

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 08/16/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based on record review, observation, and interview, the facility failed to ensure fall interventions were in place. This affected one (Resident #22) of three residents reviewed for falls. The facility census was 94.</p> <p>Findings include:</p> <p>Record review revealed Resident #22 admitted to the facility on [DATE] with diagnoses including seizures, delirium, hemiplegia and hemiparesis following cerebral infarction, edema, major depression, hyperlipidemia, and mild cognitive impairment.</p> <p>Review of a Morse Fall Scale assessment completed on 07/17/24 revealed Resident #22 was at high risk for falling.</p> <p>Review of the care plan revealed Resident #22 required assistance of one to two staff for transfers and was at risk for falls related to an unsteady gait with fall interventions including but not limited to bright colored tape to call light, defined perimeter mattress, non-skid footwear, fall mat to right side of bed, bed in lowest position, and keeping call light in reach.</p> <p>Observation on 08/16/24 at 1:05 P.M. revealed Resident #22 was resting in bed. The bed was not in the lowest position, she did not have non-skid footwear on, the call light was not in reach and did not have bright colored tape as a visual cue. Interview with Licensed Practical Nurse (LPN) #124 confirmed observations and stated Resident #22 did not like to wear socks to bed and she had been eating lunch so her bed was not in the lowest position. LPN #124 confirmed the head of bed could be elevated with the bed in lowest position.</p> <p>Review of a policy titled, Falls - Clinical Protocol, dated 09/2012 revealed facility staff will identify pertinent interventions to try to prevent subsequent falls and to address the risks of falling. The staff will monitor and document the individuals response to the fall interventions intended to reduce falling or the consequences of falling.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156353.</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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