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	05/21/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the practitioner was timely notified of ongoing symptoms of nausea and holding of tube feeding administration for Resident #118. This affected one (Resident #118) of three residents reviewed for tube feeding management. The facility census was 116.Findings include:Review of the closed medical record for Resident #118 revealed an admission date of 10/08/25 with diagnoses including chronic respiratory failure, dependence on respirator status, dependence on renal dialysis, osteomyelitis of vertebra, sacral, and sacrococcygeal region, dysphagia oropharyngeal phase, and gastrostomy status. Resident #118 discharged from the facility on 10/24/25.Review of Resident #118's physician orders for October 2025 revealed an order dated 10/09/25 for Novasource Renal (an enteral nutrition formula) at 40 ml per hour (ml/hr) over 22 hours via g-tube (gastrostomy tube) and 10 ml/hr water flush over 22 hours; may be held every Monday, Wednesday, and Friday for dialysis treatment; check gastrostomy tube placement each shift. There were no orders for the tube feeding to be held for nausea or emesis.Review of Resident #118's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact and received enteral nutrition and hydration via feeding tube and did not eat by mouth.Review of Resident #118's Medication Administration Record (MAR) for October 2025 revealed the tube feedings and water flushes were administered as ordered and gastrostomy tube placement checked each shift.Review of a progress note dated 10/15/25 at 8:07 A.M. revealed Resident #118 requested to turn off the tube feeding at 5:55 A.M. and it remained off until the time of this note (8:07 A.M.) due to nausea. It was passed on to the next shift to monitor the resident, and the responsible party was notified. There was no documentation that the physician or nurse practitioner (NP) were notified.Review of a progress note dated 10/15/25 at 10:38 A.M. revealed Resident #118 had continued complaints of nausea. There was no documentation that the physician or NP were notified.Review of a progress note dated 10/15/25 at 3:48 P.M. revealed Resident #118 continued to request the tube feeding be turned off at times, the NP was notified and to continue to monitor the resident.Review of a progress note dated 10/15/25 at 4:13 P.M. revealed Resident #118 refused for the tube feeding to be turned on after several attempts. Nurse Practitioner (NP) #248 was notified and the family.An interview on 05/21/26 at 9:25 A.M. with the Director of Nursing (DON) revealed the physician or NP should have been notified if a tube feeding was held for more than two hours. The DON verified there was no evidence the NP or physician was notified of the nausea and tube feeding being held until the progress note entry on 10/15/25 at 3:48 P.M. indicating the NP was notified. This deficiency represents non-compliance investigated under Complaint Number 3016838.

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