

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Canterbury of Twinsburg		STREET ADDRESS, CITY, STATE, ZIP CODE  9928 Vail Drive Twinsburg, OH 44087	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44808</b></p> <p>Based on staff interview, review of facility policy, review of the employee handbook, and review of photographs taken on a staff member's cell phone, the facility failed to ensure Resident #5 was treated with dignity and respect at all times. This affected one resident (#5) of four residents reviewed for dignity. The facility census was 41.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #5 revealed an admitted [DATE] with diagnoses including schizoaffective disorder bipolar type, morbid obesity, muscle weakness, hypertension, adult failure to thrive, muscle spasm, chronic pain, hypothyroidism, and diabetes mellitus.</p> <p>Review of the annual Minimum Data Set (MDS) assessment, dated 04/17/24, revealed Resident #5 was cognitively intact.</p> <p>On 06/14/24 at 12:16 P.M., review of a unprompted text message after a telephone interview sent from State tested Nurse Aide (STNA) #105's cell phone to the surveyor revealed she had taken a photograph of Resident #5 wearing a pink shirt, a brief, and no pants to show the surveyor she got the resident cleaned up.</p> <p>On 06/14/24 at 12:23 P.M., an interview with STNA #105 verified she had taken the photograph of Resident #5 in the facility after providing care to Resident #5.</p> <p>On 06/14/24 at 12:58 P.M., an interview with the Administrator verified the person in the photograph was Resident #5. She stated she would re-educate staff on use of cell phones and taking photographs.</p> <p>Review of the facility policy titled Quality of Life - Dignity, revised August 2009, indicated residents should be treated with dignity and respect at all times.</p> <p>Review of page 18 of the Inspira Health Group Employee Handbook, revised 04/01/23, revealed under no circumstances may any employee use their mobile phone to record voices or images of the facility, any resident, or any staff or management personnel at or on Inspira property.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency was an incidental finding identified during the investigation of Complaint Number OH00153758.</p>