

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  08/13/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48565</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure medications were administered in a safe manner. This affected one resident (#58) of five residents reviewed for medication administration. The facility census was 66.</p> <p>Findings include:</p> <p>A review of medical records for Resident #58 revealed an admitted [DATE]. Significant diagnoses included, osteomyelitis of vertebra, sacral and sacrococcygeal region, sepsis due to methicillin resistant staphylococcus aureus, diabetes mellitus type two, paraplegia, hypertension, and gastroesophageal reflux disease.</p> <p>Significant orders included oxybutynin five milligrams (medication to treat overactive bladder) by mouth daily, Topamax 25 milligrams (anticonvulsant) daily, zinc sulfate 220 milligrams (supplement) daily, melatonin three milligrams (hormone to aide in sleep) at bedtime, gabapentin 100 milligrams (anticonvulsant and nerve pain medication) two times daily, vitamin C 500 milligrams (supplement) two times daily, acidophilus (supplement) one capsule daily, cholecalciferol 50 micrograms (Vitamin D supplement) daily and cranberry oral capsule 450 milligram (supplement) daily.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #58 was cognitively intact.</p> <p>Review of the medication administration assessment for self-administration dated 07/14/24 revealed Resident #58 was unsafe to self-administer medications.</p> <p>An observation on 08/08/24 at 10:30 A.M. revealed medications left at the bedside of Resident #58. There was one small white tablet and one small tan tablet in a plastic medication cup on the bedside table of Resident #58. There was a small white tablet in Resident #58's hand and a white capsule on the bed. Resident #58 stated the medications in the cup on the bedside table were from the previous night. Resident #58 picked up the cup of pills and placed them in the garbage can. Resident #58 stated she does not like to take medication until after breakfast and then swallowed the small white tablet in her hand. The Director of Nursing (DON) verified the findings at the time of the observation. The DON stated medications should not be left at the bedside of Resident #58.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the policy titled Medication Administration-General Guidelines, dated August 2014, revealed in point #18, the resident is always observed after administration to ensure that the dose was completely ingested.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155697.</p>		