

July 20, 2020

Ms. Amy Hogan

Nursing Facility Policy Administrator

Bureau of Long-Term Services and Support

The Ohio Department of Medicaid

50 Town Street, Suite 400

Columbus, Ohio 43215

Dear Ms. Hogan:

Attached please find the quarterly report for CMP Grant Contract #20-014, ODM #G-2021-04-0289, SNF Clinic, for the period April 1, 2020 through June 30, 2020.

Please review the attached information and contact me directly with any questions or input regarding this information. We look forward to working with you and other members of your team as we move forward with this project.

Respectfully Submitted

Benjamin Meeker, Esq.
Managing Member
Long-Term Care Consultants, LLC.

Quarterly Report April 1, 2020 through June 30, 2020
SNF Clinic
Performance Requirements Progress Report

1. During the third quarter of participation in the CMP Grant program, all five original facilities have been onboarded. In addition, this quarter we began to seek out other one- and two-star facilities for participation in the program. To that end, we have identified the following providers who will be on boarded during the third quarter of 2020 in compliance with our grant application:
 - a. Wayside Farm, Inc.
 - b. Logan Care and Rehab
 - c. River Run Healthcare of Franklin Furnace
 - d. River Run Healthcare of Portsmouth
 - e. Whetstone Rehab
2. More importantly, with the continued impact to Long Term Care providers of the COVID-19 pandemic we have continued to focus much of our effort on adding critical information, checklists and training centered around this. As mentioned in our previous report, we have added a special information tab within SNFClinic focusing specifically on the Covid-19 crisis., infection control, compliance and best practices. Information added during the second quarter for 2020 include:
 - a. CMS Guidance to ensure that States have a Plan in Place to Safely re-open Nursing Homes
 - b. CDC Guidelines for Return to Work for Healthcare Workers
 - c. Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes
 - d. Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID 19 Cases among Residents and Staff of Nursing Homes

These modules are in addition to those reported within our previous quarterly report. Our team continues to monitor various sources of information to add valuable resources to the system to assure that participating facilities have improved survey results both in scope and severity since the introduction of the software into the facility. assure that clinicians are kept informed relative to information and best practices in caring for their residents.

Quarterly Report April 1, 2020 through June 30, 2020
SNF Clinic
Performance Requirements Progress Report

3. Long Term Care Consultants continued to monitor the expected outcomes included within our proposal. These Outcomes included the following measurable results:
 - a. A reduction in survey deficiencies
 - b. Improvement in the scope and severity of survey tags
 - c. Improvement in Compliance

4. Attachment A included with this correspondence, provides information regarding 14 MDS and Claims based data points monitored by CMS for purposes of determining the quality indicators used in the five-star rating system. These Data Points include:
 - Percentage of high risk long-stay residents with pressure ulcers
 - Percentage of long-stay residents experiencing one or more falls with major injury
 - Percentage of long-stay residents who received an antipsychotic medication
 - Percentage of long-stay residents whose ability to move independently worsened
 - Percentage of long-stay residents whose need for help with daily activities has increased
 - Percentage of long-stay residents with a catheter inserted and left in their bladder
 - Percentage of long-stay residents with a urinary tract infection
 - Percentage of short-stay residents who made improvements in function
 - Percentage of short-stay residents who newly received an antipsychotic medication

5. Attachment B included with this correspondence, provides an overview of each facility's survey results presenting information from prior surveys as well as providing information on the scope and severity of the survey findings. Unfortunately, with the COVID 19 crisis, normal cyclical surveys have been delayed while surveyors are currently focused on conducting investigations focused on infection control policies and procedures within Long Term Care Facilities. During the first quarter of 2020, we established "Baseline Periods" which will be used moving forward to evaluate the effectiveness of the program. It should be noted that three of the five participating facilities have shown a significant decrease both in the number and the severity of their survey findings when compared to the baseline period.

