

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 06/21/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based on record review, observation, policy review, and interview, the facility failed to assist one female resident with shaving her face. This affected one resident (#44) of three residents reviewed for activities of daily living (ADLs). The facility census was 87.</p> <p>Findings include:</p> <p>Record review revealed Resident #44 admitted to the facility on [DATE] with diagnoses including other sequela of cerebral infarction, hemiplegia and hemiparesis following cerebrovascular disease affecting left dominant side, depression, chronic obstructive pulmonary disease, and type II diabetes.</p> <p>Review of an admission minimum data set (MDS) completed on 06/03/24 revealed Resident #44's cognition was intact, she did not refuse care, and was dependent on staff for personal hygiene including combing hair, shaving, applying makeup, washing face and hands.</p> <p>Observation and interview on 06/21/24 at 12:13 P.M. with Resident #44 revealed she had not been shaved since her admission because there were no supplies. Resident #44 stated an aide was bringing in supplies the following day and would shave her as part of her shower day routine. Resident #44 stated it bothered her to have facial hair and it was embarrassing. During the interview, Resident #44 was observed to have inch long, gray whiskers across her cheeks and chin.</p> <p>Interview on 06/21/24 at 1:17 P.M. with Director of Nursing (DON) confirmed Resident #44 did have long facial hair across her cheeks and chin. The DON stated when asked, Resident #44 was not bothered by facial hair.</p> <p>Review of a policy titled Shower/Tub Bath (dated October 2010) revealed staff should assist with dressing and grooming as needed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154376.</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
---	-------	-----------

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 06/21/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>47985</p> <p>Based on observation, record review, interview, and photographs, the facility was not maintained in a clean, homelike environment and was not in good repair. This affected all 87 residents residing in the facility. The census was 87.</p> <p>Findings include:</p> <p>Review of Resident Council Meeting minutes dated 06/06/24 revealed room B27's sink had been broken for three months. Grievance sheet dated 06/12/24 revealed the sink was repaired on 06/14/24.</p> <p>Observations on 06/21/24 during the initial tour of the facility with Administrator present to confirm revealed the following:</p> <ul style="list-style-type: none"> - 10 A.M. a missing transition strip to the dining room, the door frame was dirty and chipped, the dining room had peeling wallpaper, splatter marks throughout the dining room walls, two rusting ceiling vents with dust across the ceiling near the vents. - 10:03 A.M. the door to the therapy gym was chipping and jagged with a sharp edge, the wallpaper near the trashcan in the therapy gym was peeling and stained brown. - 10:05 A.M. on the C hallway revealed room C10's floor was dirty with mud and tire marks from a motorized wheelchair and the wall outside C19 was streaked with brown. - 10:07 A.M. on the B hallway revealed room B34's bathroom door was splattered with a brown substance, the vent above the door to room B26 was rusted, and the floor near B16 was covered with debris. - 10:25 A.M. the downstairs counseling space drywall was off half of the far wall with dirty brick exposed. - 10:30 A.M. the downstairs staff lounge was closed and off limits due to renovations occurring after a concern was identified related to a water leak and black mold-like substance. - 10:40 A.M. room A19 had linens on the floor and the floor outside the central shower room had grooves in the tile and was uneven. <p>Interview with the Administrator on 06/21/24 at 1:54 P.M. confirmed the photographs received were the off-limits downstairs staff lounge. Administrator stated repairs had begun and he could provide documentation.</p> <p>(continued on next page)</p>		

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 06/21/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of an undated email from Administrator to OSHA revealed employees working in the basement of the facility are exposed to slip, trip, and fall hazards resulting from leaking pipes that leave sections of the tiled floor routinely covered with water. It was discovered the floor drain in the facility's laundry room was clogged, the maintenance assistant used an electric floor drain snake to clear the drain line. Employees throughout the facility are exposed to potential health hazards related to the untreated accumulation of mold. This allegation was investigated and determined a storage room with limited access to employees has water damage from the leak. All water damaged items were removed, damaged drywall and tile flooring were removed. Once the source of the water leak has been identified and remediated, the floor will be covered in an epoxy floor paint and the walls will be treated for the mold-like substance and painted with Kilz paint. Supplies were purchased and are on site.</p> <p>Review of a receipt dated 06/11/24 at 2:02 P.M. revealed Columbus Leak Detection LLC received payment to determine the location of the leak.</p> <p>Review of a text message dated 06/18/24 at 9:30 A.M. provided by Administrator revealed Columbus Leak Detection LLC would be available to repair issues on 06/27/24 and services would include backfill hole and pouring concrete once leak was fixed.</p> <p>A policy for maintaining the facility in a safe, sanitary manner was requested and not provided.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154570.</p>		