

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>38091</p> <p>Based on observation, record review, policy review and staff interview, the facility failed to act upon resident grievances related to food quality concerns. This affected one resident (Resident #38) with the potential to affect eight residents (Resident #1, Resident #9, Resident #14, Resident #15, Resident #16, Resident #35, Resident #36, Resident #38) reviewed for resident concerns.</p> <p>Findings Include:</p> <p>Review of the grievance log revealed a grievance was filed on 02/28/23 by Residents #38 regarding food temperatures and food being cold upon receipt. Resident #38 stated Breakfast needs to be warmer as well as the coffee. The response by facility on 03/10/23 on the grievance form was documented as make sure to double temp food before it reaches the room and food manager will continue to monitor for food temps.</p> <p>Further review of the grievance log revealed no evidence any of the stated resolutions were implemented as expressed by the facility on the grievance log.</p> <p>Interview with Resident #15 on 03/15/23 at 8:45 A.M. revealed the food was bland and often served cold.</p> <p>Interview with Resident #36 on 03/15/23 at 9:55 A.M. revealed the food was tasteless and cold.</p> <p>Observation of the lunch test tray with Dietary Manager (DM) #700 on 03/15/23 at 11:50 A.M. revealed the meal served was chicken [NAME] with mixed vegetables. The test tray along with any other food on the food cart was noted to not be double temped prior to arrival at residents room. Both the chicken [NAME] and the mixed vegetables were noted to be luke warm with temperatures between 105 degrees Fahrenheit (F) and 110 degrees F respectfully. The spaghetti noodles of the chicken [NAME] had a paste like texture. The vegetables were severely over cooked and were easily smashed to a paste like consistency with little effort using a work. Both the vegetables and [NAME] had no seasoning on them. When asked about seasoning DM #700 stated I know, a little salt and pepper would go a long way.</p> <p>Interview on 03/20/23 at 1:30 P.M. with Resident #38 revealed the food quality was up and down and the quality had not improved recently.</p> <p>Review of the Resident Council meeting minutes from 01/31/23 revealed Resident #16 stated his food was always cold.</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: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Resident Council meeting minutes from 02//28/23 revealed all residents in attendance at the resident council meeting (Residents #1, #9, #14, #16, #35 and #38) expressed unanimous concerns regarding the temperature and quality of the food.</p> <p>Review of the policy entitled Grievance/Complaints, Filing dated 08/01/20 revealed The Administrator and staff will make prompt efforts to resolve grievances to the the satisfaction resident and/or his representative, Upon receipt of a grievance and/or complaint.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>38091</p> <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on record review and staff interview the facility failed to ensure the most recent survey results were readily accessible to staff and the general public. This had the potential to affect all 43 residents residing in the facility.</p> <p>Findings Include:</p> <p>Observation of the facilities publicly accessible survey binder located at the front desk area revealed the last survey result was from a complaint survey on 09/20/22. The Ohio Department of Health conducted the following survey types on the following days.</p> <ul style="list-style-type: none"> -Annual recertification survey concluding on 10/24/22. Multiple violations were issued on this survey including two violations at an immediate jeopardy level. -Complaint survey concluding on 11/29/22. No violations issued from this survey. -Complaint survey concluding on 12/08/22. No violations issued from this survey. -Complaint survey concluding on 12/21/22. No violations issued from this survey. -Complaint survey concluding on 02/23/23. Abuse related violations issued from this survey. <p>Admissions Director #401 verified the lack of survey results in an interview on 03/20/23 at 4:30 P.M.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review, facility Self Reported Incidents (SRI), facility policy and procedure review and interview, the facility failed to ensure residents were free from physical abuse. This affected five residents (Resident #2, #9, #44, #46, and Resident #47) of nine reviewed for abuse, neglect and misappropriation. The facility census was 43.</p> <p>Findings include:</p> <p>1. Review of the SRI dated 02/10/23 and timed 9:30 A.M. revealed an altercation occurred which involved three residents, Residents #9, #46 and #47.</p> <p>Review of the facility investigation dated 02/10/23 and timed 9:30 A.M. revealed Resident #46 bumped his wheelchair into Resident #9 and called him a derogatory name. Resident #46 then bumped into Resident #47 and Resident #47 hit him.</p> <p>There was no evidence Resident #9 was assessed for injuries after the incident, the witness statements did not clearly indicate who the witnesses saw involved in the incident, no education was provided on abuse after the incident, and no interventions were in place to prevent future occurrences.</p> <p>1a. Review of the medical record for Resident #9 revealed an admitted [DATE]. Diagnoses included schizophrenia, diabetes, respiratory failure, anxiety and mood disorder.</p> <p>Review of a progress note dated 01/12/23 revealed the resident became upset with another resident and ran his wheelchair into hers and threatened to murder her.</p> <p>Review of the care plan dated 01/16/23 revealed the resident had a history of restlessness and agitation, and could be aggressive toward staff. Interventions included reinforcing appropriate behavior and intervening as necessary to protect the rights and safety of others.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed the resident was cognitively intact. He had moderately impaired vision and hearing and required limited assistance of one person for bed mobility and transfers and extensive assistance of one person for hygiene, toilet use and dressing.</p> <p>Resident #9's medical record did not contain evidence they were assessed after the physical altercation on 02/10/23.</p> <p>1b. Review of the medical record for Resident #46 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included respiratory failure, schizophrenia, end stage kidney disease, diabetes and depression.</p> <p>Review of the quarterly MDS dated [DATE] revealed the resident had severely impaired cognitive skills for daily decision making per a staff assessment. He required supervision and set up help for bed mobility, dressing, eating and toilet use and supervision of one person for transfers and hygiene. He displayed verbal aggression and other behaviors not directed toward others on a daily basis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the nurse progress notes dated 02/10/23 revealed the resident reported being called a derogatory name and slapped my another resident. He was assessed by the nurse and no injuries were noted.</p> <p>Review of the care plan dated 03/09/23 revealed the resident could be threatening and aggressive toward staff. Interventions included monitoring behavioral episodes to determine an underlying cause and anticipating the needs of the resident. The care plan did not reveal new interventions to address Resident #46's physical aggression that occurred on 02/10/23.