STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365129	A. Building B. Wing	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastbrook Healthcare Center	17322 Euclid Ave Cleveland, OH 44112

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. 07954 Based on observation and interview, the facility failed to treat residents on the secured unit, D unit, with dignity. This affected 16 residents who reside on the D unit (Resident's #5, #6, #9, #13, #20, #29, #33, #53, #54, #55, #57, #62, #67, #71, #76 and #85) of 91 residents in the facility. The facility census was 91. Findings include: Observation of the secured unit, D unit, on 08/31/22 at 1:00 P.M. revealed all the residents on D unit (Resident's #5, #6, #9, #13, #20, #29, #33, #53, #54, #55, #57, #62, #67, #71, #76 and #85) received their meals on disposable unstable plates, cups, and silverware. Interview with the Unit Coordinator #123 reported the unit was a psych unit and the residents had to be served on disposables otherwise regular dinnerware could be used as weapons. On 08/31/22, observations revealed, residents on the D unit were served two small pieces of chicken, which was also served to them on 08/29/22. Observations, during the same time frame, revealed residents on the two other floors were served salmon patties or the available substitution. An interview with [NAME] #148 was completed on 08/29/22 at 11:45 A.M. [NAME] #148 indicated that only residents in isolation should receive their food on disposable products for infection control purposes. The Administrator was interviewed on 08/29/22 at 1:25 P.M. The Administrator indicated only residents in isolation should have been getting their meals on disposable dinnerware. An interview with dietary aide #104 on 08/29/22 at 1:30 P.M. revealed there was not have enough salmon for everyone and the salmon patties were made smaller so most of the residents would receive them. She verified the other residents received the chicken. This was an incidental finding found during the investigation for Complaint Master Number OH00135426.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Potential for minimal harm Residents Affected - Many	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. 07954 Based on observations, interviews and policy review, the facility failed to ensure bed and bath linens were clean and in good condition. This affected all 91 residents in the facility. Findings include: During resident interviews conducted on 08/29/22 between 9:26 A.M. and 11:41 A.M., Resident #65 reported his sheets were stained and had not been changed in one and a half weeks. Resident #11 reported his sheets had not been change in a week. Resident #77 reported her sheets were stained and there was a hole in her blanket. Resident #30 reported the sheets were stained. Observations, at this time, of Resident's #77, #26 and #30's sheet and pillowcases, revealed small and large stains. During staff interviews conducted on 08/29/22 between 9:26 A.M. and 11:41 A.M., State tested Nurse Aide (STNA) #178 revealed that all the sheets had stains on them. STNA #133 reported typically all the sheets were stained. STNA #118 reported most of the linens were badly stained and STNA's #121 and #170 reported the bed linens and bed pads were stained. Observations of the linen supply rooms, on the ground and second floors, on 08/29/22 between 9:26 A.M. and 11:41 A.M. revealed seven sheets/linen was stored there. The rooms were missing floor tiles and the room was not clean. Observation of the laundry area was completed on 08/29/22 at 4:11 P.M. revealed the clean linen was folded and ready to be transported to the floors. Multiple towels, sheets, bed pads and blankets were observed dingy and stained. Observations revealed a pile of incontinence briefs on the floor with feces and urine on them. Observation the laundry with the Administrator on 08/31/22 at 8:45 A.M. revealed a pile of incontinence briefs on the floor soiled with feces and urine. Observations revealed the linen was coming out of the drier stained. Laundry Aide #111 reported items come down to the laundry are unbagged including briefs with feces. Interview with the housekeeping and laundry manager #114 on 08/29/22 at 4:11 P.M. The condition of the linens was verified at this time. She indicated they are not able to get the linen clean. She indicated the company came and serviced the unit and increased the chemical sanitizer a few weeks ago but it did not help. She indicated the linens were often sent down to laundry from the floors soiled and with soiled incontinence undergarments. She indicated the soiled linen was sent down the laundry chute without unbagged. She indicated the new linen that was just put into circulation two weeks was already stained. She indicated she had five bundles of brand-new towels and did replace linen constantly. She did not verbalize any procedure to follow if linen was visibly soiled with feces or if linen appeared still stained. (continued on next page)

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	365129	A. Building B. Wing	09/15/2022

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Potential for minimal harm Residents Affected - Many	Review of the laundry service report dated 06/27/22 indicated there was slight chlorine residual when tested and the temperature of the hot water was 148 degrees Fahrenheit (F). The service included adjusting chemical concentrations of the heavy soil formula. The service reprogrammed the washer heavy soil cycle on one of the three washers. The report indicated for heavily soiled items to wash on the following setting: washer 2 set to heavy soil and chemical box 2, washer 3 set to cycle 02 and chemical box 2. The facility had a total of three washers. Review of the department (environmental) laundry and linen policy and procedure, revised in January 2014, indicated it was to provide a process for the safe and aseptic handling, washing and storage of linen. Linen soiled with blood or body fluids were to be placed in leak-resistant bags before placing them in the hamper. Only closed and leak resistant bags would be put into the linen chute. Loose items would not be placed in the laundry chute. Briefs, under pads and any other items soiled with feces, would be pre-washed using the maximum setting of bleach/EPA registered germicidal and then process them through a regular cycle. Reprocess any linen that was not visibly clean upon completion of the cycle or any linen that fell to the floor. This deficiency substantiates Complaint Number OH00135127.

