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	06/23/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on medical record reviews, observation, and staff interview, the facility failed to ensure residents' medications were not prepared and removed from the original packaging prior to time of medication administration. This affected eight (Residents #3, #4, #5, #6, #7, #8, #9, and #11) of the eight residents reviewed for medication administration. The facility census was 122. Findings include:Observation completed on 06/23/26 from 3:51 A.M. through 4:11 A.M. of five medication carts revealed medication for eight residents (#3, #4, #5, #6, #7, #8, #9, and #11) residing on the East unit had been pulled from their original package provided by the pharmacy and placed in a medication cups for administration at a later time. An interview on 06/23/26 at 3:58 A.M. with Licensed Practical Nurse (LPN) #202 confirmed medication for eight residents (#3, #4, #5, #6, #7, #8, #9, and #11) had been pre pulled from their original package and placed in medication cups to be administered at 5:00 A.M. The actual medication administration time was at 6:00 A.M. for most of the residents, but they could be given up to an hour before or an hour after the scheduled time. LPN #202 also claimed that all medications were to remain in the pharmacy provided package until time of administration and not to be removed prior. Review of the medical records for Residents #3, #4, #5, #6, #7, #8, #9, and #11 revealed all residents have medication scheduled to be administered at Rise or 6:00 A.M. Review of the facility's medication administration times revealed when a medication was scheduled to be administered at Rise that means the medication was scheduled between 5:00 A.M. and 10:00 A.M. Request of a Medication Administration or Medication Error policy and procedure revealed the facility did not have either. This deficiency represents non-compliance investigated under Complaint Number 3032122.

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