

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FAIRFAX HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9014 CEDAR AVE CLEVELAND, OH 44106</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> - Minimal harm or potential for actual 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 use the services of a registered nurse (RN) for at least eight consecutive hours a day, seven days a week as required. This had the potential to affect all 63 residents residing in the facility. Findings include: Review of facility staffing schedules and posted staffing information from 02/16/20 through 03/01/20 revealed the facility had no Registered Nurse working in the facility on 02/26/20 and 03/01/20. On 03/06/20 at 1:50 P.M. interview with Scheduler #130 verified the facility did not have an RN on duty in the facility on 02/16/20 and 03/01/20. This deficiency substantiates Complaint Number OH 395. This deficiency is also an example of continued non-compliance from the survey dated 02/12/20.		
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.