

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to ensure Resident #76 had access to a call light within their functional abilities. This affected one resident (#76) of three reviewed for call light accessibility and had the potential to affect six residents (#18, #21, #27, #61, #74 and #76) identified by the facility as using a modified call light. The facility census was 93.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #76 revealed and admitted [DATE]. Diagnoses included Multiple Sclerosis, paralysis of the left side, tremors, and depression.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #76 was cognitively intact. She required partial to moderate assistance for eating and oral care and substantial or maximum assistance for toileting, showering, and personal hygiene.</p> <p>Review of the care plan dated 02/26/25 revealed Resident #76 who is at risk for a self-care deficit. Interventions included considering the need for assistive devices and determining factors that hindered the residents' limitations for movement, and encourage the resident to use the call light for staff assistance.</p> <p>Interview on 03/05/25 at 8:57 A.M. with Resident #76 revealed she had a call light pad lying on her chest. She revealed she could not push the pad. Observation at the time of the interview with Certified Nursing Assistant (CNA) #203 revealed Resident #76 could not touch the call pad with her hand. CNA #203 moved to the pad closer to Resident #76 and attempted to assist her in touching the call light pad. CNA #203 confirmed Resident #76 could not activate the call light to call for assistance. She said Resident #76 used the call light in the past; however, there was no documented evidence that she was able to use it. The Administrator stated she was going to place an order for an occupation therapy (OT) evaluation to determine an appropriate call light for Resident #76.</p> <p>Interview on 03/6/25 at 9:59 A.M. with the Administrator revealed she had no knowledge of Resident #76 being unable to use the call light pad.</p> <p>Review of the facility policy titled Resident Call System, dated March 2023, revealed the facility would provide an environment which assisted in meeting the residents' needs, including responding to call lights.</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: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency represents noncompliance investigated under Complaint Number OH00161454.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review, interview and facility policy review, the facility failed to ensure Residents #6, #74, and #76 received showers on a consistent basis. This affected three residents (#6, #74 and #76) of three residents reviewed for showers and had the potential to affect all residents. The facility identified all residents required assistance with showers. The facility census was 93.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #6 revealed an admitted [DATE]. Diagnoses included cancer of the urinary system, weakness, and hypertension.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #6 was severely cognitively impaired. He required setup help for eating, supervision for oral and personal hygiene, partial to moderate assistance for showering and was dependent for toileting.</p> <p>Review of the shower sheets dated 02/02/25 through 03/03/25 revealed Resident #6 received a bed bath on 02/20/25, 02/27/25, and 03/3/25. He refused a shower on 02/24/25 but requested a bed bath.</p> <p>Interview on 03/05/25 at 10:09 A.M. with Resident #6 and his son revealed Resident #6 had not received a shower since his admission to the facility; he only received bed baths. Resident #6's son revealed he would like to see his dad receive a shower one to two times a week; Resident #6 nodded in agreement.</p> <p>2. Review of the medical record for Resident #74 revealed an admitted [DATE]. Diagnoses included stroke, paralysis, hypertension, and muscle weakness.</p> <p>Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #74 was moderately cognitively impaired. He required partial to moderate help for eating, oral and personal hygiene and substantial to maximum assistance for toileting, showering, and dressing.</p> <p>Review of the shower sheets dated 01/07/25 through 02/28/25 revealed Resident #74 received a bed bath on 01/07/25 and a shower on 02/14/25. He refused a shower on 02/04/25 and 02/28/25.</p> <p>Review of the certified nursing assistant (CNA) shower tasks dated 02/04/25 through 03/05/25 revealed Resident #74 received a shower on 02/04/25, 02/18/25 and 02/22/25. (The shower sheet stated Resident #74 refused a shower on 02/04/25).</p> <p>3. Review of the medical record for Resident #76 revealed and admitted [DATE]. Diagnoses included multiple sclerosis, paralysis of the left side, tremors, and depression.