



**Department
of Health**

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

December 14, 2019

Ms. Karen Knavel
New Avenues To Independence
17608 Euclid Ave.
Cleveland, OH 44112

RE: New Avenues-Perry
CMS Certification Number: 36G488
Survey Completed On December 5, 2019

Dear Ms. Knavel:

The Ohio Department of Health (ODH), on behalf of the Ohio Department of Medicaid, surveys Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) to determine whether they meet the requirements for Medicaid participation. In order to participate in the Title XIX (Medicaid) program, an ICF/IID must meet all of the Conditions of Participation established by 42 CFR Part 483 Subpart I, and not have deficiencies that jeopardize the residents' health and safety or seriously limit the facility's capacity to give adequate care, as specified in 42 CFR Section 442.101.

On December 5, 2019, we completed a survey [and post survey revisit] of your facility for the purpose of determining whether it meets the requirements for Medicaid certification. Enclosed is the Statement of Deficiencies and Plan of Correction FORM CMS-2567 for that survey.

The Statement of Deficiencies and Plan of Correction FORM CMS-2567 lists deficiencies cited as a result of the survey in accordance with the applicable Federal regulations and guidelines that govern the survey process. You must choose one of the following three options in response to the cited deficiencies: a) accept the deficiencies stated on Form CMS-2567 and submit a PoC, b) record objections to the cited deficiencies on Form CMS-2567 and submit a PoC or c) record objections to cited deficiencies on Form CMS-2567, do not submit a PoC, and provide convincing arguments and documented evidence that the deficiencies are invalid. Your response must be received in this office no later than ten (10) calendar days after you

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Ms. Karen Kavel,
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receive the Statement of Deficiencies and Plan of Correction FORM CMS-2567 via the Enhanced Information Dissemination and Collection (EIDC) system.

If you have any questions, please contact Kathleen S. Mitchell, RN, at 330-643-1300.

Sincerely,

A handwritten signature in black ink that reads "Kathleen S. Mitchell RN." The signature is written in a cursive style.

Kathleen S. Mitchell, RN, Survey Administrator
Bureau of Survey and Certification
Eastern Region

Enclosure: Statement of Deficiencies and Plan of Correction FORM CMS-2567
Guidelines For Writing An Acceptable Plan of Correction

