

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  09/27/2025
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>Note: The nursing home is disputing this citation.</p>	<p>Reasonably accommodate the needs and preferences of each resident.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, resident interview, and staff interview, the facility failed to honor resident preferences for getting out of bed. This affected one (Resident #37) of three residents reviewed for resident rights. The census was 87. Findings Include: Resident #37 was admitted to the facility on [DATE]. Her diagnoses were heart failure, chronic obstructive pulmonary disease, mild protein calorie malnutrition, infection and inflammatory reaction due to internal left knee, acute and chronic respiratory failure, acute kidney failure, pulmonary hypertension, encephalopathy, anemia, atrial fibrillation, cardiomegaly, major depressive disorder, muscle weakness, other bacterial infections of unspecified site, dysphagia, pneumonitis, and diverticulitis of intestine. Review of her minimum data set (MDS) assessment, dated 08/02/25, revealed she was cognitively intact. Review of Resident #37's MDS assessment, section GG, dated 08/02/25, revealed she needed substantial/maximum physical assistance to perform rolling in bed, and was dependent on staff for chair/bed to chair transfers. Review of Resident #37's care plan revealed the following: Resident #37 at times refuses treatment such as having labs drawn, taking medications, refusals of bathing and/or showering and allowing further care activities to be performed, which was dated 03/07/25. Interventions for this care plan included for the facility to document all refusals of showers, medications, treatments and care activities. Inform clinical leadership as deemed appropriate, and If resident refuses notify physician for alternate treatment or elimination of order, which was implemented on 03/06/25. Resident #37 had an additional care plan focus which documented: Resident #37 has demonstrated consistent noncompliance with acts of care, treatments and medication administration, which was implemented on 07/15/24. Intervention for this care plan included for the facility to document all refusals in Resident #37 clinical chart. Resident #37's care plan also revealed Resident #37 had the right to make decisions regarding their everyday lifestyle while residing in this skilled nursing facility (SNF), which was implemented on 02/04/25. Intervention for this care plan included for the facility to make every reasonable effort to meet the resident's stated preferences. Resident #37's care plan included Resident #37 was at risk for a self care deficit and/or decreased ADL performance related to their diagnosis of heart failure, COPD, respiratory failure, hypertension, metabolic encephalopathy, major depressive disorder (MDD), atrial fibrillation, anemia, weakness, dysphagia and bilateral knee osteoarthritis, which was implemented on 08/09/24. Interventions for this care plan included for the facility to assist of two via use of mechanical lift for transfers, and Resident #37 has historically self-limited due to unrealistic requests of clinical and therapy staff. Multiple instances of education have been provided as to the requests for records that Resident #37/her brother would need to make regarding feasibility of therapy. These interventions were added on 09/26/25. Review of Resident #37's progress notes, dated 05/01/25 to 09/26/25, revealed no documentation to support the behavior of refusing to get out of bed. Review of Resident #37's behavior logs, dated 08/27/25 to 09/26/25, revealed no documented behaviors to support her refusals to get out of bed. Interview with Resident #37 on 09/26/25 at 11:30 A.M. and 3:55 P.M. confirmed that she is never offered to get out of bed. She stated she will ask at times, but no one will assist her. She confirmed she gets frustrated by having to ask, that there are times she doesn't ask because she is frustrated. Interview with Certified Nursing Aide (CNA) #140 on 09/26/25 at 4:10 P.M. confirmed that Resident #37 does refuse to get out of bed. But, when asked if staff offer to get her out of bed, she stated, we probably don't offer to get her out of bed as often as we should, because of her history of refusing to get out of bed. When asked if the aides capture the refusals in documentation, she confirmed they do not. This deficiency represents non-compliance investigated under Complaint Numbers 2590124 and 2564784.</p>		