form approved omb no. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA 36G267		(x2) multiple o a. building b. wing	a. bulldina BLD Co		OATE SURVEY COMPLETED 05/29/2019	
name of provider or supplier NEW AVENUES-ZEVE				17600	address, city, stat I EUCLID AVENU !LAND OH, 4411	•		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES Y MUST BEPRECEDED FULL	ID PREFIX TAG		(EAC	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE I-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIÓ N
E 0000 BLD	Initial Comments EMERGENCY PREPSURVEY ADMINISTRATOR: DECENSUS: 11 At the time of the emergreparedness survey 05/29/19, New Avenu compliance with the part 483.475.	eiane McClusky ergency completed on es-Zeve is in	E 00	00				
horston, direct	or's or provider/supplier repres	antativale elegation		_		title		(v6) date

any deficiency statement ending with an esteriak (*) 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 data 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 data these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

form cms-2567(02-99) previous versions obsolete

Event:GM5U21

Facility ID:OH01628

SAMANTHA.PAVONE

If continuation sheet

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08/10/2019

l la companyance		(X1) PROVIDER/SUPPLIER/CLIA 36G267		(x2) multiple construction a. building b. wing address, city, state, zip code	COM	(X3) DATE SURVEY COMPLETED 05/29/2019	
NEW AVENU	E8-ZEVE			1760	EUCLID AVENUE LAND OH, 44112		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES BY MUST BEPRECEDED FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRI	ULD BE	(X5) COMPLETIO N
K 0000 BLD01	INITIAL COMMENTS FIRE SAFETY SURV 2012 ICF/IID CODE E ADMINISTRATOR: D CENSUS: 11 SLOW BUILDING 1 OF 1 42 CFR .470 (j) The facility must meet provisions of the 2012 the Life Safety Code, Protection Association The following deficient annual survey completed.	EY REPORT EXISTING itane McClusky the applicable Existing edition of of the National Fire n. cles are based on the	K 00	00	CROSS-REFERENCED TO THE APPRI	OPRIATE	
boratory direct	or's or provider/supplier represe	antativo's signature			titie		(x6) date

any deficiency statement ending with an asteriak (*) 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 svallable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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if continuation sheet

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08/10/2019

STATEMENT DEFICIENCI	NCIES PROVIDER/SUPPLIER/CLIA a. buliding BLD 01 COM			SURVEY PLETED /29/2019			
name of prov NEW AVENU	/ider or supplier JES-ZEVE			1760	address, city, state, zip code B EUCLID AVENUE ELAND OH, 44112		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES LY MUST BEPRECEDED FULL	ID PREFIX TAG	c	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
K \$353 K \$353 BLD01	NFPA 101 Sprinkler S Maintenance and Tes Sprinkler System - Ma Testing 2012 EXISTING (Pro NFPA 13 and 13R Sy All sprinkler systems accordance with NFP the installation of Sprinkler Systems in Occupancies Up To a Stories in Height, are and maintained in acc 25, Standard for Inspection System. NFPA 13D Systems Protection System. NFPA 13D, Stand Installation of Sprinkler systems Inst with NFPA 13D, Stand Installation of Sprinkle and Two-Family Dwel Manufactured Homes, tested and maintained the following requirem 1. Control valves ins (NFPA 25, section 13. 2. Gauges inspected section 13.2.71). 3. Alarm devices ins (NFPA 25, section 5.2 4. Alarm devices tes (NFPA 25, section 5.3 5. Valve supervisory semiannually (NFPA 2 6. Visible sprinklers in	System - string aintenance and mpt) reterns installed in A 13, Standard for inkler Systems, and for the Installation of Residential and Including Four inspected, tested cordance with NFPA action, Testing and r Based Fire ralled in accordance dard for the ar Systems in One- lings and are inspected, I in accordance with ents of NFPA 25: spected monthly 3.2). If monthly (NFPA 25, pected quarterly .6). ted semiannually .3). switches tested .5, section 13.3.3.5).	K 53	353	It is the practice and policy of NATI to ensure the safety of each individual at all times be providing a facility that is eafe including dian unexpected emergency situation. The deficiency: the facility failed to ensure the water line vault by the street was not provided with an approved plug or cap. The facility failed to provide evidence of annual forward flow testing of the sprinkler system backflow preventer. The facility failed to providence of the annual hydrant testing or maintenance of the fire hydrant located not the northeast corner of the facility building connected to the facility's private fire serving and ensure an approved plug/cap is fitted SILCO will also be responsible for ensuring annual forward flow tests and annual hydrotests are completed. SILCO will provide documentation proof of maintenance. To Monitor: Facilities Supervisor to monitor compliance on monthly/annual maintenance forms. Compliance Date: June 14th 2019	e that the al rovide ear g and ice cility g the pant	06/14/2019