Quarterly Report April 1, 2020 through June 30, 2020
SNF Clinic
Performance Requirements Progress Report

6. Long-Term Care Consultants, LLC continues to add information and resources to the software database during the months of April, May, and June of 2020. We continued to expand the database related to the “In-Services”, “Assessments” and the “What IF” modules. Our clinical consultant continues to prepare and review information which can expand and improve both the knowledge and skills set of facility personnel to better serve the resident population.

Long-Term Care Consultants, LLC
 Summary of Quality Indicators
 For the Quarter Ended June 30, 2020

Canton Christian Home
 2550 CLEVELAND AVENUE NW
 CANTON, Ohio 44709

Prior To Grant Program →

Measure Code	Measure Description	Resident type	(September 30, 2019) Q1 Measure Score	(December 31, 2019)Q2 Measure Score	(March 31, 2020)Q3 Measure Score	(June 30, 2020) Q4 Measure Score	(September 30, 2019 - June 30, 2020) Average Four Quarter Score	Baseline			Used in Quality Measure Five Star Rating	Measure Period
								(June 30, 2019 - March 31, 2020) Average Four Qtr Score	State of Ohio Average	National Average		
MDS Data Points:												
453	Percentage of high risk long-stay residents with pressure ulcers	Long Stay	3.92157	9.80392	10.34483	10.909090	8.83721	7.1090	6.8000	7.3000	TRUE	2019Q1-2019Q4
410	Percentage of long-stay residents experiencing one or more falls with major injury	Long Stay	5.26316	5.00000	8.19672	3.389830	5.48523	6.3025	3.5000	3.4000	TRUE	2019Q1-2019Q4
419	Percentage of long-stay residents who received an antipsychotic medication	Long Stay	10.90909	10.34483	10.34483	10.714290	10.57269	10.4348	14.2000	14.4000	TRUE	2019Q1-2019Q4
451	Percentage of long-stay residents whose ability to move independently worsened	Long Stay	19.82462	17.93876	26.05248	15.173641	19.73495	18.4574	18.3000	17.5000	TRUE	2019Q1-2019Q4
401	Percentage of long-stay residents whose need for help with daily activities has increased	Long Stay	13.46154	14.28571	16.32653	8.16327	13.10680	13.6150	15.2000	14.5000	TRUE	2019Q1-2019Q4
406	Percentage of long-stay residents with a catheter inserted and left in their bladder	Long Stay	3.63596	4.82562	5.28844	4.43028	4.55788	4.7423	1.5000	1.9000	TRUE	2019Q1-2019Q4
407	Percentage of long-stay residents with a urinary tract infection	Long Stay	1.75439	3.33333	1.63934	1.69492	2.10971	1.6807	2.1000	2.7000	TRUE	2019Q1-2019Q4
471	Percentage of short-stay residents who made improvements in function	Short Stay	68.26354	74.50181	78.58227	65.41236	71.84810	72.4775	66.8000	67.6000	TRUE	2019Q1-2019Q4
434	Percentage of short-stay residents who newly received an antipsychotic medication	Short Stay	0.00000	0.00000	0.00000	2.70270	0.48309	0.0000	2.0000	1.8000	TRUE	2019Q1-2019Q4
476	Percentage of SNF residents with pressure ulcers that are new or worsened	Short Stay					1.66674	1.2962	1.4000	1.5000	TRUE	2019Q1-2019Q4
Claims Data Points												
521	Percentage of short-stay residents who were hospitalized after a nursing home admission	Short Stay				15.9492		22.5000	22.3000		TRUE	20181001-20190930
522	Percentage of short-stay residents who had an outpatient emergency department visit	Short Stay				14.3189		10.8000	10.7000		TRUE	20181001-20190930
551	Number of hospitalizations per 1000 long-stay resident days	Long Stay				1.5299		1.5300	1.7200		TRUE	20181001-20190930
552	Number of outpatient emergency department visits per 1000 long-stay resident days	Long Stay				0.7384		0.9000	0.9500		TRUE	20181001-20190930

