Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366454	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenue at Macedonia	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43063 Based on record review, observation and interview, the facility failed to maintain resident rooms in a clean and sanitary manner. This affected one (Resident #41) of two residents reviewed for enteral feedings. The facility census was 88. Findings include: Review of the medical record for Resident #41 revealed an admitted [DATE] with diagnoses including hemiplegia (paralysis on one side of the body) and gastrostomy. Observation of Resident #41's room on 02/25/25 at 8:23 A.M. revealed there was yellowed dried enteral feeding on the floor and on the feeding tube pole. Observation on 02/25/25 at 9:58 A.M. revealed yellow dried enteral feeding on the floor by Resident #41's bed and on the feeding tube pole. Observation of Resident #41's room on 02/25/24 at 1:25 P.M. revealed the trash can was empty with no trash bag liner currently in place and there was thick yellow dried enteral feeding on the bottom of the can. There was dried tube feeding also noted to Resident #41's tray table, the bottom of the tray table, on the floor under the tube feeding pole and on the tube feeding pole. Observation of Resident #41's room on 02/26/25 at 3:11 P.M. with Certified Nursing Assistant (CNA) # 567 verified the trash can had dried enteral feeding on the bottom, the trash can did not have a liner, the floor had dried enteral feeding under the feeding tube pole, and there was dried enteral feeding on the feeding tube pole, on Resident #41's tray table and below the tray table. Interview with CNA #567, at the time of the observation, revealed resident rooms were to be cleaned daily. This deficiency represents non-compliance investigated under Complaint Number OH00161919.

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: 366454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51526 Based on record review, observation, and interviews, the facility failed to ensure residents who were unable to carry out activities of daily living (ADLs) received the necessary services for incontinence care, oral hygiene, and feeding assistance. This affected three (Residents #6, #56 and #59) out of four residents reviewed for ADL assistance. The facility census was 88. Findings include: 1. Review of the medical record for Resident #6 revealed an admitted [DATE] with diagnoses including multiple sclerosis (disease that affects the central nervous system which causes numbness, weakness, difficulty walking, vision changes and other symptoms) and contractures. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 had severe cognitive impairment and was dependent on staff for oral care and hygiene. Review of Resident #6's care plan dated 12/01/24 revealed she had self-care performance deficit for activities of daily living related to limited mobility and contractures. Interventions revealed she was dependent on one staff for personal hygiene and oral care. Observation on 02/24/25 at 9:33 A.M. revealed a large amount food debris covering Resident #6's upper teeth. Resident #6 denied any recent mouth care by staff. Resident #6's call light light was not within reach for her to be able to call for care needs. Observation on 02/25/25 at 9:19 A.M. revealed a large amount of food debris remained on Resident #6's upper teeth. Observation and interview on 02/25/25 at 9:25 A.M. with Licensed Practical Nurse (LPN) #556 verified Resident #6 had not received mouth care and Resident #6 had a large amount of food debris on her teeth. Interview with Resident #6, at the time of the observation and interview with LPN #556, confirmed she had not received oral care from staff and was unsure of the last time oral care had been completed. Review of the facility policy Activities of Daily Living (ADLs), dated March 2023, revealed the facility staff would provide care and services for hygiene including grooming and oral care. 2. Review of medical record for Resident #59 revealed an admitted [DATE] with diagnoses including cerebral infarction (stroke), epilepsy (seizures) and major depressive disorder. Review of Resident #59's care plan dated 09/21/24 revealed he had self-care performance deficit for activities of daily living (ADLs) related to epilepsy, diabetes, and heart disease. Interventions included one staff member to assist Resident #59 with toileting. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #59 was occasionally incontinent of urine and needed substantial to maximal assistance with toileting hygiene. (continued on next page)