</p> <p>1c. Review of the medical record for Resident #47 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included stroke, anxiety, COPD and dementia.</p> <p>Review of the care plan dated 08/02/21 revealed the resident chose to be aggressive towards staff and other residents and had outbursts of anger. Interventions included to remain separated from Resident #2 during social gatherings and providing physical and verbal cues to relieve anxiety.</p> <p>Review of the quarterly MDS dated [DATE] revealed the resident was cognitively intact. He required extensive assistance of two people for bed mobility and transfers and extensive assistance of one person for dressing, toilet use and hygiene. He displayed verbal aggression and other behaviors not directed toward others.</p> <p>Interview on 03/16/23 at 8:49 A.M. with the Administrator confirmed the incident involving Residents #9, #46 and #47 was abuse, the residents were not assessed, and new interventions were not implemented as a result of the abuse.</p> <p>Review of facility policy titled Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/17, revealed allegations of abuse would be reported to the state agency within two hours, all evidence of the investigation would be documented and the facility would determine if modifications were needed to prevent similar occurrences.</p> <p>2. Review of the SRI dated 03/05/23 and timed 12:24 P.M. revealed a physical altercation occurred between Resident #2 and Resident #44.</p> <p>Review of the facility investigation dated 03/05/23 revealed the incident was discovered on 03/04/23 and occurred on 03/05/23 at 9:15 A.M. Resident #44 struck Resident #2 in the head. There was no evidence Resident #2 was assessed after the incident, witness statements were not obtained from all staff working at the time of the incident, no education was provided on abuse after the incident, and no interventions were in place to prevent future occurrences.</p> <p>2a. Review of the medical record for Resident #2 revealed an admitted [DATE]. Diagnoses included bipolar disorder, epilepsy, impulse disorder and anxiety.</p> <p>Review of the quarterly MDS assessment, dated 01/20/23, revealed the resident had moderately impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, transfers, dressing and toilet use and extensive assistance of one person for hygiene. She had no behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the care plan dated 01/20/23 revealed the resident could be physically aggressive toward staff and others. Interventions included encouragement to express feelings appropriately, to intervene as necessary to protect others ' rights and safety, and to keep separated from Resident #4 whenever possible.</p> <p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse. The medical record contained no evidence Resident #2 was assessed after the physical altercation on 03/05/23.</p> <p>2b. Review of the medical record for Resident #44 revealed an admitted [DATE]. Diagnoses included schizophrenia, hypertension, anxiety and dementia.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed the resident had severely impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, supervision and set up of one person for transfers and eating and limited assistance of one person for dressing and toilet use and hygiene. She was rarely or never understood, and displayed physical aggression toward others and other behavioral symptoms not directed toward others.</p> <p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse.</p> <p>Resident #44's medical record contained no evidence additional interventions were implemented to address Resident #44's physical aggression after the incident on 03/05/23.</p> <p>Interview on 03/16/23 at 8:49 A.M. with the Administrator confirmed the incident involving Residents #2 and #44 was abuse occurred on 03/04/23, Resident #2 was not assessed, and new interventions were not implemented as a result of the abuse.</p> <p>Review of facility policy titled, Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/17, revealed allegations of abuse would be reported to the state agency within two hours, all evidence of the investigation would be documented and the facility would determine if modifications were needed to prevent similar occurrences.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00140617 and Complaint Number OH00140060.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review, review of facility Self Reported Incidents (SRI) and interview, the facility failed to implement their policy for abuse when they failed to screen twelve employees, Director of Nursing (DON), Dietary Aides #15, #16 and #17, Cook #900, Dietary Manager #9, Maintenance Director (MD) #18, State tested Nurses Aides (STNA)'s #19, #20 and #21, Activity Director (AD) #7 and the Administrator, against the State of Ohio Nurse Aide Registry (NAR) to identify if an employee had a finding concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>The facility also failed to check references for eleven employees, DON, Dietary Aides #15, #16 and #17, Dietary Cook #900, Dietary Manager #9, MD #18, STNA's #19, #20 and #21, and AD #7, prior to employment at the facility, and failed to thoroughly investigate two incidents of physical abuse and one incident of misappropriation. This affected six residents (Resident #2, #9, #37, #44, #46, and #47) of nine reviewed for abuse, neglect and misappropriation and had the potential to affect all 43 residents in the facility.</p> <p>Findings include:</p> <p>1. Review the personnel records for the DON revealed a hire date of 12/26/22. The file was void of any evidence the DON had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for Dietary Aide #15 revealed a hire date of 10/01/20. The file was void of any evidence Dietary Aide #17 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for Cook #900 revealed a hire date of 10/01/20. The file was void of any evidence Cook #900 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for Dietary Aide #16 revealed a hire date of 05/07/20. The file was void of any evidence Dietary Aide #16 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for Dietary Aide #17 revealed a hire date of 05/17/21. The file was void of any evidence Dietary Aide #17 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for Dietary Manager (DM) #9 revealed a hire date of 02/20/23. The file was void of any evidence DM #9 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review the personnel records for MD #18 revealed a hire date of 11/30/22. The file was void of any evidence MD #18 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for STNA #19 revealed a hire date of 12/15/22. The file was void of any evidence STNA #19 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for STNA #20 revealed a hire date of 12/07/22. The file was void of any evidence STNA #20 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for STNA #21 revealed a hire date of 01/05/23. The file was void of any evidence STNA #21 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for AD #7 revealed a hire date of 11/23/22. The file was void of any evidence AD #7 had been checked against the nurse aide registry. There were no issues related to abuse, and there was no evidence reference checks had been completed prior to hire.