

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366267	(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 05/30/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-ZEVE		STREET ADDRESS, CITY, STATE, ZIP CODE 17606 EUCLID AVENUE CLEVELAND OH, 44112		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION DATE
W 0000	<p>INITIAL COMMENTS</p> <p>FUNDAMENTAL</p> <p>ADMINISTRATOR: Karen Knavel CERTIFIED BED CAPACITY: 16 CENSUS: 10</p> <p>The following deficiency is based on the fundamental survey completed on 05/30/19.</p>	W 0000		

laboratory director's or provider/supplier representative's signature

title

SAMANTHA.PAVONE

(X6) date

06/10/2019

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.

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W 0436 W 0436	<p>Continued From page 1</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to clean and maintain equipment in good repair. This affected one (individual #1) client observed in a manual wheelchair.</p> <p>Findings include:</p> <p>On 05/30/19 at 8:30 A.M., observation revealed individual #1 was sitting in the medication administration room in a manual wheelchair. The detachable head rest was ripped on both sides exposing plastic rods that were attached to the metal framing. There were cracks/rips in the upper portion of the back of the chair. There was dried food debris in multiple cracks, crevices and horizontal areas. The wheel spokes had dirt caked on them. On 05/30/19 at 8:35 A.M. the observation was verified by Direct Service Personnel (DSP) #20. On 05/30/19 at 8:48 A.M. the observation was verified by Residential</p>	W 0436 W 0436	<p>The deficiency: The facility failed to maintain the cleanliness of equipment used in the provision of care and failed to keep the wheelchairs of individuals in good repair. To Correct: The facility will assure the maintenance and cleanliness of the wheelchairs. The old wheel chairs were cleaned the day of survey. The nursing department has been and continues to be in contact with the wheelchair repair company. The facility will enforce a check list to assure maintenance and cleanliness of wheel chairs. Check list shall include a daily check for cleanliness, needed repairs and a weekly thorough cleaning. To monitor: The Residential Coordinator will review the checklist on a weekly basis and report unusual finding to the QIDP. Responsible parties: The Nursing department will be responsible for the immediate ordering of wheel chair repairs. The QIDP responsible for training the staff training. Training was implemented 5/31/19 include spot check and wipe down wheelchairs after each meal, complete a thorough cleaning on a weekly basis. Compliance Date: June 14th 2019</p>	06/14/2019

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W 0436	<p>Continued From page 2</p> <p>Services Quality Assurance Manager .</p> <p>Record review on 05/30/19 of "In-service Record" for "wheelchair cleaning" dated May 17, 2018 revealed staff was in-serviced from 11:00 A.M. -12:15 P.M. as part of plan of correction from like citation obtained last annual survey.</p> <p>Record review of the "daily wheelchair cleaning check list" dated 05/18 was the last time this form was filled out as stated by the Residential Services Quality Assurance Manager on 05/30/19 at 1:15 P.M.</p> <p>Record review of the policy, no date, stated "DSP's will conduct spot checks of wheelchairs and the Q will monitor".</p> <p>Interview with the Residential Services Quality Assurance Manager on 05/30/19 at 8:48 A.M. revealed the wheelchair company came to the facility and measured Individual #1 for a new wheelchair. She also revealed the wheelchair was not clean and are to be washed every day.</p> <p>Interview on 05/30/19 at 9:50 A.M. with licensed practical nurse (LPN) # 22 revealed the wheelchair company came to the facility and measured Client #1 for a new wheelchair. She also revealed the wheelchair company notified the facility requesting additional information from</p>	W 0436		

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W 0438	Continued From page 3 Client #1's physician and physical therapy. LPN #22 also verified the wheelchair had not been cleaned recently and was dirty.	W 0438		