NOTES:

MDS Data Point Measures:

Long Stay Measures:

- Measure 453- Lower Percentages are better
- Measure 410- Lower Percentages are better
- Measure 419- Lower Percentages are better
- Measure 451- Lower Percentages are better
- Measure 401 - Lower Percentages are better
- Measure 406- Lower Percentages are better
- Measure 407- Lower Percentages are better

Short- Stay Measures: Short Stay Residents are residents who stayed in a nursing home for 100 days or less

- Measure 471- Higher Percentages are better
- Measure 434- Lower Percentages are better
- Measure 476- Lower Percentages are better

Claims Data Points:

- Measure 521- Lower Percentages are better
- Measure 522- Lower Percentages are better
- Measure 551 - Lower Numbers are better
- Measure 552- Lower Numbers are better

Long-Term Care Consultants, LLC.
 Summary of Quality Indicators
 For the Quarter Ended June 30, 2020

CRESTMONT NORTH NURSING HOME
 13330 DETROIT AVE
 Lakewood, Ohio 44107

Prior To Grant Program →

Measure Code	Measure Description	Resident type	Baseline									
			(September 30, 2019) Q1 Measure Score	(December 31, 2019) Q2 Measure Score	(March 31, 2020) Q3 Measure Score	(June 30, 2020) Q4 Measure Score	(September 30, 2019 - June 30, 2020) Average Four Quarter Score	(June 30, 2019 - March 31, 2020) Average Four Qtr Score	Used in Quality Measure Five Star Rating	State of Ohio Average	National Average	Measure Period
MDS Data Points:												
453	Percentage of high risk long-stay residents with pressure ulcers	Long Stay	6.89655	12.00000	13.63636	16.00000	11.88119	12.50000	TRUE	6.8000	7.3000	2019Q1-2019Q4
410	Percentage of long-stay residents experiencing one or more falls with major injury	Long Stay	3.84615	2.00000	0.00000	0.00000	1.485148	2.9268	TRUE	3.5000	3.4000	2019Q1-2019Q4
419	Percentage of long-stay residents who received an antipsychotic medication	Long Stay	23.52941	26.47059	18.75000	31.42857	25.18519	23.3577	TRUE	14.2000	14.4000	2019Q1-2019Q4
451	Percentage of long-stay residents whose ability to move independently worsened	Long Stay	27.47136	16.01726	15.63112	22.84888	20.75227	17.7744	TRUE	18.3000	17.5000	2019Q1-2019Q4
401	Percentage of long-stay residents whose need for help with daily activities has increased	Long Stay	18.60465	14.28571	2.43902	22.22222	14.61988	13.4503	TRUE	15.2000	14.5000	2019Q1-2019Q4
406	Percentage of long-stay residents with a catheter inserted and left in their bladder	Long Stay	4.291315	2.215511	0.00000	2.19129	2.24667	3.3622	TRUE	1.5000	1.9000	2019Q1-2019Q4
407	Percentage of long-stay residents with a urinary tract infection	Long Stay	0.00000	0.00000	0.00000	4.41667	1.01523	0.0000	TRUE	2.1000	2.7000	2019Q1-2019Q4
471	Percentage of short-stay residents who made improvements in function	Short Stay					0.0000	0.0000	TRUE	66.8000	67.6000	2019Q1-2019Q4
434	Percentage of short-stay residents who newly received an antipsychotic medication	Short Stay						3.7037	TRUE	2.0000	1.8000	2019Q1-2019Q4
476	Percentage of SNF residents with pressure ulcers that are new or worsened	Short Stay							TRUE	1.4000	1.5000	2019Q1-2019Q4
Claims Data Points												
521	Percentage of short-stay residents who were rehospitalized after a nursing home admission	Short Stay				0.0000			TRUE	22.5000	22.3000	20181001-20190930
522	Percentage of short-stay residents who had an outpatient emergency department visit	Short Stay				0.0000			TRUE	10.8000	10.7000	20181001-20190930
551	Number of hospitalizations per 1000 long-stay resident days	Long Stay				0.0000			TRUE	1.5300	1.7200	20181001-20190930
552	Number of outpatient emergency department visits per 1000 long-stay resident days	Long Stay				0.0000			TRUE	0.9000	0.9500	20181001-20190930