</p> <p>Review the personnel records for the Administrator revealed a hire date of 02/06/23. The file was void of any evidence the Administrator had been checked against the nurse aide registry. There were no issues related to abuse.</p> <p>Interview on 03/22/23 at 1:48 P.M. with Human Resources assistant (HRA) #8 confirmed there was no evidence nurse aide registry checks were completed on hire for the DON, Dietary Aides #15, #16 and #17, Cook #900, Dietary Manager #9, MD #18, STNA's #19, #20 and #21, AD #7 and the Administrator. HRA #8 also confirmed references were not done on hire for the DON, Dietary Aides #15, #16 and #17, Cook #900, Dietary Manager #9, MD #18, STNA's #19, #20 and #21 and AD #7.</p> <p>2. Review of the self-reported incident (SRI) dated 02/10/23 and timed 9:30 A.M. revealed an altercation occurred which involved three residents, Residents #9, #46 and #47.</p> <p>Review of the facility investigation dated 02/10/23 and timed 9:30 A.M. revealed Resident #46 bumped his wheelchair into Resident #9 and called him a derogatory name. Resident #46 then bumped into Resident #47 and Resident #47 hit him.</p> <p>There was no evidence Resident #9 was assessed for injuries after the incident, the witness statements did not clearly indicate who the witnesses saw involved in the incident, no education was provided on abuse after the incident, and no interventions were in place to prevent future occurrences.</p> <p>2a. Review of the medical record for Resident #9 revealed an admitted [DATE]. Diagnoses included schizophrenia, diabetes, respiratory failure, anxiety and mood disorder.</p> <p>Review of a progress note dated 01/12/23 revealed the resident became upset with another resident and ran his wheelchair into hers and threatened to murder her.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the care plan dated 01/16/23 revealed the resident had a history of restlessness and agitation, and could be aggressive toward staff. Interventions included reinforcing appropriate behavior and intervening as necessary to protect the rights and safety of others.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed the resident was cognitively intact. He had moderately impaired vision and hearing and required limited assistance of one person for bed mobility and transfers and extensive assistance of one person for hygiene, toilet use and dressing.</p> <p>Resident #9's medical record did not contain evidence they were assessed after the physical altercation on 02/10/23.</p> <p>2b. Review of the medical record for Resident #46 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included respiratory failure, schizophrenia, end stage kidney disease, diabetes and depression.</p> <p>Review of the quarterly MDS dated [DATE] revealed the resident had severely impaired cognitive skills for daily decision making per a staff assessment. He required supervision and set up help for bed mobility, dressing, eating and toilet use and supervision of one person for transfers and hygiene. He displayed verbal aggression and other behaviors not directed toward others on a daily basis.</p> <p>Review of the nurse progress notes dated 02/10/23 revealed the resident reported being called a derogatory name and slapped my another resident. He was assessed by the nurse and no injuries were noted.</p> <p>Review of the care plan dated 03/09/23 revealed the resident could be threatening and aggressive toward staff. Interventions included monitoring behavioral episodes to determine an underlying cause and anticipating the needs of the resident. The care plan did not reveal new interventions to address Resident #46's physical aggression that occurred on 02/10/23.</p> <p>2c. Review of the medical record for Resident #47 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included stroke, anxiety, COPD and dementia.</p> <p>Review of the care plan dated 08/02/21 revealed the resident chose to be aggressive towards staff and other residents and had outbursts of anger. Interventions included to remain separated from Resident #2 during social gatherings and providing physical and verbal cues to relieve anxiety.</p> <p>Review of the quarterly MDS dated [DATE] revealed the resident was cognitively intact. He required extensive assistance of two people for bed mobility and transfers and extensive assistance of one person for dressing, toilet use and hygiene. He displayed verbal aggression and other behaviors not directed toward others.</p> <p>Interview on 03/16/23 at 8:49 A.M. with the Administrator confirmed the incident involving Residents #9, #46 and #47 was not thoroughly investigated to include proper assessment of the residents, witness statements of the incident, new interventions implemented, and proper staff education.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of facility policy titled Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/17, revealed allegations of abuse would be reported to the state agency within two hours, all evidence of the investigation would be documented and the facility would determine if modifications were needed to prevent similar occurrences.</p> <p>3. Review of the SRI dated 03/05/23 and timed 12:24 P.M. revealed a physical altercation occurred between Resident #2 and Resident #44.</p> <p>Review of the facility investigation dated 03/05/23 revealed the incident was discovered on 03/04/23 and occurred on 03/05/23 at 9:15 A.M. Resident #44 struck Resident #2 in the head. There was no evidence Resident #2 was assessed after the incident, witness statements were not obtained from all staff working at the time of the incident, no education was provided on abuse after the incident, and no interventions were in place to prevent future occurrences.</p> <p>3a. Review of the medical record for Resident #2 revealed an admitted [DATE]. Diagnoses included bipolar disorder, epilepsy, impulse disorder and anxiety.</p> <p>Review of the quarterly MDS assessment, dated 01/20/23, revealed the resident had moderately impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, transfers, dressing and toilet use and extensive assistance of one person for hygiene. She had no behaviors.</p> <p>Review of the care plan dated 01/20/23 revealed the resident could be physically aggressive toward staff and others. Interventions included encouragement to express feelings appropriately, to intervene as necessary to protect others' rights and safety, and to keep separated from Resident #4 whenever possible.</p> <p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse. The medical record contained no evidence Resident #2 was assessed after the physical altercation on 03/05/23.</p> <p>3b. Review of the medical record for Resident #44 revealed an admitted [DATE]. Diagnoses included schizophrenia, hypertension, anxiety and dementia.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed the resident had severely impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, supervision and set up of one person for transfers and eating and limited assistance of one person for dressing and toilet use and hygiene. She was rarely or never understood, and displayed physical aggression toward others and other behavioral symptoms not directed toward others.</p> <p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse.</p> <p>Resident #44's medical record contained no evidence additional interventions were implemented to address Resident #44's physical aggression after the incident on 03/05/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 03/16/23 at 8:49 A.M. with the Administrator confirmed the incident involving Residents #2 and #44 occurred on 03/04/23, was not thoroughly investigated to include proper assessment of the residents, witness statements of the incident, evidence of new interventions implemented, and proper staff education.</p> <p>Review of facility policy titled, Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/17, revealed the facility would take steps to prevent any kind of abuse, all evidence of investigations would be documented and the facility would determine if modifications were needed to prevent similar occurrences.</p> <p>38091</p> <p>4. Resident #37 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD), high blood pressure, high cholesterol and psychoactive substance abuse disorder.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #37 was cognitively intact and was independent for his activities of daily living.</p> <p>Review of the grievance form submitted by Resident #37 on 01/09/23 revealed Resident #37 reported after returning from a hospital stay his wallet was missing that contained 50 dollars (\$) in cash. Review of the investigation revealed Resident #37's wallet was found but the \$50 from the wallet was not present in the wallet when found. The facility re-imbursed the resident \$50.</p> <p>Review of the Ohio Departments Enhanced Information Dissemination Collection (EIDC) system revealed no self-reported incident was initiated to the state agency regarding Resident #37 missing his original \$50. No investigation into the incident was also noted in Resident #37's medical record as well.</p> <p>Interview with Social Service Director (SSD) #14 on 03/16/23 at 2:00 P.M. verified no investigation was completed regarding Resident #37's missing monies and the state agency (ODH) was not notified of Resident #37's missing monies.</p> <p>Review of the policy entitled Abuse Neglect, Exploitation and Misappropriation of Resident Property dated 10/27/17 revealed The Administrator or his/her designee will notify ODH (Ohio Department of Health) of all alleged violations involving Abuse, Neglect, Exploitation, Mistreatment of a resident, or Misappropriation of Resident Property and injuries of unknown source as soon as possible, but in no event later than twenty-four (24 hours) from the time the incident /allegation was made known to the staff member.</p> <p>Further review of the Abuse Neglect, Exploitation and Misappropriation of Resident Property policy revealed Once the Administrator and ODH are notified, an investigation of the allegation violation will be conducted.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00140617 and Complaint Number OH00140060.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review and staff interview the facility failed to timely report one incident of physical abuse and one incident of alleged misappropriation to the appropriate state agency. This affected three residents (Residents #2, #37 and #44) of nine reviewed for abuse and neglect. The facility census was 43.</p> <p>Findings include:</p> <p>1. Review of the facility submitted Self Reported Incident (SRI) dated 03/05/23 and timed 12:24 P.M. revealed a physical altercation occurred between Resident #2 and Resident #44.</p> <p>Review of the facility investigation dated 03/05/23 revealed the incident was discovered on 03/04/23 and occurred on 03/05/23 at 9:15 A.M. when Resident #44 struck Resident #2 in the head.</p> <p>1a. Review of the medical record for Resident #2 revealed an admitted [DATE]. Diagnoses included bipolar disorder, epilepsy, impulse disorder and anxiety.</p> <p>Review of the quarterly MDS assessment, dated 01/20/23, revealed the resident had moderately impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, transfers, dressing and toilet use and extensive assistance of one person for hygiene. She had no behaviors.</p> <p>Review of the care plan dated 01/20/23 revealed the resident could be physically aggressive toward staff and others. Interventions included encouragement to express feelings appropriately, to intervene as necessary to protect others ' rights and safety, and to keep separated from Resident #4 whenever possible.</p> <p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse.</p> <p>1b. Review of the medical record for Resident #44 revealed an admitted [DATE]. Diagnoses included schizophrenia, hypertension, anxiety and dementia.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed the resident had severely impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, supervision and set up of one person for transfers and eating and limited assistance of one person for dressing and toilet use and hygiene. She was rarely or never understood, and displayed physical aggression toward others and other behavioral symptoms not directed toward others.</p> <p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 03/16/23 at 3:00 P.M. with the Administrator confirmed the SRI involving residents #2 and #44 was not reported timely; the incident occurred on 03/04/23, but Administration was notified 03/05/23.</p> <p>38091</p> <p>2. Resident #37 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD), high blood pressure, high cholesterol and psychoactive substance abuse disorder.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #37 was cognitively intact and was independent for his activities of daily living.</p> <p>Review of the grievance form submitted by Resident #37 on 01/09/23 revealed Resident #37 reported after returning from a hospital stay his wallet was missing that contained 50 dollars (\$) in cash. Review of the investigation revealed Resident #37's wallet was found but the \$50 from the wallet was not present in the wallet when found. The facility re-imbursed the resident \$50.</p> <p>Review of the Ohio Departments Enhanced Information Dissemination Collection (EIDC) system revealed no self-reported incident was initiated to the state agency regarding Resident #37 missing his original \$50. No investigation into the incident was also noted in Resident #37's medical record as well.</p> <p>Interview with Social Service Director (SSD) #14 on 03/16/23 at 2:00 P.M. verified the state agency (ODH) was not notified of Resident #37's missing monies.</p> <p>Review of facility policy titled Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/17, revealed allegations of abuse would be reported to the state agency within two hours.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00140617 and Complaint Number OH00140060.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review, interview, policy review and review of facility Self-Reported Incidents (SRI)'s, the facility failed to thoroughly investigate all incidents of alleged abuse and misappropriation. This affected six residents (Resident #2, #9, #37, #44, #46, and #47) of nine reviewed for abuse, neglect and misappropriation.</p> <p>Findings include:</p> <p>1. Review of the self-reported incident (SRI) dated 02/10/23 and timed 9:30 A.M. revealed an altercation occurred which involved three residents, Residents #9, #46 and #47.