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 36G257			(x2) multiple construction a. building b. wing		СОМ	(X3) DATE SURVEY COMPLETED 05/29/2019	
name of provider or supplier NEW AVENUES-ZEVE				1760	address, city, state B EUCLID AVENUI ELAND OH, 44112	1			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		(EACH	OVIDER'S PLAN OF CORRECTION OF CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N	
K \$353	Continued From page ((NFPA 25, section 5.7. Visible pipe Inspection 5.2. 8. Visible pipe hang annually (NFPA 25, section 5.2. 9. Buildings inspect freezing weather for a water filled piping (NF 5.2.5). 10. A representative response sprinklers at (NFPA 25, section 5.3. 11. A representative pendant sprinklers are (NFPA 25, section 5.3. 12. Antifreeze soluti annually (NFPA 25, section 5.3. 14. Operating stems lubricated annually (NFPA 25, section 5.3. 15. Dry pipe systems lubricated annually (N 13.3.4). 15. Dry pipe systems unheated portions of tinspected, tested and 25, section 13.4.4). A. Date sprinkler system ecessary maintenance. B. Show who provided (Provide in REMARKS)	2.1). acted annually 2.2). ers inspected action 5.2.3). ad annually prior to adequate heat for PA 25, section as sample of fast re tested at 20 years 3.1.1.2). a sample of dry a tested at 10 years 3.1.1.15). ans are tested action 5.3.4). are operated through action 13.3.3.1). and OS&Y valves are FPA 25, section as extending into the building are maintained (NFPA am last checked and are provided. the service. the water supply for a system.	K S3	53					

STATEMENT OF DEFICIENCIES name of provider or supplier		(X1) PROVIDER/SUPPLIER/CLIA 36G267		(x2) multiple of a. building b. wing address, city, state	rina		(X3) DATE SURVEY COMPLETED 05/29/2019	
NEW AVENU	JES-ZEVE			1760	EUCLID AVENU	E		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES Y MUST BEPRECEDED FULL	ID PREFIX TAG		(EACI	OVIDER'S PLAN OF CORRECTION SHOULD CORRECTIVE ACTION SHOULD FREERENCED TO THE APPROLEMENT.	ILD BE	(X5) COMPLETIO N
K \$353	Continued From page coverage for any non automatic sprinkler sy 33.2.3.5.8, and NFPA 25 This STANDARD is no by: Based on record reviet facility failed to ensure suppression system waccordance with Edition 101, Life Safety Code 33.2.3.5.3, 33.2.3.5.8, 9.7.8, and Edition 201 Inspection, Testing, at Water-Based Fire Pro Sections 6.8.2, 7.3, 7, had the potential to affindividuals in the facility Findings include: On 05/29/19, observativater-based fire supprecords with the maint and upon request of the consultant the following 1. At 9:50 A.M., one of the fire department connear the water line value of the sprinkler preventer. Forward findings of the sprinkler preventer. Forward findings includes the sprinkler preventer.	required or partial ystem.) , 9.7.5, 9.7.7, 9.7.8, ot met as evidenced aw and interview, the set the water-based fire was maintained in on 2012 of NFPA, Sections , 9.7.5, 9.7.7 and 1 of NFPA 25, and Maintenance of tection Systems, 4 and 13.6. This fect all eleven ty. Ition and review of ression system enance supervisor, are safety and health g was noted: If the two ports on nections located all by the street was poproved plug or cap. In acility failed to inual forward flow system backflow	K S3	53				

U		(X1) PROVIDER/SUPPLIER/CLIA 36G267			(x2) multiple o a. building b. wing	enstruction BLD 01	СОМ	TE SURVEY IPLETED 5/29/2019
name of provider or supplier NEW AVENUES-ZEVE				17600	address, city, state B BUCLID AVENU BLAND OH, 4411:			
(X4) ID PREFIX TAG	(EACH DEFICICIENC	INT OF DEFICIENCIES Y MUST BEPRECEDED FULL	ID PREFIX TAG		(EACI	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE -REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
K \$353	Continued From page required because the hydrant(s) located do backflow preventer. I. A.M., during a tour of with the maintenance safety and health con OS&Y valves and a dimpede the backflow public water system in vault by the street. 3. At 10:33 A.M., the final provide evidence of a or maintenance of the near the northeast conbuilding and connecte private fire service maintenance with the mal verified the above find discovery. Sprinkler System - Maintenance with NFPA 13 and 13R Systems in accordance with NFPA 13R, Standard in Sprinkler Systems in Foccupancies Up To an Stories in Height, are if and maintained in acceptance of Water Maintenance of Water	facility had a wnstream of the Previously, at 9:49 the facility grounds supervisor, the sultant observed two evice designed to of water into the in the underground facility failed to innual hydrant testing if fire hydrant located mer of the facility do to the facility's tins. Intenance supervisor lings at the time of the time of the facility's intenance and the facility in the intenance and the facility in the line of the	K S3	53				