The number of residents or resident stays is too small to report this quality measure

NOTES:

MDS Data Point Measures:

Long Stay Measures:

- Measure 453- Lower Percentages are better
- Measure 410- Lower Percentages are better
- Measure 419- Lower Percentages are better
- Measure 451- Lower Percentages are better
- Measure 401 - Lower Percentages are better
- Measure 406- Lower Percentages are better
- Measure 407- Lower Percentages are better

Short-Stay Measures: Short Stay Residents are residents who stayed in a nursing home for 100 days or less

- Measure 471- Higher Percentages are better
- Measure 434- Lower Percentages are better
- Measure 476- Lower Percentages are better

Claims Data Points:

- Measure 521- Lower Percentages are better
- Measure 522- Lower Percentages are better
- Measure 551 - Lower Numbers are better
- Measure 552- Lower Numbers are better

CRYSTAL CARE OF COAL GROVE
 813 1/2 MARION PIKE
 Coal Grove, Ohio 45638

Prior To Grant Program

Measure Code	Measure Description	Resident type	Baseline				Used in Quality Measure Five Star Rating	State of Ohio Average	National Average	Measure Period		
			(September 30, 2019) Q1 Measure Score	(December 31, 2019) Q2 Measure Score	(March 31, 2020) Q3 Measure Score	(June 30, 2020) Q4 Measure Score						
MDS Data Points:												
453	Percentage of high risk long-stay residents with pressure ulcers	Long Stay	17.5000	17.5000	8.8235	8.0000	13.6691	13.7681	TRUE	6.8000	7.3000	2019Q1-2019Q4
410	Percentage of long-stay residents experiencing one or more falls with major injury	Long Stay	4.1667	4.1667	4.5455	4.3478	4.3011	5.0847	TRUE	3.5000	3.4000	2019Q1-2019Q4
419	Percentage of long-stay residents who received an antipsychotic medication	Long Stay	35.8974	29.7297	34.3750	30.3030	32.6241	34.5324	TRUE	14.2000	14.4000	2019Q1-2019Q4
451	Percentage of long-stay residents whose ability to move independently worsened	Long Stay	11.0570	13.1681	11.2699	19.3064	13.7425	11.5464	TRUE	18.3000	17.5000	2019Q1-2019Q4
401	Percentage of long-stay residents whose need for help with daily activities has increased	Long Stay	26.4706	14.2857	11.1111	11.4286	15.7143	16.7939	TRUE	15.2000	14.5000	2019Q1-2019Q4
406	Percentage of long-stay residents with a catheter inserted and left in their bladder	Long Stay	3.1283	1.4975	0.0000	0.0000	1.1981	1.2715	TRUE	1.5000	1.9000	2019Q1-2019Q4
407	Percentage of long-stay residents with a urinary tract infection	Long Stay	0.0000	2.1277	0.0000	0.0000	0.5435	1.1628	TRUE	2.1000	2.7000	2019Q1-2019Q4
471	Percentage of short-stay residents who made improvements in function	Short Stay							TRUE	66.8000	67.6000	2019Q1-2019Q4
434	Percentage of short-stay residents who newly received an antipsychotic medication	Short Stay						1.6949	TRUE	2.0000	1.8000	2019Q1-2019Q4
476	Percentage of SNF residents with pressure ulcers that are new or worsened	Short Stay						8.1851	TRUE	1.4000	1.5000	2019Q1-2019Q4
							7.700383					
Claims Data Points												
521	Percentage of short-stay residents who were rehospitalized after a nursing home admission	Short Stay				27.798761			TRUE	22.5000	22.3000	20181001-20190930
522	Percentage of short-stay residents who had an outpatient emergency department visit	Short Stay				11.688086			TRUE	10.8000	10.7000	20181001-20190930
551	Number of hospitalizations per 1000 long-stay resident days	Long Stay				2.302735			TRUE	1.5300	1.7200	20181001-20190930
552	Number of outpatient emergency department visits per 1000 long-stay resident days	Long Stay				2.570889			TRUE	0.9000	0.9500	20181001-20190930

