

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  10/03/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42730</b></p> <p>Based on observation, staff and resident interviews, record review, and policy review, the facility failed to ensure Resident #25's bedside commode was emptied in a timely manner. This affected one (Resident #25) of three residents reviewed for physical environment. The facility census was 65.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #25 revealed she was admitted to the facility on [DATE] with diagnoses including heart failure, chronic obstructive pulmonary disease, and chronic kidney disease.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #25 was alert and oriented to person, place and time and required supervision or touching assistance for toileting.</p> <p>Review of the care plan dated 08/20/24 revealed Resident #25 was at risk for bladder incontinence and had a self-care performance deficit with interventions including provide incontinence care with care rounds every shift and toilet assistance of one staff member.</p> <p>Observation and interview on 09/30/24 at 7:55 A.M. with Resident #25 revealed a bedside commode adjacent to the left side of the bed, positioned against the wall. Observation revealed a yellow liquid substance in the bottom of the bedside commode. Resident #25 revealed she urinated inside the bedside commode and needed it to be emptied.</p> <p>During an interview on 09/30/24 at 8:07 A.M. with Licensed Practical Nurse (LPN) #819 revealed she was made aware of Resident #25 bedside commode needing emptied.</p> <p>Follow-up observation and interview on 10/01/24 at 8:45 A.M. with Resident #25 revealed her bedside commode had not been emptied for two days. Resident #25 revealed staff always forgot to change her bedside commode of urine and feces. Resident #25 revealed she informed the staff that her bedside commode needed emptied. Observation revealed a yellow liquid substance in the bottom of the bedside commode and an odor of urine.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 10/01/24 at 8:47 A.M. with the Assistant Director of Nursing (ADON) #910 revealed a yellow liquid substance in the bedside commode. The ADON was informed by Resident #25 that her bedside commode needed emptied for the last two days and that she had told staff. ADON #910 confirmed and verified Resident #25 bedside commode was filled with urine and needed emptied.</p> <p>Review of the facility document titled Activities of Daily Living (ADLs) dated March 2023, revealed the facility had a policy in place to provide assistance with residents regarding toileting and elimination.</p> <p>This deficiency represents noncompliance as an incidental finding during investigation of Complaint Number OH00157803.</p>		