

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2020
NAME OF PROVIDER OF SUPPLIER NORMANDY MANOR OF ROCKY RIVER		STREET ADDRESS, CITY, STATE, ZIP 22709 LAKE RD ROCKY RIVER, OH 44116	
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 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure call lights were in reach for five residents (Residents #3, #37, #45, #46 and #72). This had the potential to affect all residents residing in the facility. The facility census was 81. Findings include: 1. Review of the medical record for Resident #72 revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. [DIAGNOSES REDACTED], dementia without behavioral disturbance and [MEDICAL CONDITION]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was alert and oriented with some cognitive impairment. Review of the Restorative-Clinical Mobility assessment dated [DATE] revealed the resident was able to stand with personal assistance, did not walk, was unable to ambulate stairs and moved with the aid of a wheelchair. Review of this assessment revealed Resident #72 had impaired mobility and had a high risk of falling. Observation on 09/08/20 at 12:25 P.M. revealed Resident #72 in bed with call light on the floor and out of reach. Interview on 09/08/20 at 12:25 P.M. with Restorative Aide #212 confirmed call light was on the floor. 2. Review of the medical record for Resident #46 revealed the resident was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed the resident was alert and oriented to person and place. Review of the Restorative-Clinical Mobility assessment dated [DATE] revealed the resident did not stand, walk, could not ambulate stairs and moves with the aid of a wheelchair. Review of this assessment revealed Resident #46 had impaired mobility. Observation on 09/08/20 at 12:30 P.M. revealed Resident #46 up in wheelchair near the end of the bed with the call light on the bed and out of reach. Interview with Licensed Practical Nurse (LPN) #207 on 9/8/20 at 12:30 P.M. confirmed the call light on the bed and out of reach. 3. Review of the medical record for Resident #45 revealed the resident was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Review of the annual MDS 3.0 assessment dated [DATE] revealed the resident was alert to person with some cognitive impairment. Review of the Restorative-Clinical Mobility assessment dated [DATE] revealed the resident did not stand, did not walk, was unable to ambulate stairs and ambulated with the aid of a wheelchair. Review of this assessment revealed Resident #45 had impaired mobility and was a high fall risk. Observation on 09/08/20 at 12:38 P.M. revealed Resident #45 in bed with no call light visible and out of reach behind the bed. Interview with LPN #207 on 09/08/29 at 12:38 P.M. confirmed call light out of reach behind Resident #45 bed. 4. Review of the medical record for Resident #37 revealed the resident was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed the resident was alert and oriented to person and place. Review of the Restorative-Clinical Mobility assessment dated [DATE] revealed the resident did not stand or walk, was unable to ambulate stairs and ambulated with a wheelchair. Review of this assessment revealed Resident #37 had impaired mobility. Observation on 09/08/20 at 12:43 P.M. revealed Resident #37 up in Broda chair (a tilt-in-space wheelchair) with the call light on the floor and out of reach. Interview with LPN #207 on 9/8/20 at 12:43 P.M. confirmed the call light was on the floor and out of reach. 5. Review of the medical record for Resident #3 revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the significant change MDS 3.0 assessment dated [DATE] revealed the resident was alert and oriented to person and place. Review of the Restorative-Clinical Mobility assessment dated [DATE] revealed the resident required assistance with standing, walking, stairs and ambulated with a wheelchair. Review of this assessment revealed Resident #3 had impaired mobility. Observation on 9/8/20 at 12:45 P.M. revealed Resident #3 in bed with call light on the floor and out of reach. Interview with LPN #207 on 9/8/20 at 12:45 P.M. confirmed the call light on the floor and out of reach. Interview on 09/08/20 at 1:37 P.M. with the Administrator confirmed every resident was always required to have a call light accessible and in reach.		
F 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and observation, the facility failed to ensure fluids were provided to residents to maintain hydration status. This affected 11 residents (Resident #8, Resident 9, Resident #11, Resident #13, Resident #28, Resident #37, Resident #45, Resident #46, Resident #53, Resident #60 and Resident #72) out of 16 residents reviewed for water and hydration. This had the potential to affect all resident's residing in the facility. The facility census was 81. Findings include: 1. Observation of Residents #13, #11, #37, #46 and #53 rooms on 09/08/20 from 10:30 A.M. to 12:00 P.M. revealed no water pitcher or a glass of water at the bedside. Interview with Licensed Practical Nurse (LPN) #207 on 09/08/20 at 10:40 A.M. verified these residents did not have water pitchers at their bedside. Residents #37 and Resident #46 both had physician's orders [REDACTED]. This was verified by LPN #207 on 09/08/20 at 10:40 A.M. 2. Observation of Residents #8, #28, #45, #60 and #72 revealed these residents did have water pitchers, but the water pitchers were empty. Interviews with Residents #8, #28, #60 and #72 on 09/08/20 from 10:45 A.M. to 1:30 P.M. verified their water pitchers had been empty since the day before. Resident #72 stated the only way she gets fresh water is if she goes up to the aide and/or nurse and asks for it. LPN #207 verified her pitcher was empty on 09/08/20 at 12:17 P.M. Resident #45 was observed at 12:10 P.M. to be calling out for help. When this surveyor went in to see what the resident needed, she whispered water, need water. This resident had a physician's orders [REDACTED]. State tested Nursing Assistant (STNA) #212 verified the resident did not have water and proceeded to get her some. 3. Observation on 09/08/20 at 12:41 P.M. of Resident #9's room revealed a tall glass with water in it. Further observation of the glass revealed the water appeared warm and there was no ice noted. Interview with Resident #9 at 12:41 P.M. revealed the water in his glass was two days old. He stated his water is not refilled often. This deficiency substantiates Complaint Number OH 387.		

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.