

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>366433</b>	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED  <b>01/17/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>NEW AVENUES-BRATENAHL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13802 LAKESHORE BOULEVARD CLEVELAND OH, 44110</b>	
(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) COMPLETE
K 0000  BLD01	<p><b>INITIAL COMMENTS</b></p> <p><b>FIRE SAFETY SURVEY REPORT 2012 ICF IID CODE EXISTING ADMINISTRATOR: Karen Knavel CENSUS: 7</b></p> <p><b>SLOW</b></p> <p><b>BUILDING 1 OF 1</b></p> <p><b>42 CFR .470 (j)</b></p> <p><b>The facility must meet the applicable provisions of the 2012 Existing edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).</b></p> <p><b>At the time of the annual survey completed on 01/17/19, New Avenues - Bratenahl is in compliance with the provisions of 42 CFR Part 483.470 (j) Requirements of the Life Safety Code, NFPA 101, for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</b></p>	K 0000		

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.

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name of provider or supplier <b>NEW AVENUES-BRATENAH</b>	street address, city, state, zip code <b>13802 LAKESHORE BOULEVARD CLEVELAND OH, 44110</b>
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K 0000  BLD01	<p><b>INITIAL COMMENTS</b></p> <p><b>POST SURVEY REVISIT</b></p> <p><b>ADMINISTRATOR: Karen Knavel</b> <b>CERTIFIED BED CAPACITY: 8</b> <b>CENSUS: 7</b></p> <p>A Post Survey Revisit was conducted on 01/17/19 for all previously cited deficiencies. All deficiencies have been corrected as of 01/17/19, and no new noncompliance was found. The facility is in substantial compliance with all regulations surveyed.</p>	K 0000		

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