

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER O'NEILL HEALTHCARE LAKEWOOD		STREET ADDRESS, CITY, STATE, ZIP 13900 DETROIT AVE LAKEWOOD, OH 44107	
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)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure Resident #3's family representative was notified immediately when the resident was transferred to the hospital. This affected one resident (Resident #3) of three residents reviewed for notification of change. Findings include: Resident #3 was admitted on [DATE] with [DIAGNOSES REDACTED]. Resident #3's admission Minimum Data Set ((MDS) dated [DATE] revealed his cognition was moderately impaired and he required two person extensive assist with bed mobility and transfers and one person extensive assistance for toileting. Resident #3's Health Status note dated 07/25/20 at 6:26 P.M. revealed the resident was complaining of chest pain and the doctor in the facility at that time ordered to have the resident sent out to the hospital. The health status note at 11:00 P.M. revealed the resident was admitted to the hospital for acute hypoxemia and [MEDICAL CONDITION] related to COVID. At the time of the investigation the resident was still hospitalized. Resident #3's medical record revealed no evidence the resident's family representative was notified immediately that he was hospitalized on [DATE]. Resident #3's Health Status note dated 07/27/20 revealed Registered Nurse (RN) #82 notified Resident #3's family that he was hospitalized over the weekend. Interview on 07/29/20 at 5:00 P.M. with Resident #3's first listed emergency contact revealed he was not notified until 07/27/20 that the resident was sent to the hospital on [DATE]. The emergency contact was contacted by the hospital the night of 07/25/20 that the resident was admitted. Interview on 07/29/20 at 5:44 P.M. with RN #82 revealed when she came to work on 07/27/20 she did not see documentation that Resident #3's family was notified that he was hospitalized so she called the family on this day. Interview on 07/29/20 at 5:55 P.M. with the Administrator revealed Resident #3 was his own responsible party and they did not know if he had the best relationship with this family as his hospital paperwork had no contacts listed. The facility had emergency contacts from a 2015 admission and was able to use those numbers listed. The Administrator revealed if the resident was not oriented they would try to notify the family again if the first attempt was unsuccessful. Interview on 07/29/20 at 6:04 P.M. with Licensed Practical Nurse (LPN) #84 revealed she left a message for Resident #3's family right after he was sent out and she passed it on in report to the next nurse that she called. LPN #84 revealed if she documented the notification it would be in a progress note. No notification was documented at the time of the transfer to the hospital. Review of the facility policy, titled, Change in Resident's Condition of Status, dated 10/2017 revealed the facility shall promptly notify the resident and/or responsible party of changes in the resident's condition and/or status. The notification will be made promptly. This deficiency substantiates Complaint Number OH 473.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.