

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365828	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER WILLOW PARK CONVALESCENT HOME		STREET ADDRESS, CITY, STATE, ZIP 18810 HARVARD AVE CLEVELAND, OH 44122	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</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 an accurate and complete medical record was maintained for Resident # 92 related to a change in condition. This affected one of two residents reviewed for death in the facility. The census was 90. Findings include: Record review revealed Resident #92 was re-admitted to the facility on [DATE] and was discharged on [DATE]. Resident #92 had [DIAGNOSES REDACTED]. Review of the care plan dated [DATE] revealed Resident #92 was a full code. Review of Resident #92's electronic and paper medical records revealed the resident was readmitted to the facility from the hospital on [DATE] after being treated for [REDACTED]. M revealed the nurse entered the resident's room and noted a change in the resident's breathing and no urinary output. The nurse attempted to obtain vital signs and was unable. The nurse called the physician and emergency medical services (911). Resident #92 expired in the emergency room on [DATE]. The documentation did not indicate what vital signs were unobtainable and if any resuscitation measures were initiated. Interview on [DATE] at 1:51 P.M. with Licensed Practical Nurse (LPN) #50 revealed Resident #92 was readmitted from the hospital and took a turn for the worst. On the morning of [DATE], she was in the resident's room and noted he was breathing, had a faint pulse and she could not obtain a blood pressure. LPN #50 immediately called 911 and the resident's physician. Emergency medical services (EMS) arrived within minutes and he was immediately transferred to the hospital. Review of an Emergency Provider Note dated [DATE] timed 10:41 A.M., revealed Resident #92 presented to the emergency room hypotensive (low blood pressure) and with agonal (gasping) respirations. Resident #92 was minimally responsive and respirations were being supported by EMS using a bag valve mask. Interview on [DATE] at 2:15 P.M. with Assistant Director of Nursing #54 confirmed Resident #92's medical record did not provide a complete description of the events surrounding the resident's change in condition and staff response. Review of the facility policy titled Emergency Transfer or Discharge, dated [DATE], revealed that all related information should be documented during a transfer.</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.