</p> <p>Review of the facility investigation dated 02/10/23 and timed 9:30 A.M. revealed Resident #46 bumped his wheelchair into Resident #9 and called him a derogatory name. Resident #46 then bumped into Resident #47 and Resident #47 hit him.</p> <p>The investigation included witness statements that did not clearly indicate who the witnesses saw involved in the incident.</p> <p>1a. Review of the medical record for Resident #9 revealed an admitted [DATE]. Diagnoses included schizophrenia, diabetes, respiratory failure, anxiety and mood disorder.</p> <p>Review of a progress note dated 01/12/23 revealed the resident became upset with another resident and ran his wheelchair into hers and threatened to murder her.</p> <p>Review of the care plan dated 01/16/23 revealed the resident had a history of restlessness and agitation, and could be aggressive toward staff. Interventions included reinforcing appropriate behavior and intervening as necessary to protect the rights and safety of others.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed the resident was cognitively intact. He had moderately impaired vision and hearing and required limited assistance of one person for bed mobility and transfers and extensive assistance of one person for hygiene, toilet use and dressing.</p> <p>1b. Review of the medical record for Resident #46 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included respiratory failure, schizophrenia, end stage kidney disease, diabetes and depression.</p> <p>Review of the quarterly MDS dated [DATE] revealed the resident had severely impaired cognitive skills for daily decision making per a staff assessment. He required supervision and set up help for bed mobility, dressing, eating and toilet use and supervision of one person for transfers and hygiene. He displayed verbal aggression and other behaviors not directed toward others on a daily basis.</p> <p>Review of the nurse progress notes dated 02/10/23 revealed the resident reported being called a derogatory name and slapped my another resident. He was assessed by the nurse and no injuries were noted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the care plan dated 03/09/23 revealed the resident could be threatening and aggressive toward staff. Interventions included monitoring behavioral episodes to determine an underlying cause and anticipating the needs of the resident. The care plan did not reveal new interventions to address Resident #46's physical aggression that occurred on 02/10/23.</p> <p>1c. Review of the medical record for Resident #47 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included stroke, anxiety, COPD and dementia.</p> <p>Review of the care plan dated 08/02/21 revealed the resident chose to be aggressive towards staff and other residents and had outbursts of anger. Interventions included to remain separated from Resident #2 during social gatherings and providing physical and verbal cues to relieve anxiety.</p> <p>Review of the quarterly MDS dated [DATE] revealed the resident was cognitively intact. He required extensive assistance of two people for bed mobility and transfers and extensive assistance of one person for dressing, toilet use and hygiene. He displayed verbal aggression and other behaviors not directed toward others.</p> <p>Interview on 03/16/23 at 8:49 A.M. with the Administrator confirmed the incident involving Residents #9, #46 and #47 was not thoroughly investigated to include proper witness statements of the incident.</p> <p>Review of facility policy titled, Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/17, revealed allegations of abuse would be reported to the state agency within two hours, all evidence of the investigation would be documented and the facility would determine if modifications were needed to prevent similar occurrences.</p> <p>2. Review of the SRI dated 03/05/23 and timed 12:24 P.M. revealed a physical altercation occurred between Resident #2 and Resident #44.</p> <p>Review of the facility investigation dated 03/05/23 revealed the incident was discovered on 03/04/23 and occurred on 03/05/23 at 9:15 A.M. Resident #44 struck Resident #2 in the head. There was no evidence witness statements were not obtained from all staff working at the time of the incident.</p> <p>2a. Review of the medical record for Resident #2 revealed an admitted [DATE]. Diagnoses included bipolar disorder, epilepsy, impulse disorder and anxiety.</p> <p>Review of the quarterly MDS assessment, dated 01/20/23, revealed the resident had moderately impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, transfers, dressing and toilet use and extensive assistance of one person for hygiene. She had no behaviors.</p> <p>Review of the care plan dated 01/20/23 revealed the resident could be physically aggressive toward staff and others. Interventions included encouragement to express feelings appropriately, to intervene as necessary to protect others' rights and safety, and to keep separated from Resident #4 whenever possible.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse. The medical record contained no evidence Resident #2 was assessed after the physical altercation on 03/05/23.</p> <p>2b. Review of the medical record for Resident #44 revealed an admitted [DATE]. Diagnoses included schizophrenia, hypertension, anxiety and dementia.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed the resident had severely impaired cognitive skills for daily decision making per a staff assessment. The resident required supervision of one person for bed mobility, supervision and set up of one person for transfers and eating and limited assistance of one person for dressing and toilet use and hygiene. She was rarely or never understood, and displayed physical aggression toward others and other behavioral symptoms not directed toward others.</p> <p>Review of the nurse progress notes dated from 02/10/23 through 03/19/23 revealed nothing related to aggression or abuse.</p> <p>Interview on 03/16/23 at 8:49 A.M. with the Administrator confirmed the incident involving Residents #2 and #44 occurred on 03/04/23, was not thoroughly investigated to include proper assessment of the residents and witness statements of the incident.</p> <p>Review of facility policy titled, Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/17, revealed the facility would take steps to prevent any kind of abuse, all evidence of investigations would be documented and the facility would determine if modifications were needed to prevent similar occurrences.</p> <p>38091</p> <p>3. Resident #37 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD), high blood pressure, high cholesterol and psychoactive substance abuse disorder.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #37 was cognitively intact and was independent for his activities of daily living.</p> <p>Review of the grievance form submitted by Resident #37 on 01/09/23 revealed Resident #37 reported after returning from a hospital stay his wallet was missing that contained 50 dollars (\$) in cash. Review of the investigation revealed Resident #37's wallet was found but the \$50 from the wallet was not present in the wallet when found. The facility re-imbursed the resident \$50. There was no evidence the facility investigated the missing money.</p> <p>Further review of Resident #37's medical record noted no investigation was initiated in to Resident #37's missing \$50.</p> <p>Interview with Social Service Director (SSD) #14 on 03/16/23 at 2:00 P.M. verified no investigation was completed regarding Resident #37's missing monies .