

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2025
NAME OF PROVIDER OR SUPPLIER O'Neill Healthcare Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 Detroit Ave Lakewood, OH 44107	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to provide appropriate care for an acute change in condition for Residents #116 and #123. This affected two residents (Resident #116 and Resident #123) of four residents reviewed for death. The facility census was 106. Findings Include: 1. Resident #116 was admitted to the facility on [DATE] with diagnoses including pneumonia, endocarditis (an infection of the inner lining of the heart and its valves), chronic respiratory failure, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease, hemiplegia and hemiparesis affecting the left nondominant side following a stroke, end stage renal disease (ESRD) dependent on renal dialysis, congestive heart failure (CHF), bipolar disease, and dependence on supplemental oxygen. The resident died on [DATE]. Review of the physician's orders for Resident #116 revealed an order was written on [DATE] for the resident to be a full code as well as for continuous oxygen at four liters per nasal cannula. On [DATE] orders were written for dialysis every Monday, Wednesday, and Friday at 7:00 A.M. Night shift staff were to escort the resident to the on-site dialysis center at 6:45 A.M. Review of the comprehensive Medicare five day Minimum Data Set (MDS) 3.0 assessment, dated [DATE], revealed the resident was cognitively intact, required moderate assistance with eating and was dependent on staff for all other personal care, had frequent pain, became short of breath with exertion, at rest and lying float, and required continuous oxygen, and rehabilitation therapy. Review of the nurse progress notes for Resident #116 revealed the resident was admitted to the facility on [DATE] at 6:30 P.M. The resident was on two liters of oxygen, had no indicators of distress, was not short of breath and was alert and oriented to person, place and time. Review of Registered Nurse (RN) #515's progress note dated [DATE] at 7:39 A.M. revealed CNA #401 entered the room and noted the resident did not respond to voice or touch and notified RN #515. RN #515 assessed the resident and was unable to obtain a pulse. RN #515 then went to find Licensed Practical Nurse (LPN) #507 to check the resident's vital signs and again were not able to obtain a pulse or blood pressure. RN #515 then completed three rounds of chest compressions and notified the Director of Nursing (DON) and called 911. Upon arrival of Emergency Medical Services (EMS) cardiopulmonary resuscitation was not started and contacted their medical director for time of death. The note did not indicate why the nurse stopped after three rounds of chest compressions. Review of the EMS run report dated [DATE] revealed dispatch received the facility's 911 call on [DATE] at 4:24:53 A.M. EMS was enroute to the facility at [DATE] at 4:31:28 A.M. and arrived at Resident #116's bedside at 4:35 A.M. Review of the EMS documentation revealed they were dispatched to the facility for a resident who was dead on arrival. EMS found a [AGE] year old lying in bed and the last time of a well check was by CNA #401 at 2:30 A.M. Three rounds of resuscitation efforts were started them stopped prior to EMS arrival. The resident was evaluated by EMS and found the resident to be pulseless, apneic, and cold to all peripheral extremities. Rigor mortis (the temporary stiffening of muscles after death which begins in the smaller muscles of the face and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 365267	If continuation sheet Page 1 of 7

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