

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 04/22/2026
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>Based on observation and interviews, the facility failed to ensure a safe, comfortable, and homelike environment. This had the potential to affect all 91 residents in the facility. Findings include: Observation on 04/19/26 at 7:30 A.M. revealed the walls, paneling, and floorboards around the C hall nursing station appeared severely damaged and were in significant disrepair with exposed drywall and missing floorboards. Observations on 04/19/26 at 7:36 A.M. in the shower room of hall B revealed exposed hot water shutoff pipes visible through missing drywall/door covering, ripped/missing drywall covering on the wall immediately outside of the shower, no privacy curtain around the toilet, plumbing fixtures at the shower head were held together by disposable gloves, and soiled grout throughout the shower with approximately one foot of missing tile exposing bare wall at the bottom of the shower. Interview on 04/19/26 at 10:02 A.M. with Maintenance Director #417 revealed pipes for the hot water shutoff should be covered in the B hall shower room. Further interview at this time revealed Maintenance Director #417 was unaware of the gloves holding together the shower head. Maintenance Director #417 stated they believed the gloves were holding together the shower head due to a water leak from the fixture. Maintenance Director #417 verified the other listed findings stating they would not want their home to appear how the shower room does. Observation on 04/19/26 at 10:10 A.M. revealed there was no privacy curtain around the toilet in the shower room of C hall, disposable gloves were holding together the shower head in C hall shower room, and there was a lightbulb not securely installed or covered hanging from exposed electrical wiring directly above the shower. Concurrent Interview with Maintenance Director #417 revealed the Maintenance Director #417 stated nobody tells me about this type of thing. Maintenance Director #417 verified the other listed findings of disrepair in the shower room of C hall including the exposed lightbulb and wiring above the shower and the shower head that was being held together by disposable gloves. Interview on 04/19/26 at 10:16 A.M. with Maintenance Director #417 verified the walls around the nurse's station of C hall were in significant disrepair. Observation on 04/20/26 at 1:00 P.M. revealed loose railing at the bottom of the handicapped ramp entrance/exit at the front of the facility. The railing was easily movable with application of regular force. There was also observed crumbling/broken concrete below the railing on the upper-level railing closer to the front entrance doors of the facility, next to the steps up to the front door. Interview on 04/20/26 at 4:08 P.M. with the Regional [NAME] President of Maintenance #204 verified the railing along the handicapped ramp entrance/exit outside the front of the facility was loose and they were aware that residents hold on to this rail for assistance while using the ramp, however they were unaware that the rail was movable with regular force. Regional [NAME] President of Maintenance #204 revealed they were aware of the crumbling/broken concrete below the railing on the upper walkway closer to the main entrance doors. This deficiency represents non-compliance investigated under Complaint Numbers 2979015 and 2784905.</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