

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Walden Park		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 Karl Road Columbus, OH 43229	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47987</p> <p>Based on interview and record review, the facility failed to ensure one resident (#11) attended a scheduled medical appointment out of the facility out of three residents reviewed. The facility census was 210.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #11 revealed an admitted [DATE]. Diagnoses included but were not limited to demyelinating disease of central nervous system, chronic respiratory failure with hypoxia, tracheostomy status, and quadriplegia.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 15 out of 15 indicating no cognitive impairment. The resident was assessed to require total dependence on all aspects of care.</p> <p>Review of Resident #11's After Visit Summary from Ohio Health dated 08/06/24 at 9:30 A.M. revealed an appointment for 08/21/24 at 10:00 A.M. with Ohio Health Neuroscience.</p> <p>Further review of Resident #11's medical record revealed no record of the 08/21/24 10:00 A.M. appointment being entered and that the facility set up transport.</p> <p>Review of Resident #11's progress note dated 08/22/24 at 10:58 A.M. revealed the residents wife was in the facility and made the facility aware she rescheduled his appointment that he was supposed to attend yesterday. Order was placed and Unit Manager made aware.</p> <p>Interview on 08/28/24 at 12:32 P.M. the Director of Nursing verified Resident #11's appointment with Ohio Health Neuroscience for 08/21/24 at 10:00 A.M. was never placed into his medical record and the resident did miss the appointment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157057.</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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