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of the Abuse Neglect, Exploitation and Misappropriation of Resident Property policy revealed Once the Administrator and ODH are notified, an investigation of the allegation violation will be conducted.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00140617 and Complaint Number OH00140060.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on observation, interview and record review, the facility failed to ensure activities were offered to meet resident interests. This affected two residents (Residents #15 and #36) of five reviewed for activities.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #15 revealed an admitted [DATE]. Diagnoses included asthma, diabetes and heart disease.</p> <p>Review of the plan of care for Resident #15 dated 01/31/23 revealed the resident preferred independent activities in his room. Interventions included ensuring activities were consistent with known interests and preferences and to invite the resident to scheduled activities.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment for Resident #15, dated 02/03/23, revealed he was cognitively intact. The assessment revealed his hearing, speech and vision was adequate. He had no behaviors and it was somewhat important to keep up with the news and very important to do his favorite activities.</p> <p>Review of an Activity Assessment for Resident #15, dated 02/11/23, revealed the resident enjoyed being with his wife, pets, current events, movies and magazines.</p> <p>Review of the activity calendar for February and March 2023 revealed the facility provided breakfast with the Activity Director and an activity around 2:00 P.M. to include a men s group, trivia and a monthly birthday party, five days a week. The daily chronicle was distributed seven days a week and Bingo was offered every Saturday and Sunday.</p> <p>Interview on 03/15/23 at 8:41 A.M. with Residents #15 revealed no knowledge of activities in the facility. Resident #15 said he enjoyed playing Bingo and would like to go to the store, but there was no bus available to do so.</p> <p>Interview on 03/15/23 at 2:10 P.M. with Activity Director #7 revealed she met with residents daily to get to know them and their interests. She completed an activity assessment with the resident or family upon admission to determine hobbies and interest. Each resident had a copy of the activity calendar in their room and could choose to attend whatever activities they wanted. She did not invite each resident to activities. She reported a facility van was available and she was able to take residents to the store if they expressed interest, though none had done so. She confirmed availability of activities, particularly on the weekends, was scarce.</p> <p>Intermittent observations on 03/15/23 at 9:46 A.M. through 03/20/23 at 11:35 A.M. revealed Resident #15 remained in their room with no participation in activities outside of socializing with Resident #36 and watching TV.</p> <p>2. Review of the medical record for Resident #36 revealed an admitted [DATE]. Diagnoses included diabetes, chronic obstructive pulmonary disease (COPD), hypertension and cerebral infarction (stroke).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the comprehensive MDS 3.0 assessment for Resident #36, dated 02/07/23, revealed she was cognitively intact. The assessment revealed her hearing, vision and speech were adequate. She had no behaviors, and it was somewhat important to keep up with the news. It was very important to do her favorite activities.</p> <p>Review of an Activity Assessment for Resident #36, dated 02/11/23, revealed the resident enjoyed being with her husband, magazines, current events, baking or cooking and being outside.</p> <p>Review of the plan of care for Resident #36 dated 01/31/23 revealed the resident was independent in meeting her emotional, intellectual, physical and social needs. Interventions included ensuring activities were consistent with known interests and abilities and to invite the resident to scheduled activities.</p> <p>Interview on 03/15/23 at 8:41 A.M. with Resident #36 revealed no knowledge of activities in the facility. Resident #36 enjoyed rock painting and current events. Resident #36 revealed they would like to go to the store, but there was no bus available to do so.</p> <p>Interview on 03/15/23 at 2:10 P.M. with Activity Director #7 revealed she met with residents daily to get to know them and their interests. She completed an activity assessment with the resident or family upon admission to determine hobbies and interest. Each resident had a copy of the activity calendar in their room and could choose to attend whatever activities they wanted. She did not invite each resident to activities. She reported a facility van was available and she was able to take residents to the store if they expressed interest, though none had done so. She confirmed availability of activities, particularly on the weekends, was scarce.</p> <p>Intermittent observations on 03/15/23 at 9:46 A.M. through 03/20/23 at 11:35 A.M. revealed both Resident #36 remained in their rooms with no participation in activities outside of socializing with Resident #15 in their room and watching TV.</p> <p>Review of the facility policy titled Activity Programs dated August 2006 revealed activities would meet the individual needs and interests of residents and residents would be encouraged to participate.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00140617.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>38091</p> <p>Based on policy review, review of the facility assessment, personnel record review and staff interview, the facility failed to ensure a qualified person was designated to serve as the director of food and nutrition services. This had the potential to affect all 43 residents residing in the facility.</p> <p>Findings Include:</p> <p>Review of the personal file for Dietary Manager (DM) #700 revealed the DM #700 was not a certified dietary manager or certified food service manager. DM #700 did not hold an associate's or higher degree in food service management or in hospitality. DM #700 was noted to have went to a college but did not graduate. DM #700 did not have two or more years of experience in the position of director of food and nutrition services in a nursing facility setting and completed a course of study in food safety. DM #700 was noted to have multiple years in catering/restaurant businesses but none in a nursing facility setting.</p> <p>The facility was noted to employ a dietician on a consult basis and was not full time.</p> <p>Interview on 03/16/23 at 10:30 A.M. with Administrator verified the lack of qualifications for DM #700 to ensure a qualified person served as the director of food and nutritional services.</p> <p>Review of the policy entitled Food Services Manager dated 12/01/08 revealed The daily functions of the Food Services Department are under the supervision of a qualified Food Services Manager.