

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Avenue at Macedonia		STREET ADDRESS, CITY, STATE, ZIP CODE 9730 Valley View Road Macedonia, OH 44056	

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** 35765</p> <p>Based on review of the medical record and interview with staff the facility failed to ensure the comprehensive care plan for Resident #95 included hearing impairment and need for sign language as her primary means of communication with the facility. This affected one resident (Resident #95) of three residents reviewed for care plans. The facility census was 90.</p> <p>Findings included:</p> <p>Review of the medical record revealed Resident #95 was admitted to the facility on [DATE]. Diagnoses included staphylococcal arthritis of the left knee, esophageal varices, endocarditis, diabetes, cirrhosis of the liver, osteomyelitis of the vertebrae, discitis, chondrocalcinosis, cervicalgia, migraines, deaf and nonspeaking. She was discharged on [DATE].</p> <p>Review of the document titled Referral Information, dated 05/22/24, sent by Cleveland Clinic hospitals to the facility for Resident #95 revealed the referral comments stated patient is deaf. Do you have ability to provide access to a video remote interpreter for sign language or an app on a tablet or something similar that communicates in sign language or access to an in-person interpreter? The facility reply included there are apps we can get that shows someone doing the sign language - it is not a live person. This document made it clear that Resident #95's primary means of communication was sign language.</p> <p>Review of the admission assessment dated [DATE] revealed the language used by Resident #95 was sign language.</p> <p>Review of the Admission Minimum Data Set 3.0 assessment dated [DATE] revealed Resident #95 had highly impaired hearing and did not wear a hearing aid, she had no speech, she was able to understand others and was able to make herself understood. She had intact cognition.</p> <p>Review of the plan of care dated 06/18/24 revealed Resident #95 had a communication plan of care however the plan of care did not address her hearing deficit or need for sign language to communicate. The plan of care interventions included to ask simple yes or no questions and allow adequate time to respond and do not pretend to understand dated 06/18/24.</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview was conducted on 07/25/24 at 12:20 P.M. with Resident #95's son who revealed when the family chose the facility for Resident #95, the family was told Resident #95 would be provided an interpreter which was what she needed due to being deaf, non speaking and required the use of sign language for communication, but she was not provided an interpreter. The son said the facility gave his mom an electronic tablet on the first day at the facility which was suppose to have a sign language app on it, however it was not updated, was password protected and it took the facility a week to get it working but then it did not interpret words correctly. He said it was difficult for the aides to use the tablet so the facility gave his mom a dry erase board instead. The son said his mom was very nervous and anxious while she was there because she was having trouble understanding what they were doing for her and her medications. The son said he believed the staff tried their best with what they had but he believed upper management dropped the ball. The son stated several times the staff while in his mom's room would have to facetime (video call) him so he could explain to his mother using sign language what the staff wanted or what his mom wanted. The son confirmed Resident #95's primary means of communication was sign language and expecting his mom to communicate using a dry erase board was not effective for her.</p> <p>On 07/25/24 at 3:05 P.M. an interview with Reimbursement Specialist #110 confirmed the care plan for Resident #95 did not address her hearing impairment or need for sign language.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155374.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35765</p> <p>Based on observation, review of the medical record and interview with the staff the facility failed to ensure the facial hairs on dependent Resident #48 were removed. This affected one resident (Resident #48) of three residents reviewed who were dependent for care and services. The facility census was 90.</p> <p>Findings included:</p> <p>Review of the medical record revealed Resident #48 was admitted to the facility on [DATE]. Diagnoses included dementia, viral hepatitis C, dysphagia, major depressive disorder, and irritable bowel syndrome.</p> <p>Review of the care plan dated 08/07/23 with a revision date of 04/19/24 revealed Resident #48 had behaviors including crawling on the floor, purposely placing herself on the floor, verbal aggression, yells out at times, takes clothes off and throwing them, taking her brief off, and racial slurs. Interventions included to provide a calm, safe environment when the residents frustration escalate and allow her time to voice her feelings, give nonjudgmental support, offer support to identify problems that cannot be controlled, psychological services as needed, administered medication as ordered, approach her in a calm manner to avoid frustration and behavior escalation, attempt to redirect her, encourage her to ask questions, encourage her to participate in care, keep her safe during episodes of behaviors, and monitor and document behaviors. This care plan did not indicate Resident #48 had a behavior of refusing to be shaved during bathing.</p> <p>Further review of the care plan dated 08/07/23 revealed Resident #48 was at risk for bleeding due to aspirin use. Intervention included use an electric razor when shaving.</p> <p>Review of an email communication sent by the Administrator on 07/29/24 revealed the care plan for Resident #48 was attached to the email with the comment in body of the email this is the care plan for Resident #48 in regards to citation for quality of care resident refuses shaving during bathing and refuses bathing at times.</p> <p>Review of the care plan sent by the Administrator via email on 07/29/24 revealed the care plan had a date revised of 07/25/24 indicating a revision had been made during the survey on 07/25/24 to include Resident #48 had behaviors of refusing shaving during bathing, refusing bathing at times.</p> <p>Review of the progress notes from 05/28/24 to 07/25/24 revealed no documentation Resident #48 refused to be shaved.</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE] revealed Resident #48 had impaired cognition, did not refuse care and was dependent on staff for personal hygiene including shaving,</p> <p>Observation on 07/25/24 at 9:35 A.M. revealed Resident #48 was sitting out in the dining room/lounge in her wheelchair. She had over a dozen very long gray hairs growing from her chin indicating she had not been provided shaving assistance during showers/bathing.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/25/24 at 9:37 A.M. an interview with Licensed Practical Nurse #104 confirmed Resident #48 had very long chin hairs. She stated they were to be shaved when they get long and with their showers.</p> <p>On 07/25/24 at 11:30 A.M. an interview with Registered Nurse #133 confirmed Resident #48 had long chin hairs and she would have them taken care of as soon as possible.</p> <p>On 07/29/24 at 11:27 A.M. an interview was conducted with the Administrator via telephone. The Administrator revealed she disagreed with the citation about Resident #48 not being shaved because it was care planned the resident would refuse to be shaved. When asked if the resident's refusal to be shaved had been on the care plan prior to the current survey start date of 07/25/24, the Administrator said she thought it had been on the care plan prior to the survey start date.</p> <p>Review of the facility policy titled, Bathing-Personal Care, dated 08/22 revealed the resident would receive personal care in the facility according to the resident's plan of care to promote dignity, cleanliness and general well-being. Shaving would be offered to the resident daily during the routine bathing process.</p> <p>This deficiency represents noncompliance as an incidental finding during the investigation of Master Complaint Number OH00155723 and Complaint Number OH00155374.</p>		