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	365129	A. Building B. Wing	09/15/2022

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07954 Based on interview, record, document and policy review, the facility failed to ensure residents who were dependent on staff for care received showers/hygiene as planned. This affected three residents (#28, #48, #92) of four reviewed for showers/hygiene. The facility census was 91. Findings include: 1. Review of the medical record revealed Resident #28 was admitted to the facility on [DATE] with diagnoses including COVID 19, hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side and human immunodeficiency virus. Review of the quarterly comprehensive assessment (MDS 3.0) dated 08/09/22 indicated he was moderately cognitively impaired and displayed no symptoms of psychosis or behaviors. He required the extensive assistance of one staff for personal hygiene and the total dependence on two plus staff for bathing. Review of the self-care deficit care plan indicated the interventions included one staff assistance for bathing/showering and personal hygiene. Review of the aide task data revealed he was scheduled for a shower on Wednesdays and Saturdays. Review of the last 30 days of bathing data revealed no data was found. Review of the personal hygiene data for the last 30 day revealed he did not receive daily personal hygiene on 08/02-5/22, 08/09/22, 08/11-19/22, 08/24/22 and 08/27/22. He received four of eight scheduled showers. Review of the shower sheets revealed only one shower (partial standing at sink) on 07/25/22 was provided and he received no showers for August 2022 2. Review of the medical record revealed Resident #92 was admitted to the facility on [DATE] with diagnoses including sepsis, incomplete paraplegia, injury at T2-T6 level of thoracic spinal cord, adjustment disorder, history of suicidal behavior, acquired absence of right and left leg above the knee, antisocial personality disorder, neuromuscular disorder of the bladder, insomnia, pressure ulcer stage IV sacral region, suicidal ideation's, history of COVID 19, acute respiratory failure with hypoxia, elevated white blood cell count, pneumonia, urinary tract infection, heart failure, hypo-osmolality and hyponatremia, chronic obstructive pulmonary disease and hypokalemia. Review of the admission comprehensive assessment dated [DATE] indicated he was cognitively intact. He displayed no symptoms of psychosis or behaviors. It was very important for him to choose the clothes he wore but somewhat important to choose between a tub, shower, bed, or sponge bath. He required the extensive assistance of two plus staff for bed mobility, transfers, toilet use and personal hygiene. He had one Stage III and one Stage IV pressure ulcer and one unstageable pressure ulcer. Review of the aide documentation indicated he was scheduled to be bathed on Wednesday and Saturday. Review of the data indicated he received a shower on 08/20//22 which was in the last 30 days. He received one of eight scheduled showers. (continued on next page)

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	365129	A. Building B. Wing	09/15/2022

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the shower sheets indicated on 07/09/22 he refused a shower, on 07/27/22 he received a bed bath, on 08/16/22 he was in the hospital and on 08/18/22 he was showered. 3. Review of the medical record revealed Resident #48 was admitted to the facility on [DATE] with diagnoses including end stage renal disease with dependence on renal dialysis, diabetes, dementia, and lung cancer. Review of the quarterly comprehensive assessment (MDS 3.0) dated 08/04/22 indicated she was alert, oriented and independent daily decision-making ability. She displayed symptoms of psychosis including delusions and rejected care on one to three days of the assessment period. She required the extensive assistance of two plus staff for personal hygiene and total dependence on two plus staff for bathing. Review of the self-care deficit care plan indicated Resident #48 preferred dressing/grooming routine of having a snack, wash, brush lower teeth, back rub, and medications. Review of the aide task data for the last 30 days revealed she did not receive personal hygiene on 08/02/22, 08/04/22, 08/05/22, 08/09/22, 08/13/22, 08/14/22, 08/15/22, 08/16/22, 08/18/22, 08/19/22, 08/24/22 and 08/25/22. She received 12 of 30 daily bed baths. Review of the shower sheets revealed she received a bath on 07/06/22, 08/19/22 and 08/26/22. Interview with Resident #48 on 08/30/22 at 1:30 P.M. with the Assistant Director of Nursing (ADON) present reported she preferred bed baths daily but was not getting them daily. Interview with the ADON on 08/30/22 at 11:40 A.M. verified the shower sheets provided were the only ones found. Review of the activities of daily living, supporting policy revised in March 2018 indicated residents would be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who were unable to carry out activities of daily living independently would receive the services necessary to maintain good nutrition, grooming, personal and oral hygiene. Review of the bath, shower/tub policy revised in February 2018 indicated to document the date and time the shower/tub bath was performed, name and title of the individual assisting the resident, all assessment data, how the resident tolerated the bath and any refusals. This deficiency substantiates Complaint Number OH00135218.

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	365129	A. Building B. Wing	09/15/2022

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 07954 Based on observations, interviews and review of the activity calendar, the facility failed to provide meaningful activities for residents on the secured unit, D unit, to prevent boredom and behaviors. This affected 16 residents on the D unit (#5, #6, #9, #13, #20, #29, #33, #53, #54, #55, #57, #62, #67, #71, #76 and #85) of 91 residents in the facility. The facility census was 91. Findings include: Observation of the secured D unit on 08/29/22 beginning at 11:25 A.M. and 08/31/22 beginning at 1:00 P.M. revealed the only activity was the television. Several residents were in the dining/activity room however the remainder of the residents were either in their rooms or in the hallways. The unit had one common room and one hallway all painted grey. There were no activity items for independent use or available for the aides to engage the residents. Interview with State tested Nurse Aides (STNA)'s #121, #170 and #128 on 08/29/22 and 08/31/22 at 11:25 A.M. and 1:00 P.M. indicated activity staff come to the unit occasionally, but not daily. Interview with Activity Assistant #146 on 08/31/22 at 9:00 A.M. reported they try to get up to the D unit twice a day. She reported food motivated them to participate. Interview with the Unit Coordinator #123 on 08/31/22 at 1:15 P.M. reported the unit was a psych unit and she removed all the activity items into a secured area because they could be used as weapons. Review of the August 2022 activity calendar revealed on 08/29/22 the schedule activities included 8:30 A.M. daily calendar update/one to one room visits, 9:30 A.M. coffee and trivia, 10:30 A.M. corn hole/soccer D, 1:00 P.M. one to one room visits, 3:00 P.M. men's club/karaoke D and 3:00 P.M. karaoke Monday. On 08/30/22 at 8:30 A.M. was daily calendar update/one to one room visits, 9:30 A.M. coffee and Jeopardy, 10:30 A.M. walking club, 12:00 P.M. Taco Tuesday, 1:00 P.M. cards and games, 2:00 P.M. hoop it up contest, 3:00 P.M. one to one room visit and 6:00 P.M. cards and games. On 08/31//22 at 8:30 A.M. was daily calendar update/one to one room visits, 9:30 A.M. coffee and chronicles, 10:00 A.M. auction bucks' bingo, 10:30 A.M. JW bible study/crafts D, 1:00 P.M. one to one room visit 2:00 P.M. resident council/balloon toss D and 3:00 P.M. auction day. The D unit had specifically scheduled activities on 08/29/22 at 10:30 A.M. soccer and 3:00 P.M. karaoke; on 08/30/22 none were scheduled and on 08/31/22 at 10:30 A.M. crafts and 2:00 P.M. balloon toss was listed. Interview with the Administrator on 08/29/22 at 1:25 P.M. revealed the secured D unit was not a psych unit and activity supplies should have been available to the residents. This deficiency substantiates Complaint Number OH00135127.