</p> <p>Review of the facility assessment updated June 2022, revealed under the area of dietary manager the facility job requirements included: Have 2 more years of experience in the position of a director of food and nutrition services and have completed, a minimum course of study in food safety by October 1st, 2023, that includes topics integral to managing dietary operations such as, but not limited to foodborne illness, sanitation procedures, sanitation procedures, food purchasing/receiving etc. (this would essentially be the equivalent of a ServSafe Food Manager certification); or be a certified dietary manager; or be a certified food service manager; or have a similar national certification for food service management and safety from a national certifying; or have an associate's degree or higher in food service or hospitality, if the course study includes food service management from an accredited institution of higher learning.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>38091</p> <p>Based on observation, staff interview and record review the facility failed to ensure food was served at appropriate temperatures, was visually pleasing and had palatability. This affected nine residents (Residents #1, #9, #14, #15, #16, #24 #35, #36 and #38) and had the potential to affect all 43 residents who consumed food from the kitchen.</p> <p>Findings Include:</p> <p>Interview with Resident #15 on 03/15/23 at 8:45 A.M. revealed the food was bland and often served cold.</p> <p>Interview with Resident #36 on 03/15/23 at 9:55 A.M. revealed the food was tasteless and cold.</p> <p>Observation of the lunch test tray with Dietary Manager (DM) #700 on 03/15/23 at 11:50 A.M. revealed the meal served was chicken [NAME] with mixed vegetables. Both the chicken [NAME] and the mixed vegetables was noted to be luke warm with temperatures between 110 degrees Fahrenheit (F) and 105 degrees F respectfully. Food temperatures were taken one time. The spaghetti noodles of the chicken [NAME] had a paste like texture. The vegetables were severely over cooked and were easily smashed to a paste like consistency with little effort using a work. Both the vegetables and [NAME] had no seasoning on them. When asked about seasoning DM #700 stated I know, a little salt and pepper would go a long way.</p> <p>Review of the grievance log revealed a grievance was filed on 02/28/23 by Residents #38 regarding food temperatures and food being cold upon receipt. Resident #38 stated Breakfast needs to be warmer as well as the coffee. The response by facility on the grievance form was documented as make sure to double temp food before it reaches the room and food manager will continue to monitor for food temps. There was no evidence the facility implemented the resolution of doubling food temperatures before trays reached resident rooms.</p> <p>Interview on 03/20/23 at 1:30 P.M. with Resident #38 revealed the food quality was up and down and the quality had not improved recently.</p> <p>Review of the Resident Council meeting minutes from 01/31/23 revealed Resident #16 stated his food was always cold. Resident #9 was also noted to express that food was often overcooked.</p> <p>Review of the Resident Council meeting minutes from 02//28/23 revealed all residents in attendance at the resident council meeting (Residents #1, #9, #14, #16, #35 and #38) expressed unanimous concerns regarding the temperature and quality of the food.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38091</p> <p>Based on observation and staff interview, the facility failed to ensure its kitchen area was maintained in a clean and sanitary condition. This had the potential to affect all 43 residents who resided in the facility and consumed food from the kitchen.</p> <p>Findings Include:</p> <p>Observation of kitchen area with Cook #900 on 03/15/23 between 8:45 A.M. and 9:02 A.M. revealed the following that was observed and verified at the time of observation.</p> <ul style="list-style-type: none"> -The hood suppression system above where food was cooked had a coating of tar like grease on them. Cook #900 stated the suppression system was suppose to be cleaned on a weekly basis. -The area around the burners on the four burner stove had noted visible food and grime build up. -The ceiling in the kitchen had noticeable cracks and noticeable water stains. -The floor in both the [NAME] refrigerator and [NAME] cooler had significant debris on it. The floor in the [NAME] kitchen had a sticky substance on it. -A box of apple turnovers in the [NAME] freezer had significant ice build up and had no label or dates on it. -A plastic container of salsa in the [NAME] refrigeration was noted to be open unlabeled and with no date. -A bag of cheese omelettes was noted in the freezer was open and undated <p>Review of the facility policy entitled Food Receiving and Storage dated 07/01/14 revealed All foods stored in the refrigerator or freezer will be covered labeled and dated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>38091</p> <p>Based on observations, record review, interview and policy review, the facility failed to ensure an effective system was in place to address food related concerns/deficiencies. This had the potential to affect all 43 residents residing in the facility.</p> <p>Findings Include:</p> <p>Review of the grievance log revealed a grievance was filed on 02/28/23 by Residents #38 regarding food temperatures and food being cold upon receipt. Resident #38 stated Breakfast needs to be warmer as well as the coffee. The response by facility on 03/10/23 on the grievance form was documented as make sure to double temp food before it reaches the room and food manager will continue to monitor for food temps.</p> <p>Further review of the grievance log revealed no evidence any of the stated resolutions were implemented as expressed by the facility on the grievance log.</p> <p>Interview with Resident #15 on 03/15/23 at 8:45 A.M. revealed the food was bland and often served cold.</p> <p>Interview with Resident #36 on 03/15/23 at 9:55 A.M. revealed the food was tasteless and cold.</p> <p>Observation of the lunch test tray with Dietary Manager (DM) #700 on 03/15/23 at 11:50 A.M. revealed the meal served was chicken [NAME] with mixed vegetables. The test tray along with any other food on the food cart was noted to not be double temped prior to arrival at residents room. Both the chicken [NAME] and the mixed vegetables were noted to be luke warm with temperatures between 105 degrees Fahrenheit (F) and 110 degrees F respectfully. The spaghetti noodles of the chicken [NAME] had a paste like texture. The vegetables were severely over cooked and were easily smashed to a paste like consistency with little effort using a work. Both the vegetables and [NAME] had no seasoning on them. When asked about seasoning DM #700 stated I know, a little salt and pepper would go a long way.</p> <p>Interview on 03/20/23 at 1:30 P.M. with Resident #38 revealed the food quality was up and down and the quality had not improved recently.</p> <p>Review of the Resident Council meeting minutes from 01/31/23 revealed Resident #16 stated his food was always cold.</p> <p>Review of the Resident Council meeting minutes from 02//28/23 revealed all residents in attendance at the resident council meeting (Residents #1, #9, #14, #16, #35 and #38) expressed unanimous concerns regarding the temperature and quality of the food.</p> <p>Review of Quality Assurance (QA) committee sign in sheets revealed meetings were held on 02/22/23, 12/23/22, 12/06/22, 11/21/22, 11/14/22, 11/11/22 11/04/21. No representation from food/dietary services was noted on the sign in sheet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with the Administrator on 03/21/23 at 11:30 A.M. revealed no topics related to food or food quality were discussed/brought forth in the above noted QA meetings.