STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366428	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
O'Neill Healthcare Fairview Park	20770 Lorain Road Fairview Park, OH 44126

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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30809 Based on record review, resident interview, observation, staff interview, and resident family interview, the facility failed to ensure dependent residents received proper nail care. This affected one (Resident #58) of three residents reviewed for activities of daily living (ADL) care. The facility census was 105 residents. Findings include: Review of the medical record for Resident #58 revealed an admitted [DATE] with diagnoses including chronic congestive heart failure, high blood pressure, osteoarthritis, major depression, gastroesophageal reflux disease, bilateral artificial knee joints, and cataracts. Review of the consent form for Resident #58 dated 09/17/24 revealed the resident had consented to podiatry care. Interview on 09/23/24 at 10:30 A.M with Resident #58 confirmed her representative had asked the facility to have the podiatrist cut her toenails and assess her feet a long time ago, but the resident was unable to remember the specific date of the request. Resident #58 confirmed her nails needed to be trimmed and neither the staff nor the podiatrist had assisted her. Observation on 09/23/24 at 10:45 A.M of Resident #58's feet revealed both feet had very long thick toenails. Resident #58's toes were overlapped, and the toenails were growing and pressing in the overlapped toes. The skin on Resident #58's feet was dry, red and scaly. Interview on 09/23/24 at 11:00 A.M. with State tested Nursing Assistant (STNA) #110 confirmed Resident #58's toenails were long and thick and needed to be trimmed by a podiatrist. Interview on 09/23/24 at 12:38 P.M. with Resident #58's representative confirmed she had asked the head nurse approximately two months ago to have the podiatrist look at the resident's feet and cut her toenails. Resident #58's daughter stated the facility did not follow-up with her and the podiatrist had not cut the residents toenails or addressed her deformed toes with bunions. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 09/23/24 at 2:34 P.M. with Nursing Unit Manager Licensed Practical Nurse (NUM-LPN) #111 stated the Social Service Director (SSD) had spoken with Resident #58's representative regarding the need for podiatry to evaluate and treat the resident's feet and cut her toenails. NUM-LPN #111 stated the SSD was responsible to ensure the podiatry visit was scheduled. NUM-LPN #111 confirmed she did not speak to Resident #58 or her daughter to follow-up with them regarding the podiatrist or their concern with the care of the resident's feet. Interview on 09/23/24 at 2:23 P.M. with Director of Nursing (DON) confirmed she was not aware of Resident #58's or Resident #58's representative's concern. The DON stated the podiatrist had made a visit to the facility on [DATE] but did not see Resident #58. The DON stated she had contacted Resident #58's daughter who informed her she had asked the SSD to have Resident #58's feet evaluated during the month of August 2024. Interview on 09/23/24 at 2:30 P.M. with the Administrator confirmed she was performing the SSD's job duties while the SSD was on a leave of absence. The Administrator confirmed she had no knowledge of Resident #58's representative's request to schedule a podiatry visit to evaluate the resident's feet and cut her toenails. This deficiency represents non-compliance investigated under Complaint Number OH00156781.