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	365129	A. Building B. Wing	09/15/2022

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Eastbrook Healthcare Center	17322 Euclid Ave Cleveland, OH 44112

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07954 Based on observation, interview, record and policy review, the facility failed to monitor and consistently implement treatment to Resident #26's avoidable pressure ulcer. This resulted in actual harm when an in-house acquired pressure ulcer to the coccyx declined to a Stage 4 pressure ulcer with recommendation for surgical debridement and colostomy. In addition, the facility failed to consistently provide treatment to Resident #92's pressure ulcers. This affected two, Resident #26 and Resident #92 of three residents with pressure ulcers reviewed. The facility census was 91. Findings include: 1. Review of the medical record revealed Resident #26 was admitted to the facility on [DATE] with diagnoses including periprosthetic fracture around internal prosthetic right knee joint, right knee replacement, thrombocytopenia, osteoarthritis, fracture of the shaft of the femur, COVID 19, low back pain, history of falls, diabetes, and glaucoma. Review of the admission Minimum Data Set 3.0 (MDS) assessment dated [DATE] indicated she was alert, oriented and independent in daily decision-making ability. She required the extensive assistance of two plus staff for bed mobility, total dependence of two plus staff for transfers, total assistance of one person for toilet use and extensive assistance of one person for personal hygiene. She was occasionally incontinent of bladder and frequently incontinent of bowel. She had occasional pain at a level two out of ten. She had a fall and fracture prior to admission. She was identified at risk for pressure ulcers but had none upon admission. Review of the plan of care revised 08/23/22 indicated Resident #26 had been non-compliant with turning and repositioning. The interventions included to invite her to activities that encourage physical activity to promote mobility, monitor for immobility, provide supportive care, assistance with mobility and refer to therapy as ordered. The initial skin plan of care was initiated on 07/13/22 and revised on 08/23/22 indicating she had an unstageable pressure ulcer to the sacrum. The interventions included to avoid scratching and keeping hands and body parts from excessive moisture, keep fingernails short, educate family on causative factors and measures to prevent skin injury, encourage good nutrition and hydration, follow facility protocols for treatment of injury, head to toe assessment weekly on shower days, low air loss mattress and report changes in skin integrity. Review of the progress note dated 07/21/22 at 7:32 A.M. indicated she had moisture associated skin damage to proximal end of gluteal folds. The nurse practitioner was notified and ordered a barrier cream twice daily and as needed. On 08/10/22 at 12:45 P.M. Resident #26 was moved to the second floor. She was complaining of pain and foul odor was coming from her buttocks. A skin assessment was performed and observed an area to the coccyx of about 2.5 cm (centimeters) in length and 5 cm across. It was noted the measurement could be off due to the resident unable to remain still. The area was cleansed with normal saline, hydra gauze was applied, covered with foam dressing, and giving Tylenol for discomfort that rated a seven out of ten. The nurse manager was notified of the skin issue. (continued on next page)

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	365129	A. Building B. Wing	09/15/2022