</p> <p>Review of the policy entitled Grievance/Complaints, Filing dated 08/01/20 revealed The Administrator and staff will make prompt efforts to resolve grievances to the the satisfaction resident and/or his representative, Upon receipt of a grievance and/or complaint.</p> <p>Review of the policy entitled Quality Assurance and Performance Improvement Program dated 04/01/23 revealed The facility shall develop, implement and maintain an ongoing, facility-wide Quality Assurance and Performance Improvement (QAPI) program that builds on the Quality Assessment and Assurance Program to actively pursue quality of care and quality of life goals.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review, interview, policy and procedure review, and review of the Centers for Disease Control guidelines, the facility failed to ensure all employees were administered a baseline Tuberculosis (TB) test upon hire, and failed to update the TB risk assessment annually. This had the potential to affect all 43 residents in the facility.</p> <p>Findings include:</p> <p>Review of the facility's TB risk assessment dated [DATE] revealed the facility was a low risk classification.</p> <p>Review the personnel records for the Director of Nursing (DON - revealed a hire date of 12/26/22. There was no evidence a Tuberculosis test was administered prior to starting work.</p> <p>Review the personnel records for Dietary Manager (DM - #9 revealed a hire date of 02/20/23. There was no evidence a Tuberculosis test was administered prior to starting work.</p> <p>Review the personnel records for Maintenance Director (MD) #18 revealed a hire date of 11/30/22. There was no evidence a Tuberculosis test was administered prior to starting work.</p> <p>Review the personnel records for State tested Nursing Assistant (STNA) #19 revealed a hire date of 12/15/22. There was no evidence a Tuberculosis test was administered prior to starting work.</p> <p>Review the personnel records for STNA #20 revealed a hire date of 12/07/22. There was no evidence a Tuberculosis test was administered prior to starting work.</p> <p>Review the personnel records for STNA #21 revealed a hire date of 01/05/23. There was no evidence a Tuberculosis test was administered prior to starting work.</p> <p>Review the personnel records for Activities Director (AD) #7 revealed a hire date of 11/23/22. There was no evidence a Tuberculosis test was administered prior to starting work.</p> <p>Review the personnel records for the Administrator revealed a hire date of 02/06/23. There was no evidence a tuberculosis test was administered prior to starting work.</p> <p>Interview with the Human Resource Assistant #8 on 03/16/23 at 1:48 P.M. confirmed TB tests were not administered upon hire.</p> <p>Review of the facility policy titled Tuberculosis Risk Assessment Worksheet dated 03/02/23, revealed screening of employees for TB infection on hire would occur.</p> <p>Interview on 03/20/23 at 3:00 P.M. with the Administrator confirmed the most recent TB risk assessment was updated on 01/03/22 and was not updated for the current year until the day of survey on 03/20/23, which was not on an annual basis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Review of the Centers for Disease Control TB guidelines revealed the following.</p> <p>TB Screening Procedures for Settings (or HCWs) Classified as Low Risk</p> <ul style="list-style-type: none"> o All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT to test for infection with M. tuberculosis. o After baseline testing for infection with M. tuberculosis, additional TB screening is not necessary unless an exposure to M. tuberculosis occurs. o HCWs with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician (39, 116). <p>TB Screening Procedures for Settings (or HCWs) Classified as Medium Risk</p> <ul style="list-style-type: none"> o All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT to test for infection with M. tuberculosis. o After baseline testing for infection with M. tuberculosis, HCWs should receive TB screening annually (i.e., symptom screen for all HCWs and testing for infection with M. tuberculosis for HCWs with baseline negative test results). o HCWs with a baseline positive or newly positive test result for M. tuberculosis infection or documentation of previous treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, HCWs should receive a symptom screen annually. This screen should be accomplished by educating the HCW about symptoms of TB disease and instructing the HCW to report any such Vol. 54 / RR-17 Recommendations and Reports 11 symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines (39). <p>TB Screening Procedures for Settings (or HCWs) Classified as Potential Ongoing Transmission</p> <ul style="list-style-type: none"> o Testing for infection with M. tuberculosis might need to be performed every 8-10 weeks until lapses in infection control have been corrected, and no additional evidence of ongoing transmission is apparent. o The classification of potential ongoing transmission should be used as a temporary classification only. It warrants immediate investigation and corrective steps. After a determination that ongoing transmission has ceased, the setting should be reclassified as medium risk. Maintaining the classification of medium risk for at least 1 year is recommended. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2023
NAME OF PROVIDER OR SUPPLIER The Pavilion Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Bennett Road North Royalton, OH 44133	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>38091</p> <p>Based on observation and staff interview the facility failed to maintain a clean and well kept environment. This had the potential to affect all 43 residents residing in the facility.</p> <p>Findings Include:</p> <p>Observation of the resident environment with Housekeeping Director #400 on 03/21/23 between 9:30 A.M. and 9:45 A.M. revealed the following and was verified at the time of observation:</p> <ul style="list-style-type: none"> -The three thundered hall dining room contained a dinner plate from the previous night, two empty bottles of fruit juice, and an opened jar of cauliflower juice. Also noted in the dining room was an overflowing trash can and the coffee pot with brown staining put away in the storage area of the dining room. -The walls in the one hundred and two hundred hall ways dining areas had noticeable scratching, scuff marks and other various areas issues on the wall. -The carpeting through out the facility had noticeable areas of stained and food debris on it. -The sit to stand lift on the three hundred unit had a thick layer of dust on it. -The blinds in Resident #21's room had multiple missing horizontal slates. -The floor in Resident #41's room had a noticeable unknown sticky substance on the floor. -The room belonging to Resident #19 had no cover to the over head light. -The rooms belonging to Residents #4 and #23 had significant scuffing and related damage in the bathroom walls. -The wall behind the bed in Resident #45 was significantly gouged, scrapped and scuffed. -The crown molding in Resident #8's was noticeably starting to crumble. -The curtains in Resident #4's, #20, #23 #37 and #43 had noticeable staining of various unknown substances. 		