

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Pleasant Lake Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 7260 Ridge Rd Parma, OH 44129	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and review of the facility's Coronavirus (COVID-19) policy, the facility failed to ensure personal protective equipment (PPE) was donned correctly for Resident #193, who was on droplet precautions to potentially prevent the spread of COVID-19 infections. This had the potential to affect 29 residents (Residents #165, #166, #167, #168, #169, #170, #171, #172, #173, #174, #175, #176, #177, #178, #179, #180, #181, #182, #183, #184, #185, #186, #187, #188, #189, #190, #191, #192, and #193) who resided on the Sandalwood unit. The facility census was 189.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #193 revealed an admission date of 10/09/24 with diagnoses including kidney transplant, type one diabetes mellitus with chronic diabetic kidney disease, pressure ulcer of the left heel, pressure ulcer to the right heel, and history of urinary tract infections.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #193 had moderately impaired cognition, and was dependent on staff for bed mobility, toileting, and transferring. Resident #193 rejected care one to three days during the look back period.</p> <p>Observation on 03/03/25 at 10:33 A.M. with Resident #193 revealed there was PPE hanging on her door with a sign stating the resident was on droplet precautions. Certified Nursing Assistant (CNA) #201 went into Resident #193 to provide care and did not have PPE on. Registered Nurse (RN) #205 donned PPE to assist CNA #201. CNA #201 and Registered Nurse (RN) #205 were positioning Resident #193 for lunch.</p> <p>Interview on 03/03/25 at 10:45 A.M. with CNA #201 confirmed she did not wear a gown, N-95 mask or face shield into Resident #193's room and stated the resident was on precautions for COVID-19. CNA #201 stated she cannot breathe in an N-95 mask. CNA #201 stated her assignment for the day was the Sandalwood unit.</p> <p>Review of the facility policy titled, COVID-19 Transmission based precautions- Droplet Precautions Quick Guide, dated 06/26/23 revealed staff were to utilize PPE which included-95 mask, eye protection, gowns, and gloves.</p> <p>This was an incidental finding discovered during the course of the complaint investigation.</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
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