

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2025
NAME OF PROVIDER OR SUPPLIER  Brunswick Pointe Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE  4355 Laurel Road Brunswick, OH 44212	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>34297</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on record review and interview, the facility failed to ensure adequate weekend staffing. This finding had the potential to affect all 89 residents residing in the building. The facility census was 89.</p> <p>Findings include:</p> <p>Review of the Staffing Data Report information for the fourth quarter (07/01/24 to 09/30/24) revealed the facility triggered for excessively low weekend staffing.</p> <p>Interview on 04/04/25 at 9:33 A.M. with the Administrator confirmed the facility triggered for excessively low weekend staffing for the fourth quarter on the Staffing Data Report form. The Administrator indicated this staffing issue was fixed when the facility hired new staff for the building.</p> <p>Interview on 04/04/25 at 10:09 A.M. with Regional Human Resources (HR) Director #950 indicated the facility had reported the accurate hours for the Staffing Data Report form for the fourth quarter but the facility had hired additional staff to correct the issue and added 24-hour nursing staff.</p> <p>Interview on 04/04/25 at 10:55 A.M. with the Administrator revealed the facility had adequate staffing but the acuity increased due to the additional residents in the vent unit which triggered the low weekend staffing on the Staffing Data Report for the fourth quarter.</p> <p>The deficient practice was corrected on 01/15/25 when the facility implemented the following corrective actions:</p> <p>On 07/01/24, the Administrator added 24 additional hours of nursing staff (2 extra nurses, one on nightshift and one on dayshift for 12-hour shifts).</p> <p>The facility received the Staffing Data Report form in 01/2025.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 01/15/25, the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON) #829 and HR Director #901 started to conduct meetings every Monday to review the master schedule and daily staffing schedules to make sure they were accurate, filling gaps in the schedule, sending out shifts for staff to pick up shifts and making plans to fill shifts.</p> <p>On 01/15/25, the Administrator, DON, and ADON #829 began to complete weekly audits on the staffing schedules to ensure adequate staffing.</p> <p>The Administrator and Regional HR Director #950 confirmed the facility hired 16 additional staff members from 10/18/24 to 03/26/25 including Registered Nurse (RN) #827 on 10/18/24, RN #920 on 01/31/25, RN #896 on 02/04/25, RN #924 on 02/12/25, RN #840 on 03/14/25; Licensed Practical Nurse (LPN) #871 on 12/12/24; Certified Nursing Assistant (CNA) #810 on 12/09/24, CNA #892 on 02/12/25, CNA #856 on 02/26/25, CNA #865 on 03/03/25; CNA #923 on 03/06/25, CNA #850 on 03/07/25, CNA #807 on 03/10/25, CNA #820 on 03/14/25, CNA #838 on 03/14/25, and CNA #908 on 03/26/25.</p> <p>Per the Administrator, LPN #801 was promoted to nightshift supervisor on 01/31/25 and she would work the floor depending on the day. On other days, LPN #801 would be a free-floating supervisor to work the floor as a support and to audit and assist the CNA's with their work and the nurses with their work including admissions.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162469.</p>		