STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365195	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McNaughten Pointe Nursing and Rehab	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)
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** Based on observation, interview, and review of the facility policy, the facility failed to ensure proper incontinence care was completed for Resident #40. This affected one of four residents reviewed for incontinence care (Resident #15, #25, #20 #10). The census was 118.Findings include:Review of Resident #40's medical record revealed an admission date of 09/20/24. Diagnoses include hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side, memory deficit following other nontraumatic intracranial hemorrhage, chronic obstructive pulmonary disease, peripheral vascular disease, neuromuscular dysfunction of bladder, chronic diastolic (congestive) heart failure, generalized muscle weakness, unqualified visual loss right eye and normal vision to left eye.Review of Resident #40's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 09. Review of Resident #40's functional abilities revealed Resident #40 was dependent on staff for toilet hygiene and impairment to one side of his upper extremities. Review of Resident #40's bladder and bowel revealed Resident #40 is always incontinent of bladder and bowel.Observation on 04/16/26 at 8:45 A.M. with Certified Nursing Assistant (CNA) #200 performing incontinence care for Resident #40 revealed CNA #200 did not perform hand hygiene in between glove changes during incontinence care instead verbalizing they were performing hand hygiene without physically performing physical hand hygiene task. CNA #200 used a towel that was halfway placed in the plastic bag on the bed to dry Resident #200's buttock after completing incontinence care as there was not another clean towel to complete the incontinence care. Interview with CNA #200 on 04/16/26 at 9:12 A.M. confirmed she did not perform hand hygiene and did not have enough linen to complete the incontinence care using clean linen for all task. Review of the facility's policy titled. Hand Hygiene dated 11/28/17 confirmed staff will perform hand hygiene when indicated, using proper technique.Review of the facility's policy titled. Skin: Incontinence Care Protocol dated 09/2017 confirms perform proper hand hygiene and wear gloves when providing incontinence care.This deficiency represents non-compliance investigated under Complaint 2967065.

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