NOTES:

MDS Data Point Measures:

Long Stay Measures:

- Measure 453- Lower Percentages are better
- Measure 410- Lower Percentages are better
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- Measure 451- Lower Percentages are better
- Measure 401 - Lower Percentages are better
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- Measure 407- Lower Percentages are better

Short-Stay Measures: Short Stay Residents are residents who stayed in a nursing home for 100 days or less

- Measure 471- Higher Percentages are better
- Measure 434- Lower Percentages are better
- Measure 476- Lower Percentages are better

Claims Data Points:

- Measure 521- Lower Percentages are better
- Measure 522- Lower Percentages are better
- Measure 551 - Lower Numbers are better
- Measure 552- Lower Numbers are better

Long-Term Care Consultants, LLC.
 Summary of Quality Indicators
 For the Quarter Ended June 30, 2020

STOW GLEN HEALTH CARE CENTER
 4285 KENT RD
 Stow, Ohio 44224

Prior To Grant Programs

Measure Code	Measure Description	Resident type	(September 30, 2019) Q1 Measure Score	(December 31, 2019)Q2 Measure Score	(March 31, 2020)Q3 Measure Score	(June 30, 2020) Q4 Measure Score	(September 30, 2019 - June 30, 2020) Average Four Quarter Score	Baseline (June 30, 2019 - 2020)	Used in Quality Measure Five Star Rating	State of Ohio Average	National Average	Measure Period
								March 31, 2020) Average Four Qtr Score				
MDS Data Points:												
453	Percentage of high risk long-stay residents with pressure ulcers	Long Stay	9.09091	2.17391	2.17391	0.00000	3.33333	3.27869	TRUE	6.8000	7.3000	2019Q1-2019Q4
410	Percentage of long-stay residents experiencing one or more falls with major injury	Long Stay	3.27869	3.27869	3.17460	0.00000	2.44898	2.78884	TRUE	3.5000	3.4000	2019Q1-2019Q4
419	Percentage of long-stay residents who received an antipsychotic medication	Long Stay	12.28070	8.92857	8.92857	5.66038	9.00901	9.91379	TRUE	14.2000	14.4000	2019Q1-2019Q4
451	Percentage of long-stay residents whose ability to move independently worsened	Long Stay	17.15934	16.80981	12.99555	8.75374	13.90416	16.58157	TRUE	18.3000	17.5000	2019Q1-2019Q4
401	Percentage of long-stay residents whose need for help with daily activities has increased	Long Stay	19.04762	6.97674	11.11111	11.62791	12.13873	13.87283	TRUE	15.2000	14.5000	2019Q1-2019Q4
406	Percentage of long-stay residents with a catheter inserted and left in their bladder	Long Stay	0.00000	0.00000	1.58297	0.00000	0.41116	0.90319	TRUE	1.5000	1.9000	2019Q1-2019Q4
407	Percentage of long-stay residents with a urinary tract infection	Long Stay	3.33333	1.66667	1.58730	0.00000	1.64609	2.00803	TRUE	2.1000	2.7000	2019Q1-2019Q4
471	Percentage of short-stay residents who made improvements in function	Short Stay			79.21538	70.27836	77.09656	80.66713	TRUE	66.8000	67.6000	2019Q1-2019Q4
434	Percentage of short-stay residents who newly received an antipsychotic medication	Short Stay	0.00000	0.00000	0.00000	0.00000	0.00000	1.12359	TRUE	2.0000	1.8000	2019Q1-2019Q4
476	Percentage of SNF residents with pressure ulcers that are new or worsened	Short Stay						0.00000	TRUE	1.4000	1.5000	2019Q1-2019Q4
Claims Data Points												
521	Percentage of short-stay residents who were rehospitalized after a nursing home admission	Short Stay				12.641946				22.5000	22.3000	20181001-20190930
522	Percentage of short-stay residents who had an outpatient emergency department visit	Short Stay				16.672821				10.8000	10.7000	20181001-20190930
551	Number of hospitalizations per 1000 long-stay resident days	Long Stay				2.673716				1.5300	1.7200	20181001-20190930
552	Number of outpatient emergency department visits per 1000 long-stay resident days	Long Stay				0.357711				0.9000	0.9500	20181001-20190930

