

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER McNaughten Pointe Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 Yorkland Road Columbus, OH 43232	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review and staff interview, the facility failed to offer/complete therapy orders as expected. This affected one (Resident #64) of three resident medical records reviewed. The census was 125.</p> <p>Findings Include:</p> <p>Resident #64 was admitted to the facility on [DATE]. Her diagnoses were end stage renal disease, dependence on renal dialysis, type II diabetes, hypertensive heart and chronic kidney disease, anemia, congestive heart failure, hyperlipidemia, mild cognitive impairment, insomnia, anxiety disorder, age related nuclear cataract, macular degeneration, and hyperkalemia.</p> <p>Review of her minimum data set (MDS) assessment, dated 08/13/24, revealed she had a mild cognitive impairment.</p> <p>Review of Resident #64 physician orders, dated 10/15/24, revealed she was ordered physical therapy three to five times per week, for 30 days.</p> <p>Review of Resident #64 physical therapy notes, dated 10/15/24 to 10/31/24, revealed her rolling week of therapy was from Tuesdays to Monday. During the first week of ordered physical therapy (10/15/24 to 10/21/24), she was offered therapy on Tuesday, 10/15/24, Friday, 10/18/24, and Monday 10/21/24 of the first week she was ordered physical therapy. She completed therapy on 10/15/24 and 10/21/24, but she did not complete it on 10/18/24; her documentation stated she was unavailable. On the second week of ordered physical therapy (10/22/24 to 10/30/24), she was offered therapy on Thursday, 10/24/24, Friday, 10/25/24, and Monday, 10/28/24. She completed therapy on 10/28/24, but she did not complete therapy on 10/24/24 (documented as being sick), and 10/25/24 (documented as being unavailable). There was no other documentation to support that she was offered therapy more than three times per week, and she was not offered therapy to make up for the days that she missed to meet the ordered three to five times per week.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Therapy Director #501 on 10/31/24 at 12:45 P.M. confirmed Resident #64 was to have physical therapy three to five times per week. She also confirmed that if a resident misses a therapy session for any reason (being sick, physician/medical appointment, etc), they have enough openings in their schedule each week to offer more therapy opportunities to each of the residents on their case load. She confirmed there were only three attempts to perform physical therapy for Resident #64 and they should have offered it more time. She confirmed she does not know why it wasn't offered more. She also confirmed Resident #64 did not complete physical therapy at least three times per week.</p> <p>Interview with Director of Nursing (DON) on 10/31/24 at 3:30 P.M. confirmed Resident #64 attends dialysis three times weekly, which would affect the dates/times she would be able to perform physical therapy.</p> <p>This deficiency represents non compliance under Complaint Number OH00158713.</p>		