</p> <p>Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #76 was cognitively intact. She required partial to moderate assistance for eating and oral care and substantial or maximum assistance for toileting, showering and personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the shower sheets dated 02/04/25 through 03/04/25 revealed Resident #76 received a bed bath 02/04/25 and 02/25/25 and a shower on 02/07/25, 02/21/25, 02/28/25, 03/04/25. She refused a shower on 02/11/25.</p> <p>Review of the CNA shower tasks dated 02/07/25 through 03/04/25 revealed Resident #76 received a shower on 02/07/25, 02/11/25, 02/14/25, 02/18/25, 02/28/25 and 03/04/25. (The shower sheet stated Resident #76 refused a shower on 02/11/25).</p> <p>Interview on 03/05/25 at 8:57 A.M. with Resident #76 revealed she was given a shower less than once per week. She preferred a shower, not a bed bath.</p> <p>Interview on 03/05/25 at 9:02 A.M. with CNA #203 revealed most residents were supposed to receive a shower at least twice per week; she confirmed showers were not always provided consistently.</p> <p>Interview on 03/06/25 at 11:12 A.M. with the Director of Nursing (DON) confirmed information on resident shower sheets and CNA tasks was inconsistent. She could not confirm which information was accurate.</p> <p>Review of the facility policy titled Bathing-Personal Care, dated August 2024, revealed residents would be offered a shower or bath twice a week and as needed.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00161454.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	
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** 45441</p> <p>Based on observation, record review and interview, the facility failed to ensure call lights were answered in a timely manner. This affected five residents (#1, #8, #34, #49 and #82) of six residents reviewed for timely call light response. The facility census was 93.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #1 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included cellulitis, right below the knee amputation, generalized muscle weakness, difficulty walking, diabetes, and chronic pain.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #1 was cognitively intact. He was continent of bowel and bladder, independent in eating, oral and personal hygiene, and required supervision for toileting and showering.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #1 was not at risk for falls.</p> <p>Observation and interview on 03/05/25 at 1:09 P.M. with Registered Nurse (RN) #207 revealed the activated call light system indicated which call lights had been activated and how long they remained unanswered. She confirmed Resident #1's call light had remained unanswered for 19 minutes. She revealed all call lights should be answered in less than 15 minutes.</p> <p>2. Review of the medical record for Resident #8 revealed and admitted [DATE]. Diagnoses included morbid obesity, heart failure, respiratory failure, weakness, difficulty walking, and lack of coordination.</p> <p>Review of the comprehensive MDS 3.0 assessment dated [DATE] revealed Resident #8 was moderately cognitively impaired. He was incontinent of bowel and bladder, required setup help for eating, supervision for oral and personal hygiene, substantial or maximum assistance for showering, and was dependent on staff for toileting.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #8 was at risk for falls.</p> <p>Observation and interview on 03/05/25 at 1:09 P.M. with RN #207 revealed the activated call light system indicated which call lights had been activated and how long they remained unanswered. She confirmed Resident #8's call light had remained unanswered for 49 minutes. She stated all call lights should be answered in less than 15 minutes.</p> <p>3. Review of the medical record for Resident #34 revealed an admitted [DATE]. Diagnoses included heart disease, irritable bowel syndrome, constipation, and macular degeneration.</p> <p>Review of the quarterly MDS 3.0 assessment data 12/31/24 revealed Resident #34 was moderately cognitively impaired. She was frequently incontinent of bowel and bladder, required setup help for eating and partial to moderate assistance for oral hygiene, toileting, showering, dressing and personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	
