

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2024
NAME OF PROVIDER OR SUPPLIER  Capital City Gardens Rehabilitation and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE  920 Thurber Drive West Columbus, OH 43215	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37101</b></p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure medications were administered without significant errors. This affected one (Resident #96) of three residents reviewed for medications. The facility census was 91.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #96 revealed an admitted [DATE], with diagnoses including seizure disorder, chronic obstructive pulmonary disease (COPD), and dependence on respirator(ventilator).</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment for Resident #96 dated 01/17/24 revealed the resident was cognitively impaired and was dependent on staff for all activities of daily living (ADLs).</p> <p>Review of the care plan for Resident #96 dated 01/12/24 revealed the resident had a seizure disorder. Interventions included to give seizure medication as ordered by doctor and to monitor for side effects and effectiveness.</p> <p>Review of physician orders for Resident #96 revealed an order dated 02/03/24 valproic acid solution (anti-seizure medication) 10 milliliters (ml) per gastrostomy tube (g-tube) three times per day at 9:00 A.M., 1:00 P.M., and 9:00 P.M.</p> <p>Review of the progress notes for Resident #96 revealed the resident was discharged to the hospital on 02/03/24 and was readmitted to the facility on [DATE].</p> <p>Review of the readmission orders for Resident #96 dated 02/14/24 revealed an order for valproic acid solution 10 ml per g-tube three times per day at 9:00 A.M., 1:00 P.M., and 9:00 P.M.</p> <p>Review of the Medication Administration Record (MAR) for Resident #96 dated February 2024 MAR revealed the resident did not receive valproic acid solution ordered on 02/14/24 through 02/29/24.</p> <p>Review of the MAR for Resident #96 dated March 2024 revealed the resident did not receive valproic acid solution as ordered on 03/01/24 through 03/13/24. The resident was readmitted to the hospital on 03/14/24.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the hospital report for Resident #96 dated 03/16/24 revealed the resident was admitted to the hospital on 03/14/24 with a diagnosis of seizure activity. Further review of the report revealed the resident's valproic acid solution was discontinued though the reasoning for the discontinuation was unclear.</p> <p>Review of the facility incident report regarding Resident #96 dated 03/18/24 timed at 4:51 P.M. revealed the resident returned from the hospital on 02/14/24, and the admitting nurse did not enter the order for valproic acid solution into the electronic medical record (EMR.) Resident #96 did not receive valproic acid solution from 02/14/24 through 03/13/24. On 03/14/24 the resident was sent to the hospital for seizure-like activity. The hospital staff noticed valproic acid solution was not on Resident #96's medication list. The facility notified Resident #96's physician of the medication error (resident did not receive valproic acid as ordered from 02/14/24 to 03/13/24) on 03/18/24 at 4:00 P.M.</p> <p>Interview on 04/01/24 at 12:15 P.M. with the Director of Nursing (DON) confirmed Resident #96 did not receive valproic acid solution as ordered on 02/14/24 through 03/13/24. The DON confirmed Resident #96 did not receive her medication due to a transcription error in which the readmitting nurse on 02/14/24 failed to enter the medication order in the EMR.</p> <p>Review of the facility policy titled Medication and Treatment Orders revised July 2016. revealed medications must be administered as ordered by the physician.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00152209.</p>		