

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER RICHMOND HEIGHTS PLACE-A CONTINUUM OF CARE COMMUNI		STREET ADDRESS, CITY, STATE, ZIP 562 RICHMOND ROAD RICHMOND HEIGHTS, OH 44143	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to notify Resident #29's representative when he was transferred to and admitted to the hospital. This affected one of three residents reviewed for hospitalization s. Findings include: Record review of Resident #29 revealed he was hospitalized from the facility on 02/28/20 and had yet to return. He had five hospitalization s since November 2019. His [DIAGNOSES REDACTED]. Interview with the family of Resident #29 on 03/05/20 at 10:35 A.M. via telephone revealed there was an event when Resident #29 was hospitalized and she was not notified of it timely. Record review revealed a nurse note from 02/08/20 at 9:30 P.M. indicating Resident #29's blood pressure was elevated at 162/108, low heart rate at 53 beats per minute, elevated temperature of 103.4 degrees Fahrenheit and a low oxygen level of 76%, for which 2 liters of oxygen was administered to him. The physician was notified and Resident #29 was transferred to the hospital via ambulance. There was no documentation found in the medical record to indicate Resident #29's representative or family were notified of this medical transfer to the hospital. This concern was reviewed and confirmed with the Administrator on 03/05/20 at 11:27 A.M. She confirmed the family was to be informed promptly of any event requiring hospitalization . Review of the policy, Change in a Resident's Condition or Status, last revised 05/2017, revealed the facility should promptly notify the resident's sponsor/representatives for a change in their medical condition or status and when there was a significant change requiring a need to transfer them to the hospital. This policy indicated the nurse was to document this information in the resident's medical record. This deficiency substantiates Complaint Number OH 332.		
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.