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the progress note dated 08/14/22 at 7:35 P.M. the nurse practitioner noted she complained of worsening sore to her coccyx and to consult the wound care team. On 08/24/22 at 2:50 P.M. the nurse was informed the resident had a new pressure area. However, this was charted in error. The pressure ulcer was identified as a Stage 4 slough and maceration pink deep wound bed, some granulation tissue, moderate amount of drainage serosanguineous and no odor. The wound measured 2.5 cm wide by 3 cm long by 1.5 cm deep. The nurse practitioner was notified of the changes and a new order to cleanse with normal saline, pack with alginate ensuring the edges were covered and cover with boarder foam three times weekly and start Oxycodone (an opioid analgesic) 30 minutes prior to wound care and as needed. The son was notified of the changes in the wound and an air mattress put into place. Review of the July 2022 treatment administration record (TAR) revealed she was ordered wound care to the coccyx two times daily beginning on 07/23/22. The TAR had blanks for day shift on 07/27/22 and 07/28/22. A code 9 was documented for night shift on 07/23/22, 07/24/22, 07/29/22 and 07/31/22. According to the chart code a 9 meant other to see progress notes. Review of the progress notes lacked corresponding notes on 07/23, /22 07/24/22 and 07/29/22 as identified on the TAR. The nurse practitioner noted on 07/31/22 at 9:04 P.M. the resident complained of worsening sore on her coccyx. Review of the August 2022 TAR revealed blanks on day shift on 08/01/22, 08/13/22 and 08/19/22 and night shift on 08/08/22, 08/09/22 and 08/13/22. Interview with Unit Coordinator #126 on 08/30/22 at 8:44 A.M. reported she was newly hired and placed in charge of wound care. She thought Resident #26's wound started prior to admission but declined during her stay. She reported she initiated an air mattress, pain control, a treatment change, and nutritional supplements to aid in the healing of the wound. Interview with and observation of Resident #26 on 08/30/22 at 9:00 A.M. revealed her wincing in pain. She stated she was sitting on her sore and it hurt. Interview with the Director of Nursing (DON), Unit Coordinator #126 and the Assistant Director of Nursing (ADON) on 08/30/22 at 11:44 A.M. revealed upon admission she was provided a barrier cream. They verified the pressure ulcer started as moisture associated skin damage that declined into a pressure ulcer. They verified there was no documented evidence the pressure ulcer was monitored between 08/10/22 and 08/24/22. They attributed some of the decline to her contracting COVID 19 and decreased mobility. They verified the blanks on the TAR; and there should have been corresponding progress notes to address why a treatment was not provided and the TAR coded a 9. Interview with Unit Coordinator #126 on 09/07/22 at 11:12 A.M. regarding the pressure ulcer revealed Resident #26 was medicated for pain prior to the dressing change. She indicated the wound had a foul odor and a lot of drainage. Wound Physician #300 assessed the wound on 09/02/22 and was going to admit Resident #26 to the hospital for surgical debridement. She indicated the Wound Physician was going to notify her regarding a time for the procedure. Interview with Resident #26 on 09/07/22 at 11:15 A.M. revealed she was in pain and indicated she wished the facility would have addressed the wound when she first complained to the staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0686 Level of Harm - Actual harm Residents Affected - Few	Wound care was observed for Resident #26 on 09/07/22 at 11:18 A.M. Unit Coordinator #126 set up her supplies on the bedside table. After washing her hands and putting on clean gloves Unit Coordinator #126 and State tested Nurse Aids (STNA) #139 removed the resident's brief. The dressing was intact to Resident #26's coccyx. The brief had a large amount of serosanguinous drainage which had seeped out from under the resident's dressing onto the brief. Unit Coordinator #126 removed the dressing along with the gauze packing inserted into the wound. A large amount of serosanguinous drainage was present on the soiled dressing. Resident #26 moaned several times during the packing removal. The wound had tunnelling and a foul odor present. Unit Coordinator #126 cleansed the wound with normal saline soaked gauze then dried it with gauze. She then soaked a roll of gauze with normal saline and packed the wound with it. A foam dressing was then placed over wound with Unit Coordinator #126 ensuring the dressing adhered to the skin and did not cover the rectum. Review of the wound progress note date 09/02/22 from Wound Physician #300 revealed Resident #26's wound had significant necrotic tissue and moderate associated fecal contamination. Wound Physician #300's recommendation was to perform a colostomy (a surgical intervention where an opening is made into the bowel and fecal matter would then drain into a colostomy bag) and surgical debridement. 2. Review of the medical record revealed Resident #92 was admitted to the facility on [DATE] with diagnoses including sepsis, incomplete paraplegia, injury at T2-T6 level of thoracic spinal cord, adjustment disorder, history of suicidal behavior, acquired absence of right and left leg above the knee, antisocial personality disorder, neuromuscular disorder of the bladder, insomnia, pressure ulcer Stage IV sacral region, suicidal ideation's, history of COVID 19, acute respiratory failure with hypoxia, elevated white blood cell count, pneumonia, urinary tract infection, heart failure, hypo-osmolality and hyponatremia, chronic obstructive pulmonary disease and hypokalemia. Review of the admission comprehensive assessment dated [DATE] indicated he was cognitively intact. He displayed no symptoms of psychosis or behaviors. It was very important for him to choose the clothes he wore but somewhat important to choose between a tub, shower, bed, or sponge bath. He required the extensive assistance of two plus staff for bed mobility, transfers, toilet use and personal hygiene. He had one Stage 3 and one Stage 4 pressure ulcer and one unstageable pressure ulcer. Review of the skin integrity care plan initiated on 07/11/22 indicated the interventions were to avoid scratching and keep hands and body parts from excessive moisture, keep fingernails shirt, educate the resident on causative factors and measures to prevent skin injury, encourage good nutrition and hydration to promote healthier skin, head to toe assessment performed on shower days and report any changes with skin integrity. Review of the July 2022 TAR revealed he had treatments to his right stump, left hip and sacrum pressure ulcers. There were blanks on the following days for each treatment 07/08/22, 07/14/22, 07/26/22, 07/27/22 and 07/29/22. Review of the August 2022 TAR revealed blanks on 08/02/22, 08/09/22, 08/13/22 and 08/14/22. The number 7 was marked for 08/12/22. Interview with the DON on 08/30/22 at 11:44 A.M. verified 7 was the code for sleeping. Review of the undated pressure ulcer prevention and risk identification policy and procedure indicated residents would be assessed weekly for four weeks upon admission, quarterly and with significant change thereafter. Preventive measures would be implemented based upon the residents' assessed needs. If a new skin area was identified the nurse would initiate a skin/grid measurement flow record that would be updated every seven days until the area was resolved. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365129	A. Building B. Wing	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastbrook Healthcare Center	17322 Euclid Ave Cleveland, OH 44112

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F 0686 Level of Harm - Actual harm Residents Affected - Few	This deficiency substantiates Compliant Number OH00135086 Complaint Number OH00135218.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365129	A. Building B. Wing	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastbrook Healthcare Center	17322 Euclid Ave Cleveland, OH 44112