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>Review of the fall risk assessment dated [DATE] revealed Resident #34 was at risk for falls.</p> <p>Observation on 03/05/25 at 10:03 A.M. revealed Resident #34's call light had been activated. Certified Nursing Assistant (CNA) #204 answered Resident #34's call light after 21 minutes. Interview at the time of the observation with CNA #204 confirmed the activated call light system revealed Resident #34's call light remained unanswered for 21 minutes. CNA #204 revealed call lights should be answered as soon as possible, but within approximately five minutes.</p> <p>4. Review of the medical record for Resident #49 revealed an admitted [DATE]. Diagnoses included dementia, repeated falls, heart failure, depression, difficulty walking, and weakness.</p> <p>Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #49 was severely cognitively impaired. She was always incontinent of bladder and required setup help for eating, partial to moderate assistance for toileting and showering, and substantial to maximal assistance for oral and personal hygiene.</p> <p>Observation and interview on 03/05/25 at 1:09 P.M. with RN #207 revealed the activated call light system indicated which call lights had been activated and how long they remained unanswered. She confirmed Resident #49's call light had remained unanswered for 47 minutes. She stated all call lights should be answered in less than 15 minutes.</p> <p>5. Review of the medical record for Resident #82 revealed and admitted [DATE]. Diagnoses included arthritis, difficulty walking, muscle weakness, hypothyroidism, osteoporosis, depression, cataracts, repeated falls, and artificial knee joints.</p> <p>Review of the comprehensive MDS 3.0 assessment dated [DATE] revealed Resident #82 was cognitively intact. She was frequently incontinent of bladder and occasionally incontinent of bowel. She required partial to moderate assistance for eating and toileting and supervision or touch assistance for showering and personal hygiene.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #82 was at risk for falls.</p> <p>Observation on 03/05/25 at 8:57 A.M. revealed Resident #82's call light had been activated for 24 minutes. At 9:06 A.M. an unknown aide entered Resident #82's room and assisted her out of her room and down the hall. Observation of the activated call light system confirmed Resident #82's call light remained unanswered for 33 minutes.</p> <p>Interview on 03/06/25 at 8:13 A.M. with the Administrator confirmed the expectation was for call lights to be answered in approximately 10 minutes.</p> <p>Review of the facility policy titled Resident call system dated March 2023 revealed resident call lights would be responded to in a timely manner.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00161454.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	
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 - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on observation, record review, interview and review of the facility's payroll-based journal (PBJ) data, the facility failed to ensure sufficient staffing to meet the needs of residents. This affected seven residents (#1, #6, #8, #34, #49, #76, #82) of eight residents reviewed for sufficient staffing and had the potential to affect all residents. The facility census was 93.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #1 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included cellulitis, right below the knee amputation, generalized muscle weakness, difficulty walking, diabetes and chronic pain.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #1 was cognitively intact. He was continent of bowel and bladder, independent in eating, oral and personal hygiene and required supervision for toileting and showering.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #1 was not at risk for falls.</p> <p>Observation and interview on 03/05/25 at 1:09 P.M. with Registered Nurse (RN) #207 revealed the activated call light system indicated which call lights had been activated and how long they remained unanswered. She confirmed Resident #1's call light had remained unanswered for 19 minutes. She revealed all call lights should be answered in less than 15 minutes. She confirmed there was not enough staff to complete all daily tasks, including showers and answering call lights timely.</p> <p>2. Review of the medical record for Resident #6 revealed an admitted [DATE]. Diagnoses included cancer of the urinary system, weakness and hypertension.</p> <p>Review of the comprehensive MDS 3.0 assessment dated [DATE] revealed Resident #6 was severely cognitively impaired. He was always incontinent of bowel and bladder and required setup help for eating, supervision for oral and personal hygiene, partial to moderate assistance for showering and was dependent on staff for toileting.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #6 was at risk for falls.</p> <p>Review of the shower sheets dated 02/02/25 through 03/03/25 revealed Resident #6 received a bed bath on 02/20/25, 02/27/25, and 03/3/25. He refused a shower on 02/24/25 but requested a bed bath.</p> <p>Interview on 03/05/25 at 9:02 A.M. with Certified Nursing Assistant (CNA) #203 revealed most residents were supposed to receive a shower at least twice per week; she confirmed showers were not always provided consistently.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	
