

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>STRATFORD CARE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7000 COCHRAN ROAD GLENWILLOW, OH 44139</b>	
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 0727  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</b>  Based on record review and staff interview the facility failed to maintain the services of a registered nurse for at least eight consecutive hours a day, seven days a week as required. This had the potential to affect all 88 residents currently residing in the facility. Findings include: Review of the POS [REDACTED]. On 07/16/20 at 10:33 A.M. interview with the Administrator verified the facility did not have any RN on duty in the facility on 07/04/20.		
F 0842  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and the facility failed to ensure accurate and consistent documentation of medication administration for Residents #16, #17 and #37. This affected three of five residents reviewed for complete and accurate records. Findings include: 1. Resident #16 was admitted to the facility on 04/11/20 with [DIAGNOSES REDACTED]. The comprehensive Minimum Data Set (MDS) 3.0 dated 05/01/20 revealed the resident had impaired cognition and was on anticoagulant therapy (to prevent blood clotting). No evidence was found of any change in condition or negative outcome for the resident. Review of the July 2020 Medication Administration Record [REDACTED]. 2. Resident #17 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. The quarterly MDS 3.0 dated 05/01/20 revealed the resident had impaired cognition. No evidence was found of any change in condition or negative outcome for the resident. Review of the July 2020 MAR indicated [REDACTED]. 3. Resident #37 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. The quarterly MDS 3.0 dated 05/01/20 revealed the resident had mild impaired cognition. Review of the July 2020 MAR indicated [REDACTED]. On 07/16/20 at 9:14 A.M. interview with alert and oriented Resident #37 revealed he received his medications and treatments as ordered. Interview on 07/20/20 at 11:53 A.M. with the Administrator revealed an investigation was conducted regarding the undocumented medications for Residents #16, #17 and #37. The nurses involved were interviewed and said all the medications had been given and gave various reason for not documenting. The Administrator verified the missing documentation and revealed medications were to be signed off at the time of administration. Review of facility policy titled Documentation of Medication Administration dated 04/01/2007, revealed administration of medication must be documented immediately after it is given.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.