

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Mapleview Country Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 775 South Street Chardon, OH 44024	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37096</p> <p>Based on interview and record review the facility failed to implement the interventions of the comprehensive care plan related to pacemaker care for Resident #92. This affected one resident (#92) of nineteen residents reviewed for comprehensive care plans. The facility census was 90.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #92 revealed an admitted [DATE]. Diagnoses included cardiac pacemaker, syncope collapse, and atrioventricular block.</p> <p>Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #92 had intact cognition and required supervision with activities of daily living.</p> <p>Review of Resident #92's care plan revealed a plan for decreased cardiac output related to pacemaker placement. Interventions included assessing for signs and symptoms of pacemaker failure that include dizziness, fainting, heart palpations, prolonged hiccups, and chest pain. Monitor and document signs of shortness of breath. Check oxygen saturation. Monitor for signs of elevated blood pressure including headache, dizziness, nosebleed, and visual changes.</p> <p>Review of the hospital discharge orders dated 04/30/24 revealed Resident #92 had a new pacemaker inserted on 04/24/24. There was a follow-up appointment scheduled for 05/24/24 for the pacemaker device.</p> <p>Review of the physician orders for May 2023 revealed no monitoring orders for a new pacemaker.</p> <p>Review of the skilled nursing assessments from 04/30/24 through 05/21/24 revealed there were no skilled nursing assessments on 05/09/24, 05/11/24, 05/12/24, 05/13/24, 05/14/24, 05/15/24, 05/16/24, and 05/20/24.</p> <p>Review of the vital signs tab in the electronic medical record (eMAR) from 04/30/24 through 4/21/22 revealed blood pressure, oxygen saturation, and temperatures were not documented on 05/09/24, 05/11/24, 05/12/24, 05/13/24, 05/14/24, 05/15/24, 05/16/24, and 05/20/24.</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: 366433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Mapleview Country Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 775 South Street Chardon, OH 44024	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Licensed Practical Nurse (LPN) #524, the unit manager, on 05/22/24 at 2:00 P.M. stated the skilled nursing assessment was where nurses would assess and document signs and symptoms of pacemaker failure. Further interview on 05/22/24 at 2:22 P.M. verified skilled nursing assessments and vital signs were not completed on 05/09/24, 05/11/24, 05/12/24, 05/13/24, 05/14/24, 05/15/24, 05/16/24, and 05/20/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Mapleview Country Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 775 South Street Chardon, OH 44024	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44808</p> <p>Based on record review and interview, the facility failed to thoroughly complete a discharge recapitulation of stay for Resident #96. This affected one resident (#96) of three residents reviewed for discharge. The facility census was 90.</p> <p>Findings include:</p> <p>Review of the closed medical record for Resident #96 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), myocardial infarction, chronic pulmonary edema, acute respiratory failure with hypoxia, congestive heart failure, chronic kidney disease, and muscle weakness. Resident #96 was discharged on [DATE].</p> <p>Further review of the medical record revealed documentation of care and treatments provided for Resident #96 from 03/13/24 through 03/15/24.</p> <p>Review of the progress note dated 03/15/24 at 1:08 P.M. revealed Resident #96 discharged to the community and the nursing summary indicated no care was provided.</p> <p>Review of the assessment titled Discharge Summary - V 6, dated 03/15/24, revealed the summary of stay, which the form indicated should have included at a minimum the diagnoses, course of illness and treatments, therapy, pertinent laboratory and radiology reports, and consultations, was summarized as no care provided.</p> <p>On 05/21/24 at 4:32 P.M., interview with the Administrator verified the discharge summary for Resident #96 indicated no care was provided during his two-day stay at the facility.</p> <p>On 05/21/24 at 4:49 P.M., interview with the Director of Nursing (DON) verified the discharge summary did not summarize the care Resident #96 received during his stay at the facility. The DON stated Resident #96 initiated his own discharge and Registered Nurse (RN) #700, who completed the discharge summary form, did not understand what the question was asking regarding the summary of stay. The DON confirmed the discharge summary should have included all care and treatments provided throughout the stay and that Resident #96's discharge summary included only no care provided and no additional information regarding the care he received while a resident at the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Mapleview Country Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 775 South Street Chardon, OH 44024	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47570</p> <p>Based on observation, staff interview, and facility policy review the facility failed to ensure the kitchen was clean and sanitary and food items were not expired. In addition, the hot water dish machine thermometer did not reach the appropriate rinse temperature, and the sanitizing sink was not at correct level to effectively kill virus or bacteria. This had the potential to affect all residents receiving food from the kitchen. The facility identified no residents were deemed no food by mouth. The facility census was 90.</p> <p>Finding include:</p> <p>1. Observation during the initial kitchen tour on [DATE] between 9:00 A.M. and 11:00 A.M. with Dietary Manager #688 revealed the following concerns:</p> <p>The dairy walk-in cooler was observed to have six expired milk pints for resident use. The expired milk cartons were dated [DATE] and out for resident use.</p> <p>The hot water temperature dish machine rinse cycle was 172 degrees Fahrenheit. This was below the recommended 180 degrees Fahrenheit to ensure dishes were safe to eat from.</p> <p>The dry food storage area revealed six packages of bread that were not dated when opened and had no expiration dates.</p> <p>Food Service Manager #688 performed a test strip of the three-sink sanitizer station which revealed the amount of sanitizer read at 100 parts per million. This was below the recommended 200 parts per million to ensure the sanitizer was effective in killing virus or bacteria.</p> <p>Interview at the time of the observations, Food Service Manager #688 verified the above areas of concern.</p> <p>Review of the undated policy titled Food Preparation and Storage revealed food items would be prepared to keep free of harmful organisms.</p> <p>2. Observation of facility refrigerator located in the front lobby during the initial tour on [DATE] at 10:30 A.M. revealed an expired barbeque sandwich dated [DATE], an expired chicken and cheese sandwich dated [DATE], an expired cheese sandwich dated [DATE], and an expired sandwich dated [DATE] all for resident consumption.</p> <p>Interview with Registered Nurse #553 on [DATE] at 10:35 A.M. revealed the staff was to discard food after three days of the date on the food label.</p> <p>Interview on [DATE] at 10:45 A.M. with the Administrator verified resident food was mixed with staff food in the front lobby refrigerator, and the sandwiches were dated greater than three days of the date on the food label.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Mapleview Country Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 775 South Street Chardon, OH 44024	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy titled Food Brought in From the Community, revised [DATE], revealed all cooked or prepared food for the residents stored in the facility refrigerator will be dated when accepted for storage and discarded after 72 hours or three days.</p>