affected three (#12, #19, #34) of 20 residents observed for meals.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #12 revealed an admitted [DATE]. Diagnoses included epilepsy, legal blindness, and cerebral infarction due to unspecified occlusion of the cerebral artery. Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/31/24, revealed Resident #12 had impaired cognition and required moderate assistance for eating.</p> <p>Review of the medical record for Resident #19 revealed an admitted [DATE]. Diagnoses included multiple sclerosis, quadriplegia, and muscle weakness. Review of the quarterly MDS assessment, dated 02/03/24, revealed Resident #19 had intact cognition and required setup and clean up for eating.</p> <p>Review of the medical record for Resident #34 revealed an admitted [DATE]. Diagnoses included unspecified dementia and legal blindness. Review of the quarterly MDS assessment, dated 02/28/24, revealed Resident #34 had impaired cognition and required supervision and touch assistance with eating.</p> <p>Observation on 04/18/24 at 12:32 P.M. revealed State tested Nurse Assistant (STNA) #203 seated at the dining room table next to Resident #19. STNA #203 was observed on her cell phone which was lying on the table as she fed Resident #19. Interview immediately after the observation with STNA #203 confirmed she was using her cell phone while feeding Resident #19 and she should have put the phone away.</p> <p>Observations on 04/18/24 at 12:32 P.M. revealed STNA #204 standing as she fed Residents #12 and #34. STNA #204 was also observed using her cell phone which was lying on the table as she fed the residents. Interview immediately after the observation with STNA #204 revealed she should have been seated when feeding the residents and not using her cell phone.</p> <p>Review of the facility policy Promoting/Maintaining Resident Dignity During Meals, dated 01/01/24 revealed staff were to focus on the resident while talking and addressing them individually and should be seated while feeding residents.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152849.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>35768</p> <p>Based on record review, observations, and interview the facility failed to provide activities as scheduled and to support the residents' mental and psychosocial wellbeing. This affected three (#2, #45, #47) of 13 residents interviewed and had the potential to affect nine (#1, #2, #12, #17, #24, #26, #30, #34, and #36) of 48 residents observed for participation in activities.</p> <p>Findings include:</p> <p>Review of the activity calendar for April 2024 revealed on 04/18/24 the facility would provide room visits at 10:00 A.M., exercise at 11:30 A.M., brain teasers at 11:45 A.M., and a scenic ride with ice cream stop at 2:00 P.M.</p> <p>Observations on 04/18/24 at 8:50 A.M. revealed Activity Aide #210 was doing leg exercises with residents in the common area.</p> <p>Observations on 04/18/24 at 11:11 A.M. revealed Residents #1, #2, #12, #17, #24, #26, #30, #34, and #36 were sitting in the common area watching television and sleeping. Staff were seated at the nurse's desk; no organized activities were observed.</p> <p>Observations on 04/18/24 at 1:10 P.M. revealed Residents #1, #2, #12, #17, #24, #26, #30, #34, and #36 were seated in the common area after lunch. No organized activities were observed.</p> <p>Observations on 04/18/24 at 1:37 P.M. revealed Residents #1, #2, #12, #17, #24, #26, #30, #34, and #36 were seated in the common area watching television and sleeping, no organized activities were observed.</p> <p>Observations on 04/18/24 at 2:27 P.M. revealed Residents #1, #2, #12, #17, #24, #26, #30, #34, and #36 were seated in the common area either watching television or sleeping, no staff were present. No organized activities were observed.</p> <p>Interview on 04/18/24 at 2:27 P.M. with Registered Nurse (RN) #207 verified the observation of the nine residents gathered in the common area with the television on and residents sleeping with no staff present and no organized activities in progress. RN #207 shrugged her shoulders and rolled her eyes in response.</p> <p>Observations and interview on 04/18/24 at 3:14 P.M. revealed five residents in the activity room watching television and eating popcorn. Residents #1, #2, #12, #17, #24, #26, #30, #34, and #36 were seated in the common area where no staff or activities were being provided.</p> <p>Interview during the observations with the Activity Director revealed the scenic ride with ice cream stop was canceled because the bus had a broken window. The Activity Director did not have an activity planned for the nine residents sitting in the common area watching television or sleeping.</p> <p>Interview on 04/23/24 from 9:21 A.M. to 9:27 A.M. with Residents #2, #45, and #47 revealed there were not enough activities offered throughout the day; they watched a lot of television.</p> <p>(continued on next page)</p>		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility policy Activities, dated 01/01/24, revealed the facility would provide activities including religious programs, exercise programs, social activities, education programs, and indoor/outdoor activities. This deficiency represents non-compliance investigated under Complaint Number OH00152849.		