

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 11/10/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview and facility policy review, the facility failed to complete incontinence care appropriately. This affected one resident (Resident #33) observed for incontinence care. The facility census was 76. Findings include: Review of Resident #51's medical record revealed she was admitted to the facility on [DATE]. Diagnoses included severe protein malnutrition, peripheral vascular disease (PVD), acute kidney disease (AKD) and history of falling. Review of the quarterly minimum data set (MDS) assessment revealed her cognition was severely impaired. She required supervision or touching assistance for eating, was dependent on oral hygiene, toileting, bathing/showering, dressing, personal hygiene and turning and repositioning. Resident #51 was always incontinent of bowel and bladder. No falls and no pressure areas were coded on the MDS. On 10/29/25 at 10:35 A.M. observation of incontinence care provided to Resident #51 revealed certified nursing assistant (CNA) #137 washed her hands and put on gloves, and after washing and rinsing the vaginal area and creases CNA #137 put a clean adult brief on Resident #51. Resident #51 did not have her vaginal area dried after being washed and did not have her buttocks, rectal, and coccyx area cleansed during the incontinent care by CNA #137. Interview with CNA #137 on 10/29/25 at 10:47 A.M. verified she had not dried the resident or washed the buttocks, rectal or coccyx area during incontinent care. Review of the facility policy and procedure Incontinence Care Male and Female Residents dated 08/13/21 revealed after washing and rinsing dries the genital area moving from front to back with dry cloth towel/washcloth. Turns to the side then washes the rectal area moving from front to back using a clean area of the washcloth for each stroke. Rinse and dry the rectal area. This deficiency represents non-compliance investigated under Complaint Number 2652939.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, medical record review, and facility policy review the facility failed to maintain infection control practices by failing to perform hand hygiene during meal tray service. This affected three of three (Resident #39, #40 and #43) residents observed during meal service. This had the potential to affect all thirteen residents residing on the Yass 2 unit. The facility census was 76. Findings include: 1. Record review of Resident #39's medical record revealed an admission date of 02/07/24. Diagnoses include unspecified dementia, Type II Diabetes Mellitus with chronic kidney disease, Crohn's disease, colostomy status, chronic kidney disease stage III, hypertensive heart and chronic kidney disease with heart failure, chronic diastolic heart failure, repeated falls and cognitive communicative deficit. Review of Resident #39's Minimum Data Set 3.0 dated 08/12/25 revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident was cognitively intact. Observation on 10/29/25 at 12:15 P.M. revealed during tray service certified nursing assistant (CNA) #100 entered Resident #39's room and assisted with raising the head of the bed (HOB) and then assisted with the meal tray set up and left room without performing hand hygiene. CNA #100 was then observed to open and reach into the meal delivery cart for another tray. A blue hand sanitizer bottle was observed located on top of the meal deliver cart. Interview on 10/29/25 at 12:37 P.M. with CNA #100 verified they had not used hand hygiene during lunch tray pass. 2. Record review of Resident #43's medical record revealed an admission date of 05/04/25. Diagnoses include unspecified mild dementia, unilateral primary arthritis right knee, chronic kidney disease stage III, Type II Diabetes Mellitus with diabetic chronic kidney disease, hypertensive chronic kidney disease stage I through IV, peripheral vascular disease, gastro-esophageal reflux disease without esophagitis, and history of falling. Review of Resident #43's Minimum Data Set 3.0 dated 09/19/25 revealed a Brief Interview for Mental Status (BIMS) score of 10 indicating the resident had cognitive impairment. Observation on 10/29/25 at 12:20 P.M. revealed CNA #100 did not perform hand hygiene prior to entering Resident #43's room and assisting with raising the HOB and meal tray set up. CNA #100 left Resident #43's room without performing hand hygiene. Interview on 10/29/25 at 12:37 P.M. with CNA #100 verified they had not used hand hygiene during lunch tray pass. 3. Record review of Resident #40's medical record revealed an admission date of 02/29/24. Diagnoses include unspecified dementia, left hand contracture, hypertensive heart and chronic kidney disease with heart failure and stage I through IV chronic kidney disease, history of falling, orthostatic hypotension, essential primary hypertension, cerebral ischemia, and cognitive communicative deficit. Review of Resident #40's Minimum Data Set 3.0 dated 10/17/25 revealed a Brief Interview for Mental Status (BIMS) score of 03 indicating the resident had severe cognitive impairment. Observation on 10/29/25 at 12:27 P.M. revealed STNA #100 remove a clear plastic bag with linen from a chair to sit near Resident #40 in the dining room and did not perform hand hygiene prior to performing meal tray set up for Resident #39 and feeding the resident. Interview on 10/29/25 at 12:37 P.M. with CNA #100 verified they had not used hand hygiene during lunch tray pass. Review of the facilities Infection Control policy dated 11/28/16 and revised 03/25 verified it is the policy of the community to establish guidelines to follow to facilitate maintaining a safe, sanitary and comfortable environment; to proactively prevent and manage transmission of diseases and infections; to identify, reduce, control or prevent the risks of acquiring and transmitting infections among residents, employees, volunteers, visitors and other. The policy also states hand hygiene policies will be followed by all employees.</p>		