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 - Some</p>	<p>Interview on 03/05/25 at 10:09 A.M. with Resident #6 and his son revealed Resident #6 had not received a shower since his admission to the facility; he only received bed baths, and it often took staff hours to respond to Resident #6's call light. He felt these issues were due to a lack of staff availability.</p> <p>3. Review of the medical record for Resident #34 revealed an admitted [DATE]. Diagnoses included heart disease, irritable bowel syndrome, constipation and macular degeneration.</p> <p>Review of the quarterly MDS assessment data 12/31/24 revealed resident #34 was moderately cognitively impaired. She was frequently incontinent of bowel and bladder, required setup help for eating and partial to moderate assistance for oral hygiene, toileting, showering, dressing and personal hygiene.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #34 was at risk for falls.</p> <p>Observation on 03/05/25 at 10:03 A.M. revealed resident #34's call light had been activated. CNA #204 answered Resident #34's call light after 21 minutes. Interview at the time of the observation with CNA #204 confirmed the activated call light system revealed Resident #34's call light remained unanswered for 21 minutes. CNA #204 revealed call lights should be answered as soon as possible, but within approximately five minutes. CNA #204 revealed it was especially difficult to respond to call lights during mealtime due to lack of staffing.</p> <p>4. Review of the medical record for Resident #8 revealed and admitted [DATE]. Diagnoses included morbid obesity, heart failure, respiratory failure, weakness, difficulty walking and lack of coordination.</p> <p>Review of the comprehensive MDS assessment dated [DATE] revealed Resident #8 was moderately cognitively impaired. He was incontinent of bowel and bladder, required set of help for eating, supervision for oral and personal hygiene, substantial or maximum assistance for showering almost dependent for toileting.</p> <p>Review of the fall risk assessment dated [DATE] revealed resident #8 was at risk for falls.</p> <p>Observation and interview on 03/05/25 at 1:09 P.M. with RN #207 revealed the activated call light system indicated which call lights had been activated and how long they remained unanswered. She confirmed Resident #8's call light had remained unanswered for 49 minutes. She stated all call lights should be answered in less than 15 minutes. She confirmed there was not enough staff to complete all daily tasks, including showers and answering call lights timely.</p> <p>5. Review of the medical record for Resident #49 revealed an admitted [DATE]. Diagnoses included dementia, repeated falls, heart failure, depression, difficulty walking and weakness.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #49 was severely cognitively impaired. She was always incontinent of bladder and required setup help for eating, partial to moderate assistance for toileting and showering and substantial to maximal assistance for oral and personal hygiene.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #49 was at risk for falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	
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 - Some</p>	<p>Observation and interview on 03/05/25 at 1:09 P.M. with RN #207 revealed the activated call light system indicated which call lights had been activated and how long they remained unanswered. She confirmed Resident #49's call light had remained unanswered for 47 minutes. She stated all call lights should be answered in less than 15 minutes. She confirmed there was not enough staff to complete all daily tasks, including showers and answering call lights timely.</p> <p>6. Review of the medical record for Resident #76 revealed an admitted [DATE]. Diagnoses included multiple sclerosis, paralysis of the left side, tremors and depression.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #76 was cognitively intact. She was always incontinent of bowel and bladder and required partial to moderate assistance for eating and oral care and substantial or maximum assistance for toileting, showering and personal hygiene.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #76 was not at risk for falls.</p> <p>Interview on 03/05/25 at 8:57 A.M. with Resident #76 revealed she was given a shower less than once per week. She preferred a shower, not a bed bath.