NOTES:

MDS Data Point Measures:

Long Stay Measures:

- Measure 453- Lower Percentages are better
- Measure 410- Lower Percentages are better
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- Measure 451- Lower Percentages are better
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- Measure 407- Lower Percentages are better

Short- Stay Measures: Short Stay Residents are residents who stayed in a nursing home for 100 days or less

- Measure 471- Higher Percentages are better
- Measure 434- Lower Percentages are better
- Measure 476- Lower Percentages are better

Claims Data Points:

- Measure 521- Lower Percentages are better
- Measure 522- Lower Percentages are better
- Measure 551 - Lower Numbers are better
- Measure 552- Lower Numbers are better

Long-Term Care Consultants, LLC.
 Summary of Quality Indicators
 For the Quarter Ended June 30, 2020

WESTPARK NEUROLOGY AND REHABILITATION CENTER
 4401 W 150TH STREET
 Cleveland, Ohio 44135

Prior To Program

Baseline

Measure Code	Measure Description	Resident type	(September 30,	(December 31,	(March 31,	(June 30,	(September 30,	(June 30, 2019	Used in Quality Measure Five Star Rating	State of Ohio Average	National Average	Measure Period
			2019) Q1 Measure Score	2019) Q2 Measure Score	2020) Q3 Measure Score	2020) Q4 Measure Score	2019 - June 30, 2020) Average Four Quarter Score	- March 31, 2020) Average Four Qtr Score				
MDS Data Points:												
453	Percentage of high risk long-stay residents with pressure ulcers	Long Stay	16.98113	19.64286	18.36735	18.36735	18.39623	17.7570	TRUE	6.8000	7.3000	2019Q1-2019Q4
410	Percentage of long-stay residents experiencing one or more falls with major injury	Long Stay	1.88679	1.88679	2.06186	2.80374	2.16346	1.6471	TRUE	3.5000	3.4000	2019Q1-2019Q4
419	Percentage of long-stay residents who received an antipsychotic medication	Long Stay	36.66667	35.00000	29.41176	33.33333	33.77777	34.8739	TRUE	14.2000	14.4000	2019Q1-2019Q4
451	Percentage of long-stay residents whose ability to move independently worsened	Long Stay	15.44251	10.10122	25.86177	18.74935	17.31040	19.4778	TRUE	18.3000	17.5000	2019Q1-2019Q4
401	Percentage of long-stay residents whose need for help with daily activities has increased	Long Stay	9.19540	11.23596	17.94872	21.34831	14.86881	11.8980	TRUE	15.2000	14.5000	2019Q1-2019Q4
406	Percentage of long-stay residents with a catheter inserted and left in their bladder	Long Stay	2.42012	2.80739	1.97488	1.85216	2.26418	2.2459	TRUE	1.5000	1.9000	2019Q1-2019Q4
407	Percentage of long-stay residents with a urinary tract infection	Long Stay	2.85714	5.66038	6.25000	3.73832	4.58937	5.2009	TRUE	2.1000	2.7000	2019Q1-2019Q4
471	Percentage of short-stay residents who made improvements in function	Short Stay			73.73483		75.86826	80.5224	TRUE	66.8000	67.6000	2019Q1-2019Q4
434	Percentage of short-stay residents who newly received an antipsychotic medication	Short Stay	14.28571	11.53846	3.22581	0.00000	6.19469	7.2165	TRUE	2.0000	1.8000	2019Q1-2019Q4
476	Percentage of SNF residents with pressure ulcers that are new or worsened	Short Stay						0.0000	TRUE	1.4000	1.5000	2019Q1-2019Q4
Claims Data Points												
521	Percentage of short-stay residents who were rehospitalized after a nursing home admission	Short Stay				18.058749			TRUE	22.5000	22.3000	20181001-20190930
522	Percentage of short-stay residents who had an outpatient emergency department visit	Short Stay				6.413881			TRUE	10.8000	10.7000	20181001-20190930
551	Number of hospitalizations per 1000 long-stay resident days	Long Stay				1.851639			TRUE	1.5300	1.7200	20181001-20190930
552	Number of outpatient emergency department visits per 1000 long-stay resident days	Long Stay				0.574023			TRUE	0.9000	0.9500	20181001-20190930