STATEMENT OF (X3) DATE SURVEY (X1) (x2) multiple construction DEFICIENCIES PROVIDER/SUPPLIER/CLIA COMPLETED BLD 01 a. building 36**G**267 05/29/2019 b. wina name of provider or supplier street address, city, state, zip code NEW AVENUES-ZEVE 17608 EUCLID AVENUE **CLEVELAND OH, 44112** (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE K S353 Continued From page 5 K S353 Protection System. 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Sprinkler Systems - General - Minimum Requirements. Table 5.1.1.2 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. 5.1.1.2 (NFPA 25) Records Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. The records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. Finally, the records shall be maintained by the property owner. 4.3 (NFPA 25) Fire department connections shall be equipped with approved plugs or caps, properly secured and arranged for easy removal by fire departments. 6.8.2 (NFPA 25) Private Fire Service Mains - Testing -Hydrants. Hydrants shall be tested annually to ensure proper functioning. - After operation, dry barrel and wall hydrants shall be observed for proper

STATEMENT DEFICIENCI	(//-/				(x2) multiple o a. building b. wing	BLD 01	COM	E SURVEY IPLETED 5/29/2019
name of provider or supplier NEW AVENUES-ZEVE				1760	address, city, stat B EUCLID AVENU ELAND OH, 4411	IE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PR (EAC CROSS	(X5) COMPLETIO N		
K \$353	continued From page drainage from the bar - Full drainage shall to 60 minutes. - Where soil condition are such that the hydrogen within 60 minutes groundwater level is a hydrant drain, the hydrogen and the water pumped out. - Dry barrel hydrants areas subject to freez have plugged drains a clearly as needing pur 7.3.2 (NFPA 25) Private Fire Service M Hydrants. Hydrants shall be lubren sure that all stems, threads are in proper 67.4.2.1 (NFPA 25) Valves, Valve Compose Backflow Prevention All backflow preventer protection system piping annually by conducting of the system at the deincluding hose stream hydrants or inside hose located downstream or preventer. - Where connections of flow test, tests shall be maximum flow rate posessions.	rel. ake no longer than as or other factors rant barrel does not as, or where the above that of the rant drain shall be r in the barrel shall be that are located in ing weather and that shall be identified mping after operation. Idains - Maintenance - icated annually to caps, plugs, and operating condition. The same of the same of the same of the backflow do not permit a full completed at the	K \$3	53				

STATEMENT OF (X1) DEFICIENCIES PROVIDER		(X1) PROVIDER/SUPPLIER/CLIA 36G267	PROVIDER/SUPPLIER/CLIA		(x2) multiple construction a. building BLD 61 b. wing	(X3) DATE SURVEY COMPLETED 05/29/2019		
name of prov NEW AVENU	ider or supplier ES-ZEVE		street address, city, state, zip code 17608 BUCLED AVENUE CLEVELAND OH, 44112					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N	
K S353	Continued From page - The forward flow te required where annual causes the system de through the backflow 13.6.2.1 (NFPA 25)	st shall not be al fire pump testing emand to flow preventer device.	K S3		It is the proches and nation of NATI to one		06/14/2019	
BLD01	Utilities - Gas and Ele Equipment using gas complies with NFPA & Code, electrical wiring complies with NPFA & Code. 32.2.5.1, 33.2.5.1, 9.1 This STANDARD is not by: Based on observation facility failed to ensure electrical wiring was paccordance with Edition 101, Life Safety Code 9.1.1 and 9.1.2, and E 70, National Electrical 210.8 and 314.25. The to affect all eleven ind Findings include: On 05/29/19, during a with the maintenance is safety and health constitution following: 1. At 10:53 A.M., a four junction box in the mean not provided with a constitution of the constitution	or related gas piping 54, National Fuel Gas 9 and equipment 70, National Electric			It is the practice and policy of NATI to enathe safety of each individual at all times by providing a facility that is safe including duan unexpected emergency situation. The deficiency: The facility failed to ensure GFCI receptacles in the kitchen is the pranad policy of NATI to ensure the safety of Individual at all times by providing a facility is safe including during an unexpected emergency situation. To Correct: The ground fault protection out in the kitchen were replaced by NATI maintenance staff on 6/5/19. Checking our is part of the monthly preventative mainter inspections that are performed in all NATI operated ICF homes and replacement/rep will be made immediately when necessary The cover for the junction box is being obtiby the Facility Supervisor. To Monitor: Facilities Supervisor to monito compliance on a monthly basis. Compliance Date: June 14th 2019	oring e ctice each that tiets tiets nance airs ained	00/14/2018	