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 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenue at Macedonia	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 02/24/25 at 9:21 A.M. revealed Resident #59 was lying in bed with visibly wet sheets with yellow stains. There was a strong odor of urine in the room and on the resident. Observation on 02/24/25 at 11:21 A.M. revealed Resident #59 was still lying in bed and bed sheets were still saturated with urine. There was a strong odor still present when opening Resident #59's door. Interview with Licensed Practice Nurse (LPN) #562 on 02/24/25 at 11:23 A.M. revealed Resident #59 had not previously refused any care from staff. LPN #562 stated there were only two certified nursing assistants (CNAs) assigned to the floor which had high volume of maximum assistance/dependent care residents. LPN #562 stated both aides were giving showers to other residents which required two assistants. Interview and observation with LPN #574 on 02/24/25 at 11:28 A.M. revealed Resident #59 was still saturated with urine. LPN #574 stated the expectation was that staff were to check on residents every two hours or more often if needed to ensure care was provided as needed. LPN # 574 verified the strong odor of urine in Resident #59's room and on the resident. LPN #574 also confirmed the soiled bedding with wet urine stains on it and Resident #59's damp clothing. LPN #574 asked the resident when he was changed last and he stated it had been a long time. Resident #59 agreed to allow LPN #574 to assist him with incontinence care. Review of the facility policy Activities of Daily Living (ADLs), dated March 2023, revealed the facility staff would provide care and services for hygiene including grooming and oral care. 35768 3. Review of Resident #56's medical record revealed Resident #56 was admitted on [DATE]. Diagnoses included schizoaffective disorder, paranoid schizophrenia, unspecified dementia, muscle weakness, and functional quadriplegia. Review of the comprehensive Minimum Data Set (MDS) assessment, dated 01/15/25, revealed Resident #56 had impaired cognition and required set-up and clean-up for eating and was dependent with mobility. Resident #56 was receiving a pureed diet to help reduce risk of aspiration. Review of the facility Dietary Nutritional assessment dated [DATE] revealed Resident #56 required supervision for feeding, her appetite could vary at times, and supervision was required at meals following tray set-up. Review of the plan of care dated 02/02/25 revealed Resident #56 was at risk for decline in activities of daily living due to schizoaffective disorder, dementia, and quadriplegia. Interventions included one person assist for eating. Observations on 02/24/25 at 10:24 A.M. revealed Resident #56 was sleeping in a Broda chair located in the hallway in front of the entrance to her room. Resident #56's breakfast tray was on the bedside table and the warming lid was removed. The breakfast plate looked to be untouched. No staff or residents were observed in the hallway. The food looked coagulated. Resident #56 woke up and quickly ate the food without assistance or supervision. (continued on next page)

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 02/27/2025
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 02/24/25 at 10:26 A.M. with Certified Nurse Assistant (CNA) #534 revealed Resident #56 was placed in the hall so staff could monitor her because she was at risk for falls. Interview on 02/24/25 at 10:34 A.M. with Registered Nurse (RN) #579 revealed Resident #56 was placed in the hallway so staff could watch her. RN #579 stated the breakfast trays were delivered around 8:00 A.M. and there should be someone supervising Resident #56 while eating. Interview on 02/26/25 at 8:54 A.M. with Dietitian #500 revealed staff were usually with Resident #56 when she was eating. Dietitian #500 stated Resident #56 was on a mechanical soft diet due to concerns with swallowing and required supervision when eating. Interview on 02/26/25 at 9:30 A.M. with Regional Director of Clinical Operations (RDCO) #599 revealed staff were to provide supervision with meals as defined in the activity of daily living flow chart in the Resident Assessment Instrument (RAI) manual. Review of the RAI coding in the manual revealed supervision was defined as providing oversight, encouragement, or cueing. This deficiency represents non-compliance investigated under Complaint Numbers OH00161919 and OH00161679.

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 02/27/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42734 Based on record review, interview, and observation the facility failed to ensure safety measures were in place to prevent a fall. This affected one resident (#107) of three residents (#5, #31 and #197) reviewed for falls. The census was 88. Findings include: Review of the medical record for Resident #197 revealed an admitted [DATE]. Diagnoses included Alzheimer's disease, diabetes, essential hypertension and dementia with other behavioral disturbance. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #197 was cognitively impaired and was dependent for transfers. Review of Resident #197's care plan dated 07/26/23 and last revised on 01/13/25 revealed a goal to minimize risks for falls and to minimize injuries related to falls. Interventions included implementing preventative fall interventions/devices and to rearrange furniture. Review of the fall investigation dated 01/05/25 timed 6:27 P.M. revealed Resident #197 was observed with head, shoulders and torso between the wall and the bed on the resident's left side. The resident's legs and pelvis were still on the bed. The bed had been placed against the wall due to prior falls from the same side of the bed with a floor mat on the right side of the bed. Immediate actions included the Certified Nursing Assistants (CNAs) pulling the bed further out from the wall in order to assess Resident #197 and then assisting her to a wheelchair. There were no injuries noted and the CNAs assisted her back into bed. The report indicated Resident #197's bed was against the wall on the left side with all wheels locked and the bed in the lowest position with a floor mat on the opposite side of the bed. The family was present during the assessments. Observation of an undated photograph revealed Resident #197 lying on the floor on her left side between a bed and a wall. Resident #197's buttock and right hand and arm were resting against the wall located to her right, her head was towards the foot of the bed and her legs were towards the head of the bed, a bed was to her left. Interview and observation on 02/26/25 at 6:50 P.M. with CNA #576 revealed a resident would not be able to get between a bed and the wall if the bed was locked and the locks were functional. CNA #576 demonstrated how the bed would not move when pulled and pushed when in a locked position. Interview on 02/27/25 at 10:03 A.M. with the Administrator, Regional Director of Clinical Operations (RDCP) #599 and Licensed Practical Nursing (LPN) #504 revealed they were aware of Resident #197's fall on 01/05/25 and stated the family had shared a photograph of the resident on the floor between the bed and wall. The Administrator and RDCP #599 verified the bed should not have been able to move from the wall if it was in the locked position and functional. This deficiency represents non-compliance investigated under Complaint Number OH00161919.