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07954 Based on interview, record and policy review, the facility failed to provide adequate assistance to Resident #26 while providing incontinence care resulting in her falling out of the bed onto the floor. This affected one, Resident #26, out of three residents reviewed for falls. The facility census was 91. Findings include: Review of the medical record revealed Resident #26 was admitted to the facility on [DATE] with diagnoses including periprosthetic fracture around internal prosthetic right knee joint, right knee replacement, thrombocytopenia, osteoarthritis, fracture of the shaft of the femur, COVID 19, low back pain, history of falls, diabetes, and glaucoma. Review of the admission packed dated 07/08/22 indicated she had a brace on her right leg. Review of the fall risk assessment indicated she was at low/moderate risk for falls. Review of the admission comprehensive assessment (MDS 3.0) dated 07/13/22 indicated she was alert, oriented and independent in daily decision-making ability. She required the extensive assistance of two plus staff for bed mobility, total dependence of two plus staff for transfers. She was occasionally incontinent of bladder and frequently incontinent of bowel. She had occasional pain at a level two out of 10. She had a fall and fracture prior to admission. She was identified at risk for pressure ulcers but had none upon admission. Review of the fall risk plan of care indicated to anticipate and meet her needs. Review of the limited physical mobility plan of care indicated to provide supportive care and assistance with mobility as needed. Review of the progress notes dated 08/13/22 at 12:00 P.M. the aide notified the nurse reporting the resident fell out of the bed while she was changing her brief. The resident was observed laying on the floor to the right of the bed. The resident reported she rolled off the right side of the bed. The resident complained of pain the right hip/leg area without obvious signs of fracture. The nurse practitioner was notified, and new orders received. On 08/13/22 at 3:25 P.M. the administrator noted the son reached out to him after the fall earlier and how the aide was disrespectful towards him. The son was informed the aide was immediately removed from the facility. The X-ray results were negative. Interview with Resident #26 on 08/31/22 at 8:30 A.M. confirmed one aide had turned her while changing her brief and she rolled off the bed onto the floor. She reported not having any new injuries, but it aggravated her previous injury. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Assistant Director of Nursing (ADON) on 08/30/22 at 11:40 A.M. indicated the aide was provided education regarding Resident #26 requiring two people to assist with care. Interview with the Director of Nursing (DON) on 08/30/22 at 11:44 A.M. reported the aide was from an agency and put on a do not return list. On 08/25/22 he educated all staff on communication, transfers, and bed mobility. Review of the fall and fall risk, managing policy revised in March of 2018 indicated to identify fall risk factors, develop resident-centered approaches to manage falls and fall risk, monitor subsequent falls, and fall risk, and re-evaluate the situation. This deficiency substantiates Complaint Number OH00135086.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32650 Based on record review and staff interview the facility failed to ensure physician ordered medications were available to be administered. This affected four residents (Residents #150, #151, #152, #153, and #154) of nine residents reviewed for medication availability for new admissions. The facility census was 91. Findings Include: 1. Resident #150, was admitted to the facility on [DATE] with multiple fractures to both arms, both legs, his spine, and pelvis after a motorcycle crash. Review of the physician's orders for Resident #150 revealed he was to receive Lovenox injections (a medication used to prevent blood clots) twice a day and Lyrica (a medication used to treat neuropathic pain) 100 milligrams (mg) every eight hours. Review of Resident #150's progress notes revealed the resident was not receiving his Lyrica as ordered due to insurance billing issues according to the pharmacy. Review of the Medication Administration Record (MAR) for September 2022 for Resident #150 revealed the first dose of Lovenox was not administered until 09/03/22 due to it not being available. Interview with the Administrator on 09/13/22 at 9:35 A.M. revealed he had requested information from the pharmacy regarding why Resident #150's insurance was not authorizing the ordered Lyrica, but the pharmacy had not provided it. 2. Resident #151 was admitted to the facility on [DATE] with diagnoses including infection and inflammatory reaction due to internal right hip prosthesis, heart disease, diabetes, chronic kidney disease, and streptococcal arthritis to the right him. Review of the physician's orders revealed Resident #151 was to receive Ativan (an anti-anxiety medication) 0.5 mg twice a day. He was also ordered Oxycodone 5 mg every six hours for pain. Review of the MAR for September 2022 for Resident #151 revealed as of 09/13/22 he had not received any doses of either his Ativan or Oxycodone. Interview with Resident #151 on 09/13/22 at 2:20 P.M. revealed he was in a lot of pain because he had not received either his pain medication or his anxiety medication. Resident #154, Resident #151's roommate, said Resident #151 is constantly moaning in his sleep. 3. Resident #152 was admitted to the facility on [DATE] with diagnoses including perforation of the esophagus, aspiration pneumonia, bipolar disorder, schizophrenia, and a gastrostomy tube (a surgically inserted tube into the stomach to allow tube feeding to infuse). (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the physician's orders revealed Resident #152 was to receive Pantoprazole 40 mg through her gastrostomy tube every day for gastric reflux. Review of the September 2022 MAR for Resident #152 revealed her first dose of Pantoprazole was not received until 09/02/22. 4. Resident #153 was admitted to the facility on [DATE] with diagnoses including diabetes, asthma, heart failure, chronic kidney disease, lymphedema, and chronic pain syndrome. Review of the physician's orders for Resident #153 revealed she was to receive Lasix 20 mg every day for edema; Gabapentin 300 mg every day for pain; Glipizide 2.5 mg every day for diabetes; and Augmentin 875-125 mg every 12 hours for a bacterial infection. Review of the MAR for September 2022 for Resident #153 revealed the resident did not receive her Lasix, Gabapentin, or Glipizide until 09/02/22. Resident #153 did not receive her Augmentin until 09/05/22. 