</p> <p>Interview on 03/05/25 at 9:02 A.M. with CNA #203 revealed most residents were supposed to receive a shower at least twice per week; she confirmed showers were not always provided consistently.</p> <p>Interview on 03/05/25 at 1:00 P.M. with CNA #203 confirmed she had written on the shower sheet for Resident #76 on 02/04/25 she could not complete four showers. (The shower sheet did not specify the other three residents affected). She stated it was due to lack of staffing.</p> <p>Interview on 03/05/25 at 1:09 P.M. with RN #207 revealed she was informed by CNA #203 on 02/04/25 she could not complete a shower for Resident #76, and agreed there were times showers were not completed due to lack of staff.</p> <p>Review of the shower sheets dated 02/04/25 through 03/04/25 revealed Resident #76 received a bed bath 02/04/25 and 02/25/25 and a shower on 02/07/25, 02/21/25, 02/28/25, 03/04/25. She refused a shower on 02/11/25.</p> <p>Review of the CNA shower tasks dated 02/07/25 through 03/04/25 revealed Resident #76 received a bed bath or shower on 02/07/25, 02/11/25, 02/14/25, 02/18/25, 02/28/25 and 03/04/25. (The shower sheets stated Resident #76 refused a shower on 02/11/25).</p> <p>Interview on 03/06/25 at 11:12 A.M. with the Director of Nursing (DON) confirmed information on resident shower sheets and CNA tasks was inconsistent. She could not confirm which information was accurate.</p> <p>7. Review of the medical record for Resident #82 revealed an admitted [DATE] with diagnoses including unspecified injury of the head, hypoventilation, heart failure, hypoxia, and malnutrition.</p> <p>Review of the comprehensive MDS assessment dated [DATE] revealed Resident #82 was cognitively intact. She was frequently incontinent of bladder and occasionally incontinent of bowel. She required partial to moderate assistance for eating and toileting and supervision or touch assistance for showering and personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Strongsville Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 18936 Pearl Road Strongsville, OH 44136	

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 - Some</p>	<p>Review of the fall risk assessment dated [DATE] revealed Resident #82 was at risk for falls.</p> <p>Observation on 03/05/25 at 8:57 A.M. revealed Resident #82's call light had been activated for 24 minutes. At 9:06 A.M. an unknown aide entered Resident #82's room and assisted her out of her room and down the hall. Observation of the activated call light system confirmed Resident #82's call light remained unanswered for 33 minutes.</p> <p>Interview on 03/05/25 at 2:00 P.M. with Residents #82 and #85 (present for the interview with Resident #82) revealed call response was quite lengthy most of the time, and Resident #85 believed they did not have enough staff, which she attributed to the long call response.</p> <p>8. Review of the PBJ data submitted by the facility for the fourth quarter of 2024 (July 1 - September 30), revealed the facility had a one-star staffing rating.</p> <p>Interview on 03/05/25 at 8:10 A.M. with CNA #201 revealed call lights were often not answered timely due to lack of staff, and staff often worked past their scheduled work hours in order to complete their job duties.</p> <p>Interview on 03/05/25 at 8:57 A.M. with CNA #203 revealed the facility would send employees home if they felt there were too many people working. She was often asked to stay over and pick up additional shifts to help with staffing issues. She normally worked through her lunch break in order to complete all tasks, and there were times she could not complete showers due to staffing issues.</p> <p>Interview on 03/06/25 at 9:37 A.M. with CNA #201 revealed she was assigned 18 residents for the day, ten of them required every two-hour check and change for incontinence. She was also responsible for getting people out of bed and making sure residents were turned and repositioned every two hours. She revealed the workload was often too much for one person to complete all tasks, and some tasks were left uncompleted.</p> <p>Interview on 03/06/25 at 9:59 A.M. with Scheduler #206 and the Administrator revealed the facility was staffed based on census and acuity. The administrative team met daily and made changes to the schedule as necessary, reaching out to employees who were not working and offering additional shifts. The Administrator revealed she had no knowledge of concerns from staff, residents or families regarding insufficient staff. She attributed the one-star rating for the PBJ to the use of agency staff at the time and believed the rating had improved since the report had been submitted.</p> <p>This deficiency represents noncompliance investigated under Master Complaint Number OH00162396 and Complaint Number OH00161454.</p>