

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Avenue at Broadview Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Akins Road Broadview Heights, OH 44147	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43063</p> <p>Based on record review and interviews the facility failed to conduct a thorough investigation and implement interventions to assist in preventing further skin impairment for Resident #63. This affected one (Resident #63) of three residents reviewed for skin conditions. The facility census was 62.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #63 revealed an admitted [DATE] with diagnoses including adult failure to thrive, altered mental status, congestive heart failure, dementia, anxiety and depression.</p> <p>Review of the nursing skin assessment dated [DATE] revealed Resident #63 had a new skin tear to her left medial wrist that measured 2.4 centimeters (cm) by 2.0 cm by 0.1 cm. The physician and family were notified and a new order was received for treatment. There was no documentation as to how Resident #63 obtained the skin tear.</p> <p>Review of the nursing skin assessment dated [DATE] revealed Resident #63 had a new skin tear to her left anterior lower leg that measured 1.5 cm by 0.6 by 0 cm. The physician and family were notified and a new order was received for treatment. There was no documentation as to how Resident #63 obtained the skin tear.</p> <p>Review of the nursing skin assessment dated [DATE] revealed Resident #63 sustained an abrasion on 05/18/24 to the left side of her neck. There were no measurements noted. The daughter was updated as she had brought the area to the nurse's attention. There was no documentation as to how Resident #63 obtained the abrasion.</p> <p>Review of the nursing progress notes dated from 04/23/24 through 05/19/24 for Resident #63 did not reveal how she had received the skin tears to her left medial wrist and left anterior lower leg or the abrasion to the left side of her neck.</p> <p>Review of the care plan dated 04/23/24 for Resident #63, under skin care, did not reveal any new interventions to assist in preventing further skin breakdown related to behaviors.</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: 366471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Avenue at Broadview Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Akins Road Broadview Heights, OH 44147	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interviews on 06/24/24 at 1:14 P.M. with Registered Nurse (RN) #200 and RN #201 verified there were no investigations for the incident dates of 04/23/24, 05/07/24 and 05/18/24 for Resident #63. RN #201 stated Resident #63 would become combative with care and would obtain skin tears related to hitting staff and family. RN #200 verified there were no interventions put into place to assist in preventing further skin breakdown due to Resident #63's behaviors.</p> <p>Review of the facility policy provided for skin which was titled, Pressure Ulcer Prevention and Interventions, revised January 2023, revealed preventative measures would be implemented in accordance with the resident's assessed risk level and for development of skin integrity impairment and risk factors that would enhance the resident's ability to develop skin integrity impairment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154317.</p>		