

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER Highland Pointe Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 402 Golf View Lane Highland 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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observations, interviews and policy review, the facility failed to maintain a sanitary area surrounding the garbage dumpsters. This had the potential for affect all residents residing in the facility. The facility census was 77. Findings include: Observations on 09/15/25 at 5:40 A.M. of the dumpster area noted several large bags of garbage filled with soiled briefs, latex gloves, wipes, plasticware, and food were located on the ground surrounding the three dumpsters. The doors and lids of the dumpsters were left open allowing racoons to enter and pull out the garbage. Interview on 09/15/25 at 5:39 A.M., [NAME] #208 verified the opened garbage bags on the ground. Interview on 09/15/25 at 9:40 A.M., Licensed Practical Nurse (LPN) #200 verified the findings and stated the racoons come from the woods and tear open the bags all the time. Review of facility policies noted no policy provided created/implemented by the facility related to maintaining a sanitary dumpster area. This deficiency was an incidental finding identified during the complaint investigation.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations, interviews, and policy review, the facility failed to maintain a sanitary homelike environment for residents. This had the potential to affect all residents residing in the facility. The facility census was 77. Findings include: Observations on 09/15/25 from 5:00 A.M. to 5:40 A.M. noted miscellaneous items and debris on the floor in the halls throughout the facility. The debris included silverware and plastic utensils, latex gloves, paper straws, and linen on the floor. There were dinner trays full of food located on carts in resident halls and in the dining room. A medication cart located on the 300-hall had miscellaneous debris (powder like) substance along the entire bottom of the medication cart. Interview on 09/15/25 at 5:05 A.M., Licensed Practical Nurse (LPN) #201 verified the debris and items on the floor and went back to work. Interview on 09/15/25 at 5:10 A.M., LPN #203 verified the findings stating staff just cleaned out the drawers of the medication cart a few days ago. Review of facility policies noted no policy provided created/implemented by the facility related to staff maintaining communal areas daily. This deficiency represents non-compliance investigated under Complaint Number 1396690 (OH00165974).</p>		