5. Resident #154 was admitted to the facility on [DATE] with diagnoses of osteomyelitis, abscess to the bursa of the right shoulder, anxiety, chronic obstructive pulmonary disease, and Multiple Sclerosis. Review of the physician's orders revealed Resident #154 was to receive Lomotil 2.5-0.25 mg twice a day for diarrhea and Zenpep Capsule 25000-79000 units with meals for a supplement. Review of MAR for September 2022 for Resident #154 had not received the ordered Lomotil as of 09/13/22 and the Zenpep Capsule until 09/12/22. Interview with Unit Coordinator (Licensed Practical Nurse [LPN] #126) on 09/13/22 at 2:30 P.M. revealed the reason why the residents were not receiving their medications upon admission was due to the agency nurses not submitting the orders to the pharmacy. The Unit Coordinator confirmed many of the medications could have been obtained from the facility's contingency box. This deficiency substantiates Complaints #OH00135688 and OH00135285.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 32650 Based on observation, interview, and policy review, the facility failed to ensure medications were secured. This had the ability to affect all 33 residents (Residents #1, #10, #11, #19, #24, #25, #28, #30, #34, #35, #36, #37, #43, #49, #51, #56, #58, #61, #64, #65, #66, #69, #72, #73, #74, #77, #80, #81, #84, #86, #88, and #91) residing on the first floor. The facility census was 91. Findings Include: 1. Medication administration was observed on 09/07/22 from 8:35 A.M. through 9:40 A.M. Licensed Practical Nurse (LPN) #301 was administering medication to the residents on the first floor. Observation of the medication cart on the first floor at 8:35 A.M. revealed the cart was unlocked and LPN #301 was standing in the nurses' station with her back to the medication cart and numerous residents were in the hallway. The Director of Nursing (DON) confirmed the medication cart should be locked. 2. Observation of the first floor medication cart revealed the following insulins were not dated as to when they were opened. This was confirmed by LPN #301 on 09/07/22 at 8:45 A.M. Review of the insulin medication in the cart revealed the following: *Resident #95: Lispro Pen 100 units/milliliter (ml) had no opened date *Resident #24: Lispro Pen 100 units/ml had no opened date *Resident #24: Humalog Kwikpen 200 units/ml had no opened date *Resident #24: Lantus 100 units/ml vial had no opened date *Resident #91: Basaglar Kwikpen had no opened date *Levemir Flex Pen 100 units/ml had no resident name or date when opened *Humulin R 100 units/ml had no name on vial or date when opened Observation of the first floor nurses' station on 09/07/22 at 9:10 A.M. revealed the following medications were sitting in an unsecured basin at the desk: *Resident #10: Ipratropium Bromide and Albuterol 0.5 milligrams (mg) and 3 mg/3 ml *Resident #50: Tadafil 20 mg tablets *Resident #50: Trospium 20 mg tablets *Resident #26: Januvia 50 mg tablets (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Assistant Director of Nursing (ADON) #140 on 09/07/22 at 9:10 A.M. confirmed the over-the-counter medications and insulins should be dated when opened and the medications sitting in a basin at the desk of the nurses' station should have been secured. 3. Observation on 09/12/22 at 2:05 P.M. revealed the medication cart on the first floor was unlocked. No nurse was by the cart and residents were present in the hallways. Agency Registered Nurse (RN) #305 was down the hall at another medication cart. Agency RN #305 confirmed the medication cart was unlocked but she was just down the hall, so it was fine. It did not matter if it was unlocked since she was just down the hall. Interview with the Administrator on 09/12/22 at 2:10 P.M. revealed Agency RN #305 was working her first shift at the facility. She had picked up the shift at the last minute. The Administrator was unsure of her name. 4. Observation on 09/13/22 at 2:30 P.M. revealed the medication cart on the second floor was unlocked. Residents were wandering in the hallway. LPN #126 confirmed the medication cart should be locked and it was Agency LPN #306's cart. LPN #126 was unsure of the nurse's name. Review of the facility's Storage of Medications policy, last revised April 2019, revealed medication carts were to be locked and all medications were to be secured. This was an incidental finding during the investigation of Complaint Number OH00135285.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07954 Based on observation, interview and review of menus, the facility failed to develop a menu based on resident requests/ resident group feedback and follow the menus reviewed by the dietitian This affected all 91 residents in the facility. Findings include: Residents interviewed on 08/29/22 between 9:26 A.M. and 11:41 A.M. reported the following comments about the food. Resident #58 reported the food was so-so. Resident #84 reported sometimes the food was okay (OK). Resident #69 reported the food was just OK. Resident #11 reported sometime the food was OK and sometimes it was not OK. Resident #77 reported the food was good sometimes, but she often ordered food from outside the facility. Resident #56 reported portions were small for example one thin piece of ham on a sandwich. Resident #80 reported small portions, cold temperature and animals wouldn't eat the food. Resident #22 reported you never know what the food was going to look like he just eats it to survive. Interview with staff on 08/29/22 between 9:26 A.M. and 11:41 A.M. stated the following about the food. State tested Nurse Aide (STNA) #178 reported the food looked like slop and residents complained about the food. STNA #133 reported residents complain all the time about the food from it's cold, nasty and wouldn't give it to a dog. STNA #118 reported the residents tell him the food was bad not good and not enough. Review of the week at a glance menu cycle revealed on 08/29/22 the lunch meal should have included garlic Parmesan chicken, rice pilaf, summer squash saute, bread/roll, butter/margarine, chef choice dessert and a choice in beverage. The lunch meal was observed to include two small bone in chicken, wild rice, yellow squash, ice cream, lemonade, or water. On 08/29/22 at 12:55 P.M. the Dietary Manager #152 confirmed the meal did not include the rice pilaf, bread/roll with butter/margarine or coffee. Review of the 08/31/22 lunch menu indicated it should have included pan seared salmon cakes, spinach with garlic, basil rice, chef's choice in dessert and choice in beverage. Observation of the D unit lunch meal revealed the entree they were served was the two small bone in chicken pieces that were served to them on 08/29/22. The dessert was plated to each resident by the kitchen. Some got a piece of frosted cake, some got cheesecake, and some got ice cream. Interview with the Administrator on 08/31/22 at 1:15 P.M. reported he had awareness the menus were not followed because the food provider did not always have the items on the menu available, so they had to substitute and sometimes the supplier did not have enough of the item. On the table in his office was various cans of soup, spaghetti, fresh bananas, and other food items. He reported they were for the residents when they visited his office. Further interview with the Administrator on 08/31/22 at 3:00 P.M. reported he was made aware for lunch was salmon patties and for dinner was oven fried fish. He reported some of the residents would get the fish because they like fish however, he planned to buy multiple pizzas for the residents to have for dinner. (continued on next page)

