

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 07/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on medical record review, observation, staff interview and review of the facility policy the facility failed to maintain proper infection control measures during medication administration. This affected two (Residents #22) of four residents observed for medication administration. The facility also failed to implement enhanced barrier precautions (EBP) when appropriate. This one resident (Resident #28) of three residents reviewed for isolation precautions. The facility census was 95 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #22 revealed an admitted [DATE] with diagnoses of respiratory failure and muscle weakness. Resident #22 was dependent on staff for activities of daily living (ADL) tasks including medication administration and had moderate cognitive impairment.</p> <p>Review of the physician orders for Resident #22 dated July 2023 revealed orders for the following medications to be given in the morning: Tylenol, Baclofen, Colace, folic acid, multivitamin, Zoloft, thiamine, vitamin D3, Gabapentin.</p> <p>Observation on 07/23/24 at 8:15 A.M. of medication administration for Resident #22 per Registered Nurse (RN) #345 revealed the nurse dispensed the following oral medications into a cup: Tylenol 325 milligrams (mg) two tablets totaling 650 mg, Baclofen 10mg one tablet, Colace 100 mg one gel capsule, folic Acid 1 mg one tablet, multivitamin one tablet, Zoloft 25 mg one tablet, thiamine 100 mg one tablet, vitamin D3 1000 units two tablets. RN #345 then unlocked the narcotic drawer to retrieve the nerve Gabapentin 300 mg two tablets. RN #345 removed the medication card for Gabapentin and dispensed the two capsules into her left hand and then placed the two capsules into the medication cup sitting on top of the medication cart.</p> <p>Interview on 07/23/24 at 8: 20 A.M. with RN #345 confirmed she dispensed Resident #22's Gabapentin capsules into her bare hand and placed them in the cup for administration to the resident. RN #345 further confirmed she should not have touched the resident's oral medications with her bare hands.</p> <p>Review of the facility policy titled Administering Medications dated 12/01/12 revealed staff should follow established facility infection control procedures (e.g. handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the medical record for Resident #28 revealed an admitted [DATE] with diagnoses including protein calorie malnutrition, high blood pressure, depression, and muscle weakness. Resident #28 required assistance from staff to complete ADLs and had intact cognition.</p> <p>Review of the physician orders for Resident #28 revealed an order dated 07/09/24 to cleanse a wound to the coccyx with Dakin's solution and pack with Dakin's solution-soaked gauze and cover with a border dressing twice daily and as needed. Resident #28 had no orders for EBP.</p> <p>Observation on 07/23/24 at 9:04 A.M. of wound care to the coccyx for Resident #28 per RNs #222 and #328 revealed the nurses did not don gowns prior to completing the dressing change. There was a three-drawer container with personal protective equipment (PPE) located in the resident's room outside of the bathroom door.</p> <p>Interview on 07/23/24 at 9:10 A.M. with RN #222 confirmed residents are placed on EBP for various conditions including indwelling urinary catheters, intravenous (IV) devices, dialysis ports, ostomies, and open wounds/pressure ulcers.</p> <p>Interview on 07/23/24 at 9:27 A.M. with the Director of Nursing (DON) confirmed there was not an order implemented for EBP related to Resident #28's open coccyx wound. The DON further confirmed Resident #28 should have had an order for enhanced barrier precautions due to the open coccyx wound and nurses should don gowns prior to performing dressing changes to the resident's coccyx wound.</p> <p>Review of the facility policy titled Enhanced Barrier Precautions dated 04/01/24 revealed (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with open wounds regardless of the wounds' multi-drug resistant organism (MDRO) colonization or infection status.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155639.</p>		