

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER Wexner Heritage House		STREET ADDRESS, CITY, STATE, ZIP CODE 1151 College Avenue Columbus, OH 43209	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 37100</p> <p>Based on medical record review, facility investigation report review, staff interview, and facility policy review, the facility failed to report an allegation of resident abuse to the State agency as required. This affected one resident (#46) of two resident investigative reports reviewed. The census was 83.</p> <p>Findings Include:</p> <p>Record review revealed Resident #46 was admitted to the facility on [DATE] with diagnoses including chronic respiratory failure with hypoxia, unspecified cirrhosis of liver, chronic obstructive pulmonary disease, type II diabetes, dependence on supplemental oxygen, dependence on renal dialysis, dysphagia, muscle weakness, hypotension, pneumonia, end stage renal disease, dementia, hypertensive heart and chronic kidney disease, congestive heart failure, atrial fibrillation, cognitive communication deficit, atherosclerotic heart disease, thrombocytopenia, hyperlipidemia, and anxiety disorder.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #46 was cognitively intact.</p> <p>Review of a Facility Reported Incident (FRI), tracking number 255212, dated 12/17/24, revealed an allegation of abuse was reported to Licensed Practical Nurse (LPN) #114 on 12/16/24 at 7:50 P.M. LPN #114 reported this allegation to the Director of Nursing (DON), and the DON reported the allegation to the Administrator on 12/16/24 at 8:02 P.M. However, review of the FRI report to the State agency revealed the abuse allegation was not reported until 12/17/24, which was greater than two hours from the time the facility was first notified.</p> <p>Interview with the DON on 12/24/24 at approximately 10:45 A.M. confirmed he reported the abuse allegation that Resident #46's family had made to the Administrator on 12/16/24 at around 8:00 P.M.</p> <p>Interview with the Administrator on 12/24/24 at approximately 10:55 A.M. revealed he did not report the allegation of abuse to the State agency until the next day (12/17/24). He confirmed he was notified in the evening of 12/16/24 about the abuse allegation. The Administrator indicated he thought he had 24 hours to report the abuse allegation because there was no significant injury (to the resident).</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility Abuse, Mistreatment, Neglect, Exploitation, Injuries of Unknown Source, and Misappropriation of Resident Property policy, dated April 2021, revealed abuse was defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The executive director/administrator or his/her designee would notify the State Department of Health of all alleged violations involving mistreatment, neglect, abuse, exploitation, misappropriation of resident property and injuries of unknown source as soon as possible, but in no event later than 24 hours from the time the incident/allegation was made known to the staff member. If the event that caused the allegation involved an allegation of abuse or serious bodily injury, it should be reported to the State Department of Health immediately, but no later than two hours after the allegation is made.</p> <p>This deficiency is an incidental finding related to Complaint Number OH00160901.</p>		