NOTES:

Long Stay Measures:

Long Stay Measures:

Measure 453- Lower Percentages are better
 Measure 410- Lower Percentages are better
 Measure 419- Lower Percentages are better
 Measure 451- Lower Percentages are better
 Measure 401 - Lower Percentages are better
 Measure 406- Lower Percentages are better
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Short- Stay Measures: Short Stay Residents are residents who stayed in a nursing home for 100 days or less

Measure 471- Higher Percentages are better
 Measure 434- Lower Percentages are better
 Measure 476- Lower Percentages are better

Claims Data Points:

Measure 521- Lower Percentages are better
 Measure 522- Lower Percentages are better
 Measure 551 - Lower Numbers are better
 Measure 552- Lower Numbers are better

Long- Term Care Consultants, LLC.
 Summary of Survey Deficiencies
 For the Quarter Ended June 30, 2020

	← Prior To Grant Program		Baseline	Most Recent
	Survey Date 07/21/2016	Survey Date 10/12/2017	Survey Date 12/19/2018	Survey Date 02/20/2020
Canton Christian Home 2550 CLEVELAND AVENUE NW CANTON, Ohio 44709				

Health Deficiencies

Count of Freedom from Abuse and Neglect and Exploitation Deficiencies	2	0	3	0
Count of Quality of Life and Care Deficiencies	0	1	2	0
Count of Resident Assessment and Care Planning Deficiencies	0	0	1	0
Count of Nursing and Physician Services Deficiencies	0	0	0	0
Count of Resident Rights Deficiencies	1	1	2	0
Count of Nutrition and Dietary Deficiencies	1	1	1	0
Count of Pharmacy Service Deficiencies	1	0	1	1
Count of Environmental Deficiencies	0	1	0	0
Count of Administration Deficiencies	0	0	2	0
Total Number of Health Deficiencies	5	4	12	1

Scope and Severity:

Level of Deficiencies:

B				
C				
D			6	1
E			2	
F			1	
G				
H				
I				
J				
K			3	
L				
			12	1

Long- Term Care Consultants, LLC.
 Summary of Survey Deficiencies
 For the Quarter Ended June 30, 2020



CRESTMONT NORTH NURSING HOME
 13330 DETROIT AVE
 Lakewood, Ohio 44107

	Survey Date 06/01/2017	Survey Date 08/20/2018	Baseline Survey Date 08/29/2019
Count of Freedom from Abuse and Neglect and Exploitation Deficiencies	0	0	0
Count of Quality of Life and Care Deficiencies	0	1	3
Count of Resident Assessment and Care Planning Deficiencies	0	1	3
Count of Nursing and Physician Services Deficiencies	0	0	1
Count of Resident Rights Deficiencies	0	3	2
Count of Nutrition and Dietary Deficiencies	0	1	2
Count of Pharmacy Service Deficiencies	0	2	0
Count of Environmental Deficiencies	1	1	1
Count of Administration Deficiencies	0	0	0
Total Number of Health Deficiencies	1	9	12

