STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365315	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Capital City Gardens Rehabilitation and Nursing Ce	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on review of the facility's water management plan, staff interview, and review of the Centers for Disease Control and Prevention (CDC) Toolkit for Controlling Legionella in Common Sources of Exposure (Legionella Control Toolkit), the facility failed to have an adequate water management plan. This had the potential to affect all 93 residents residing in the facility. The census was 93. Findings include: Review of the facility's Waterborne Pathogens Plan dated revised 01/07/24 revealed the hot water temperatures ranges to be checked, 105 degrees Fahrenheit (F) to 120 degrees F, was not a preventative range for Legionella growth. Further review revealed there was not a specified timeframe for temperature checks or control points of where temperatures would be taken. There was no specified temperature range to for hot water storage. There was no recommended flushing schedule of low-water flow or infrequently used areas and fixtures. Review of the CDC Legionella Control Toolkit revealed facilities should store hot water at temperatures above 140 degrees F and ensure hot water in circulation does not fall below 120 F. Recirculate hot water continuously, if possible. The facility should flush low-flow piping runs and dead legs at least weekly, and flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as-needed to maintain water quality parameters within control limits. Interview with the Administrator and Maintenance Director #120 on 02/04/26 at 1:39 P.M. confirmed the above concerns with the facility's Waterborne Pathogens Plan. The deficiency represents non-compliance investigated under Complaint Number 2734119.

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