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	365129	A. Building B. Wing	09/15/2022

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility was not able to provide evidence of three months worth of [NAME] and substitutions that were made. Interview with the Registered Dietitian (RD) #189 on 08/31/22 at 3:00 P.M. reported the Dietary Manager was off today and she was not able to provide the documentation. An interview with dietary aide #104 on 08/29/22 at 1:30 P.M. revealed there was not have enough salmon for everyone and the salmon patties were made smaller so most of the residents would receive them. She verified the other residents received the chicken. She verified the menu did not reflect the cultural flavors this resident community enjoys so she will be making them a special meal next month so they will have at least one meal they would love. Review of the resident council minutes dated 05/04/22 reported cold food and suggested ways of keeping the food warm. On 06/08/22 the council minutes indicated the residents did not like the food overall and they run out of milk and cereal. On 06/22/22 the council minutes indicated there were missing items from the trays and the juices tasted watered down. On 06/29/22 the council minutes indicated the residents suggested a variety of foods they wanted including some snacks, but the food looked better. On 07/13/22 council minutes indicated food was left in the dining room, asked about portion sizes, and wanted notified when there was a menu change. On 08/03/22 the council minutes indicated there were concerns related to not enough drinks and ice to go around. Review of the filing grievances/complaints policy and procedure revised in April 2017 indicated the Administrator and staff would make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. This violation substantiates Complaint Number OH00135127 and OH00135688.

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	365129	A. Building B. Wing	09/15/2022

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 07954 Based on observation, test tray, interview and review of resident council minutes, the facility failed to serve food at a palatable and appetizing temperature. This affected all 91 residents it the facility. Findings include: Residents interviewed on 08/29/22 between 9:26 A.M. and 11:41 A.M. reported the following comments about the food. Resident #58 reported the food was so-so. Resident #84 reported sometimes the food was okay (OK). Resident #69 reported the food was just OK. Resident #11 reported sometime the food was OK and sometimes it was not OK. Resident #77 reported the food was good sometimes, but she often ordered food from outside the facility. Resident #56 reported portions were small for example one thin piece of ham on a sandwich. Resident #80 reported small portions, cold temperature and animals wouldn't eat the food. Resident #22 reported you never know what the food was going to look like he just eats it to survive. Interview with staff on 08/29/22 between 9:26 A.M. and 11:41 A.M. stated the following about the food. State tested Nurse Aide (STNA) #178 reported the food looked like slop and residents complained about the food. STNA #133 reported residents complain all the time about the food from it's cold, nasty and wouldn't give it to a dog. STNA #118 reported the residents tell him the food was bad not good and not enough. Observation of the food temperatures taken by [NAME] #748 on 08/29/22 at 11:50 A.M. revealed the bone in garlic Parmesan chicken measured 180 degrees Fahrenheit (F), wild rice was 181 F, yellow squash was 190 F, mechanical chicken was 162 F and hamburger patties were 203 F. Tray line began at 12:15 P.M. and a test tray was requested. The cart with the test tray arrived on the unit on 082/29/22 at 12:29 P.M. with two aides passing meal trays. Most meal trays were in an insulated cart but there were seven delivered on an open-air cart with no covering. Three meals came up separately with all disposable items and note indicated those trays were for residents in isolation. Large wide mouth plastic cups were filled halfway with water and another one halfway with lemonade. A carafe of coffee was present, but no coffee cups were delivered to the unit, so no resident were observed to get coffee. The test tray was conducted with Dietary Manager #152 and the Administrator was present. The meal consisted of two small pieces of bone in chicken that measured 107 F, had good flavor but it was Lukewarm, the squash measured 104 F and tasted cold, and the rice measured 105 F and tasted cold. Review of the resident council minutes dated 05/04/22 reported cold food and suggested ways of keeping the food warm. On 06/08/22 the council minutes indicated the residents did not like the food overall and they run out of milk and cereal. On 06/22/22 the council minutes indicated there were missing items from the trays and the juices tasted watered down. On 06/29/22 the council minutes indicated the residents suggested a variety of foods they wanted including some snacks, but the food looked better. On 07/13/22 council minutes indicated food was left in the dining room, asked about portion sizes, and wanted notified when there was a menu change. On 08/03/22 the council minutes indicated there were concerns related to not enough drinks and ice to go around. (continued on next page)

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	365129	A. Building B. Wing	09/15/2022

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the menu for 08/29/22 indicated lunch included garlic Parmesan chicken, rice pilaf, summer squash saute, bread or roll, butter or margarine and chef's choice for dessert and a choice in beverage. This deficiency substantiates Complaint Number OH00135127