Scope and Severity:

Level of Deficiencies:

B	
C	2
D	5
E	3
F	2
G	
H	
I	
J	
K	
L	
12	

Long- Term Care Consultants, LLC.
 Summary of Survey Deficiencies
 For the Quarter Ended June 30, 2020

	Prior To Grant Program		
		Baseline	Most Recent
	Survey	Survey	Survey
	Date 05/09/2018	Date 06/24/2019	Date 11/21/2019
CRYSTAL CARE OF COAL GROVE 813 1/2 MARION PIKE Coal Grove, Ohio 45638			

Health Deficiencies

Count of Freedom from Abuse and Neglect and Exploitation Deficiencies	0	4	0
Count of Quality of Life and Care Deficiencies	8	12	5
Count of Resident Assessment and Care Planning Deficiencies	5	6	3
Count of Nursing and Physician Services Deficiencies	2	1	0
Count of Resident Rights Deficiencies	4	6	1
Count of Nutrition and Dietary Deficiencies	4	6	3
Count of Pharmacy Service Deficiencies	2	7	3
Count of Environmental Deficiencies	4	7	0
Count of Administration Deficiencies	0	3	0
Total Number of Health Deficiencies	29	52	15

Scope and Severity:

Level of Deficiencies:

B			
C			
D			12
E			
F		52	3
G			
H			
I			
J			
K			
L			
		52	15

Long- Term Care Consultants, LLC.
 Summary of Survey Deficiencies
 For the Quarter Ended June 30, 2020

STOW GLEN HEALTH CARE CENTER 4285 KENT RD Stow, Ohio 44224	←—————→ Prior To Grant Program		←—————→
	Survey Date 10/20/2016	Survey Date 01/18/2018	Baseline Survey Date 02/22/2019

Health Deficiencies

Count of Freedom from Abuse and Neglect and Exploitation Deficiencies	2	3	0
Count of Quality of Life and Care Deficiencies	2	6	0
Count of Resident Assessment and Care Planning Deficiencies	0	3	0
Count of Nursing and Physician Services Deficiencies	1	1	0
Count of Resident Rights Deficiencies	0	3	1
Count of Nutrition and Dietary Deficiencies	1	3	1
Count of Pharmacy Service Deficiencies	1	2	1
Count of Environmental Deficiencies	2	2	0
Count of Administration Deficiencies	0	2	0
Total Number of Health Deficiencies	9	25	3

Scope and Severity:

Level of Deficiencies:

B	
C	
D	
E	
F	3
G	
H	
I	
J	
K	
L	
<hr/>	
3	
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Long- Term Care Consultants, LLC.
 Summary of Survey Deficiencies
 For the Quarter Ended June 30, 2020

WESTPARK NEUROLOGY AND REHABILITATION CENTER 4401 W 150TH STREET Cleveland, Ohio 44135	Prior To Grant		
	Survey	Baseline	Survey
	Date 08/24/2017	Date 10/03/2018	Date 11/07/2019

Health Deficiencies

Count of Freedom from Abuse and Neglect and Exploitation Deficiencies	0	1	0
Count of Quality of Life and Care Deficiencies	1	2	0
Count of Resident Assessment and Care Planning Deficiencies	0	2	1
Count of Nursing and Physician Services Deficiencies	0	0	0
Count of Resident Rights Deficiencies	0	2	1
Count of Nutrition and Dietary Deficiencies	0	1	0
Count of Pharmacy Service Deficiencies	0	1	0
Count of Environmental Deficiencies	1	2	1
Count of Administration Deficiencies	0	0	0
Total Number of Health Deficiencies	2	11	3

Scope and Severity:

Level of Deficiencies:

B		
C		
D	7	2
E	2	1
F	2	
G		
H		
I		
J		
K		
L		
	11	3