

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER ROCKY RIVER GARDENS REHAB AND NURSING CTR		STREET ADDRESS, CITY, STATE, ZIP 4102 ROCKY RIVER DR CLEVELAND, OH 44135	
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)		
F 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview the facility failed to ensure a potential incident of sexual abuse/sexual assault was reported to the State agency after Resident #102, who was cognitively impaired was diagnosed with [REDACTED]. This affected one resident (#102) of three residents reviewed for abuse. Findings include: Review of the medical record for Resident #102 revealed an admission date of [DATE] and discharge date of [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) assessment, dated 07/01/20, revealed the resident had mildly impaired cognition and depression. Review of the nurse progress notes from 05/01/20 to 08/02/20 revealed multiple entries regarding confusion, paranoia and hallucinations. A note dated 08/02/20 at 8:50 A.M. revealed Resident #102 was sent to emergency room for evaluation after striking a nurse with her cane. Review of hospital documentation revealed on 08/03/20 an urinalysis was obtained and results were positive for trichomoniasis, a sexually transmitted infection. On 08/04/20 Resident #102 was seen by an infectious disease physician who ordered a vaginal test to confirm trichomoniasis which returned positive on 08/05/20. The hospital interdisciplinary team reviewed Resident #102's case on 08/10/20 and noted a urinalysis positive for trichomoniasis was concerning in a patient with dementia. Review of the facility investigation revealed a communication note dated 08/05/20 indicating the facility was notified by the hospital case worker of a positive urinalysis for [DIAGNOSES REDACTED], a [MEDICAL CONDITION]. That day the facility initiated an investigation for suspected sexual abuse.</p> <p>The investigation concluded there was no evidence of sexual abuse. The investigation contained notes on communication between the hospital Case Managers and Primary Care Physician (PCP) regarding Resident #102's medical condition. A communication note dated 08/06/20 indicated the PCP stated the infection might be colonized and there was no way to identify the original source. The PCP indicated there was no need to file a Self- Reported Incident (SRI) with the State agency unless Resident #102's Power of Attorney (POA) filed a request. Interview with the Director of Nursing (DON) on 08/12/20 at 9:11 A.M. revealed the facility received notification from the hospital case worker of the positive [DIAGNOSES REDACTED] test; however, there were no allegations of sexual abuse reported. The facility stayed in constant communication between with the PCP and hospital case worker to rule out sexual abuse. Due to the negative findings of the facility's investigation and no allegation of sexual abuse being reported to the facility a SRI was not submitted. Interview on 08/12/20 at 11:10 A.M. with the Administrator revealed he felt since there was no allegation of sexual abuse reported the facility was not required to submit a SRI to the State agency. Review of the facility's SRI in the Ohio Department of Health's gateway system database on 08/10/20 revealed no submissions regarding possible sexual abuse due to a [DIAGNOSES REDACTED]. Review of the facility policy titled Abuse Investigation and Reporting, revised December 2016, revealed all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility administrator, or his/her designee, to the State licensing/certification agency responsible for surveying /licensing the facility.</p>		
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.