

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Avenue at Lyndhurst		STREET ADDRESS, CITY, STATE, ZIP CODE 5442 Rae Road Lyndhurst, OH 44124	

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 0806</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>44810</p> <p>Based on observation, interview, and record review the facility failed to provide condiments or an alternative for breakfast on 06/03/24. This had the potential to affect all residents who receive food from the kitchen, other than Residents #9 and #40 who the facility identified as receiving nothing by mouth. The facility census was 78.</p> <p>Findings include:</p> <p>Observation on 06/03/24 at 9:15 A.M. revealed residents in the special care dining room requesting syrup for their waffles.</p> <p>Interview on 06/03/24 at 9:15 A.M. with State tested Nursing Assistant (STNA) #532 confirmed the kitchen reported to them that they were out of syrup and offered no alternatives.</p> <p>Interview on 06/03/24 at 9:16 A.M. with Resident #66 and Resident #68 revealed they had no syrup for their waffle or sausage patty and really wanted syrup. They confirmed they only had butter on their trays for their waffle.</p> <p>Interview on 06/03/24 at 9:18 A.M. with Resident #59 revealed he wanted syrup for his waffle, but the kitchen did not have any and did not offer him anything else.</p> <p>Interview on 06/03/24 at 9:20 A.M. with Resident #62 confirmed he had no syrup for his breakfast from the kitchen, but he had an extra stash in his room where he had some.</p> <p>Interview on 06/03/24 at 9:30 A.M. with Resident #33 revealed he had no syrup only butter for his waffle that day.</p> <p>Interview on 06/03/24 at 9:32 A.M. with STNA #555 confirmed she had no syrup or alternatives to offer her residents for breakfast that morning.</p> <p>Observation on 06/03/24 at 9:35 A.M. of the menu for the day in the main hallway revealed breakfast for 06/03/24 was choice of juice, hot or cold cereal, waffles, sausage, and choice of milk.</p> <p>Observation of the kitchen storage on 06/03/24 at 9:45 A.M. revealed no concerns. Dry storage revealed no syrup was available.</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 0806</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Interview during the observation on 06/03/24 at 9:45 A.M. with Dietary Manager #549 confirmed she received a phone call this morning that the facility was out of syrup. She reported that the facility had jelly and sugar free syrup that needed pre poured as an alternative. She confirmed she was not on tray line this morning but when she did get to the facility, she ordered more syrup, and it will be delivered hopefully that day.</p> <p>Interview on 06/03/24 at 9:50 A.M. with Dietary Aide #506 confirmed he was on tray line for breakfast that morning. He reported only one nursing aide called the kitchen requesting sugar free syrup for one resident, but he was not sure who it was and who it was for. He confirmed no alternatives were communicated to the staff.</p> <p>Review of the facility invoices from 05/08/24 to 06/03/24 revealed the facility had 200 packets of syrup delivered on 05/08/24 and 05/22/24.</p> <p>This deficiency was an incidental finding identified during the complaint investigation.</p>		