-	ETATEMENT OF (X1) DEFICIENCIES PROVIDER/SUPPLIER/CLIA 369267				(x2) multiple a s. buildina b. wina	Distruction BLD 01	CON	TE SURVEY APLETED 5/29/2019
name of provider or supplier NEW AVENUES-ZUVE				17608	address, city, state EUCLID AVENU LAND OH, 4411			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N	
K \$511	2. At 11:10 A.M., four within six feet of two swere not provided with Specifically, upon required and health consultant GFCI breaker did not maintenance supervised depress the test butto interview with the maintenance supervised the above find discovery. Utilities - Gas and Ele Equipment using gas complies with NFPA 5 Code, electrical wiring complies with NFPA 7 Code. 33.2.5.1, 9.1.1, 9.1.2 Ground-fault circuit-int personnel shall be prosonnel shall be prosonnel shall be prosonnel shall be prosonnel shall readily accessible local Note: See 215.9 for grinterrupter protection freeders. 210.8 (NFPA 70) Other Than Dwelling UAII 125-volt, single phase 10 cations specified in 2 controls and the co	r electrical outlets sinks in the kitchen th GFCI protection. Juest of the safety of the panel-based trip when the sor attempted to on. Intenance supervisor dings at the time of the ctric or related gas piping id, National Fuel Gas y and equipment of the pround fault in the ground-fault in a sation. Informational round-fault circuit for personnel on the safe, 15- and is installed in the	K \$5	11				

STATEMENT		(X1) PROVIDER/SUPPLIER/CLIA 369267			(x2) multiple consi a. building b. wing	BLD 01	(X3) DATE SURVEY COMPLETED 05/29/2019		
1 '	name of provider or supplier NEW AVENUES-ZEVE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			street address, city, state, zip code 17608 EUCLID AVENUE CLEVELAND OH, 44112					
(X4) ID PREFIX TAG	(EACH DEFICICIENT	ENT OF DEFICIENCIES CY MUST BEPRECEDED FULL	ID PREFIX TAG		(EACH C	IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N	
K S511	protection for person (1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors Exception No. 1 to (3) Receptacles that are accessible and are sicircuit dedicated to eldeicing, or pipeline are equipment shall be prinstalled in accordance 427.22, as applicable Exception No. 2 to (4) establishments only, of maintenance and significant and saured equipment an assured equipment.	l-fault circult-interrupter nel. and (4): not readily upplied by a branch ectric snow-melting, nd vessel heating emitted to be be with 426.28 or be in industrial where the conditions supervision ensure sonnel are involved, at grounding a specified in 590.6(B) for only those and to supply create a greater errupted or having a supatible with GFCI eptacles are installed the outside edge of the inidustrial des used to supply oval of power would sizard shall be end without GFCI No. 2 to (5): For	K S5	311					

STATEMENT		(X1) PROVIDER/SUPPLIER/CLIA 36G267	i		(x2) multiple construction a. building b. wing		(X3) DATE SURVEY COMPLETED 05/29/2019			
	name of provider or supplier NEW AVENUES-ZEVE			street address, city, state, zip code 17608 EUCLID AVENUE CLEVELAND OH, 44112						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD -REFERENCED TO THE APPROPR	BE	(X5) COMPLETIO N		
K \$511	Continued From page locations of general of areas of health care in those covered under protection shall not be (6) Indoor wet location (7) Locker rooms with showering facilities (8) Garages, service areas where electrical equipment, electrical portable lighting equilibriated (NFPA 70). Outlet, Device, Pull, and Conduit Bodies; Fitting Enclosures - Covers and In completed installating the analysis of the complete state of the complete	care or critical care facilities other than 210.8(B)(1), GFCI e required. ns n associated bays, and similar al diagnostic hand tools, or oment are to be used and Junction Boxes; gs; and Handhole and Canoples ions, each box shall te, lampholder, or eept where the	K S5	11						