STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365026	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wexner Heritage House	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47987 Based on interviews, record reviews, and facility policy review, the facility failed to ensure weekly skin assessments were accurate and completed as well as treatment orders being in place and timely for two (Resident #21 and #41) out of three residents reviewed for skin breakdown. The facility census was 85. Findings include: 1. Review of the medical record for Resident #21, revealed an admitted [DATE]. Diagnoses included but were not limited to unspecified dementia, cognitive communication deficit, overactive bladder, depression, and need for assistance with personal care. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of the resident is rarely/never understood. The resident was assessed to require total dependence on toilet hygiene, shower/bathe self, bed mobility and transfers. Review of the physician's order for Resident #21 dated 01/21/25 at 10:36 A.M. revealed cleanse area under right breast with wound cleanser, pat dry and apply calcium alginate to wound bed, cover with bordered gauze island dressing every day and as needed if the dressing becomes soiled or dislodged. Review of the plan of care for Resident #21 revised on 01/28/2025 revealed this resident was at risk for skin breakdown and development of pressure injury related to skin impairment under her right breast with the intervention that included but was not limited to weekly skin assessments. Review of the medical record for Resident #21 revealed no weekly skin assessments with measurements and descriptions for the skin alteration under the right breast. Interview on 02/18/25 at 2:47 P.M. with the Director of Nursing (DON) verified Resident #21 had a treatment put in place or a skin alteration on 01/21/25 with no weekly skin documentation monitoring the wound. 2. Review of the medical record for Resident #41, revealed an admitted [DATE] and a transfer to hospital date of 12/03/24. Diagnoses included but were not limited to acute kidney failure, need for assistance with personal care, dependence on renal dialysis, acquired absence of left knee, arthritis due to other bacteria, right knee, and type 2 diabetes. (continued on next page)

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

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 02/19/2025
NAME OF PROVIDER OR SUPPLIER Wexner Heritage House		STREET ADDRESS, CITY, STATE, ZIP CODE 1151 College Avenue Columbus, OH 43209	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 15 out of 15 indicating intact cognition. The resident was assessed to require partial/moderate assistance with bed mobility, and substantial/maximal assistance with toilet hygiene, shower/bathe self, and transfers. This resident was assessed to be occasionally incontinent of urine and frequently incontinent of bowel and to have a surgical wound. Review of the admission screener assessment dated [DATE] at 6:05 P.M. revealed under the skin integrity section no documentation of skin impairments. Review of the plan of care dated 10/17/24 for Resident #41 revealed this resident was at risk for skin breakdown and development of pressure injury with the intervention including but not limited to weekly skin assessments. The plan of care did not include arterial wounds (wound 1 and wound 2) on the front right lateral lower leg and wound 3 was a surgical wound to the front right knee that were present upon admission. Review of the hospital discharge instructions to the facility dated 10/17/24 for Resident #41 revealed on order for the right knee: daily wound care to apply adaptic to cover the entire skin graft, wrap gently with kerlix roll, and abdominal gauze pad to absorb drainage with an ace wrap for gentle compression. Review of skin and wound evaluations dated 10/18/24 for Resident #41 revealed no types, locations or descriptions of wounds. Review of the physician's order dated 10/22/24 at 6:57 P.M. for Resident #41 revealed the order for the right knee: daily wound care to apply adaptic to cover the entire skin graft, wrap gently with kerlix roll, and abdominal gauze pad to absorb drainage with an ace wrap for gentle compression. Review of skin and wound evaluations dated 10/27/24 for Resident #41 revealed no types, locations or descriptions of wounds. Review of skin and wound evaluations dated 11/05/24 for Resident #41 revealed no types, locations or descriptions of wounds. Review of the medical record for Resident #41 revealed no treatments for wounds 1 and 2, from admission through 11/15/24. Review of the Wound Physicians evaluation and management summary dated 11/13/24 for Resident #41 revealed the treatment plan for wounds 1 and 2 to be applied betadine once a day. Review of the physician order dated 11/15/24 at 11:19 A.M. for Resident #41 revealed an order for the right calf-paint with betadine one time a day. Review of the physician order dated 11/15/24 at 11:21 A.M. for Resident #41 revealed right first toe, cleanse with wound cleaner pat dry, apply mesalt to wound bed, cover with gauze island dressing. Review of the medical record for Resident #41 revealed no skin assessment for the skin impairment to the right first toe for 11/15/24. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of skin and wound evaluation dated 11/24/24 and 12/02/24 for Resident #41 revealed no type, location or description of wound for the right first toe. Interview on 02/18/25 at 1:40 A.M. with the Director of Nursing (DON) verified for Resident #41 the skin and wound evaluations for wounds 1, 2, and 3 did not have any identification of location, type and descriptions for the dates of 10/18/24, 10/27/24,11/05/24. Also verified wound 1 and wound 2 as arterial wounds on the front right lateral lower leg and wound 3 was a surgical wound to the front right knee. Confirmed the following orders were placed late: on discharge for 10/17/24 for the treatment of the right knee was placed on 10/22/24 and should have been completed upon admission and the treatment for wounds 1 and 2 ordered on 11/13/24 was not placed until 11/15/24. Interview on 02/19/24 at 11:14 A.M. with the DON verified no skin abnormalities were documented on admission on 10/17/24 and the skin and wound evaluations dated 11/24/24 and 12/02/24 for the right first greater toe abrasion and did not have any identification, location, type and descriptions with no documentation on 11/15/24. Review of the facility policy titled Wound and Skin Program revised 05/13/2013 revealed initial documentation will include specific description of the wound. Review of the facility policy titled Wound Care Treatment Guidelines revised 06/22/2009 revealed a weekly assessment should be done on all wound requiring treatment. This should include measurement and a description. This deficiency represents non-compliance investigated under Master Complaint Number OH00162268, Complaint Number OH00161889, and Complaint Number OH00161147.