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 07954 Based on observation, interview and policy review, the facility failed to provide a sanitary and comfortable environment for residents, staff, and the public. This affected all 91 residents in the facility. Findings include: Interviews were conducted with residents on 08/29/22 between 9:26 A.M. and 11:41 A.M. Resident #65 complained of overflowing trash. Resident #11 reported the floors were sticky, and trash was overflowing. Resident #48 reported on 08/30/22 at 1:30 P.M. the base coving was pulled away from her wall, floors dirty and walls were gouged. Interview were conducted with staff on 08/29/22 between 9:26 A.M. and 11:41 A.M. on the D unit. State tested Nurse Aide (STNA) #133 reported the floors were sticky and there was trash all over the floor. Interview with STNA #121 and #170 both reported once in a blue moon a housekeeper would come to the D unit. The STNA's were expected to do the housekeeping on the D unit because housekeeping was short staffed. Observations were made on 08/29/22 between 9:26 A.M. and 11:41 A.M. The ground floor hallways were cluttered with medication carts, treatment carts, barrels, residents in wheelchairs, empty wheelchairs, and mechanical lifts. Base coving was coming off the wall creating a hazard and there were areas where it was missing. The ground floor dining room had trays that remained from the dinner meal the night before, cups, food debris on the tables and floor, a folded-up towel on the floor next to the vending machine, cigarette butts on the floor, pieces of chocolate cake, peanuts, cheese, and dried liquid spills. The C unit (second floor) linen room had missing tiles, stained tiles, and soiled flooring. The long hallway had areas of wheel marks and sticky areas. The D unit (third floor) was a secured unit. The dining room floor, tables and chairs were soiled with dried food and liquid debris. Observation of the kitchen environment on 08/29/22 at 11:45 A.M. revealed missing tiles, broken tiles in the center and under prep tables. The brick-colored tiles were stain in the center. The perimeter of the kitchen had dried food, paper, and liquid debris under the appliances. The black grout had dried food and liquid debris. The plastic wheeled storage for the coffee mugs was soiled and stored clean coffee mugs. Observation of the D unit (third floor) on 08/31/22 at 1:00 P.M. revealed the dining room tables and chairs were soiled with food, dirt, and liquid debris. A housekeeping cart was observed blocking Resident #5's room door while he was lying in bed. Interview with Housekeeper #159 on 08/29/22 at 9:35 A.M. reported there was no night shift housekeepers, and indicated the aides were responsible to clean up overnight. She verified she had completed the floors. (continued on next page)

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	365129	A. Building B. Wing	09/15/2022

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview with Registered Dietitian (RD)#189 was conducted on 08/29/22 at 12:05 P.M. The RD became defensive regarding the kitchen, and she began kicking a small piece of foil saying, that's called grout. Interview with the Unit Coordinator #123 on 08/31/22 at 1:22 P.M. verified the environment on the D unit needed care. She stated she would be bringing in her own cleaning products and have the aides clean five rooms a day because housekeeping was not routinely coming to the D unit. Interview with the Administrator on 08/31/22 at 1:30 P.M. revealed he expected housekeeping to clean the resident rooms and common areas throughout the facility with the facility's approved cleaning products. Review of the resident council minutes dated 06/22/22 residents reported the floors were not being mopped enough and mop heads needed to be changed. On 07/13/22 the Administrator informed residents to be careful in storing food in their rooms and encouraged good cleaning. Residents reported food was left in the dining room. The minutes dated 08/03/22 indicated trash from the rooms have been getting tossed in the hallways and the B bathroom was still terrible. Review of the daily and weekly cleaning schedule for the kitchen revealed daily cleaning included cleaning and sanitizing all dining room tables. Sweep/mop walk-ins, kitchen, and office floors. Weekly: thoroughly clean bus carts, drains, inside and outside drawers and cabinets, thoroughly clean the utility cart. This deficiency substantiates Complaint Number OH00135127 and OH00135688 and is an example of continued noncompliance from the survey dated 08/17/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365129	A. Building B. Wing	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastbrook Healthcare Center	17322 Euclid Ave Cleveland, OH 44112

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07954 Based on observation, interview, review of pest control records and resident council meeting minutes, the facility failed to effectively eradicate small black flying insects from resident rooms, hallways, dining rooms, laundry rooms, stairwells, and other administrative offices. This affected all 91 residents in the facility. Findings include: Upon entering the facility on 08/29/22 at 7:53 A.M. and throughout the subsequent days of the survey through 08/31/22 at 3:15 P.M. small black flying insects were observed in resident rooms, hallways, dining rooms, laundry room, stairwells, and other administrative offices. Interview with residents on 08/29/22 between 9:26 A.M. and 11:41 A.M. revealed the following. Resident #88 complained about flies. Resident #77 reported being bothered by gnats and flies saying they were driving her nuts. Resident #11 reported there were gnats all over his room. Resident #22 reported the facility had a problem with flies and gnats. He said it was terrible and was disappointed he was not allowed to use a fly sticky trap. He said he was told it was an infection control problem. Resident #23 reported a problem with flies and gnats. She pointed to her Styrofoam cups that were covered with tissues saying she was trying to keep them out of her beverages. Interview with staff on 08/29/22 between 9:26 A. M and 11:41 A.M. revealed the State tested Nurse Aide (STNA) #133 complained over the flies and the gnats (small black flying insects), STNA #118 reported a problem with flies and gnats. Housekeeper #159 reported files and gnats were all over the place. STNA's #121 and #170 reported gnats and flies were a problem on the D unit (third floor). Interview with the Administrator on 08/30/22 at 1:38 P.M. reported pest control had been out trying to control the gnats and flies. Review of the pest control sighting log revealed 07/08/22 the facility was treated for ants, spiders. It also indicated that gnats that were found in the dining room, kitchen, laundry room, A and D floors and room [ROOM NUMBER]. On 07/08/22 1:28 P.M. the pest control company treated the kitchen, basement and third floor for gnats. On 07/10/22 at 11:23 A.M. the pest control company spot treated the D unit for miscellaneous insects and room [ROOM NUMBER] for ants. Review of the resident council minutes dated 07/13/22 indicated the Administrator informed the residents to be careful in storing food in their rooms and encouraged cleaning. This deficiency substantiates Complaint Number OH00135127.