

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Westerwood Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5757 Ponderosa Drive Columbus, OH 43231	

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** Based on interview, record review and facility policy, the facility failed to have a treatment order in place for a burn abrasion for one resident (#10) out of three residents reviewed for treatment orders for skin alterations on admission. The facility census was 61.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #10, revealed an admission date of 04/19/25 and a transfer to the hospital date of 05/03/25. Diagnoses included but were not limited to inflammatory polyarthropathy, muscle weakness, need for assistance with personal care, adult failure to thrive, lower back pain and burn of unspecified degree of upper back, subsequent encounter.</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 14. The resident was assessed to require supervision or touching assistance with toilet hygiene, partial/moderate assistance with shower/bathe self, and transfers with independent with bed mobility.</p> <p>Review of the plan of care dated 04/21/25 for Resident #10 revealed the resident to have impaired skin integrity due to a burn with an intervention including but not limited to perform and document skin treatments as ordered.</p> <p>Review of the admission skin assessment dated [DATE] for Resident #10 revealed a left scapula open area abrasion.</p> <p>Review of the wound rounds summary dated 04/20/25 for Resident #10 revealed an upper left back active abrasion measured 9 centimeters (cm) x 4 cm x 0 with scant serosanguinous drainage.</p> <p>Review of the physician orders from 04/19/25 to 04/21/25 at 12:26 P.M. for Resident #10 revealed no treatment order for the burn abrasion on the left back/scapula area.</p> <p>Interview on 05/30/25 at 11:54 A.M. with the Assistant Director of Nursing verified Resident #10 did not have an order for treatment for the burn abrasion on the left back/scapula area from 04/19/25 until 04/21/25 at 12:26 P.M. when he entered the order. Also verified the nurse who admitted the resident should have obtained an order for a treatment as the resident was admitted over a weekend.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Skin Integrity at Risk Program no date, revealed residents receive care and necessary treatments to promote healing and a physician is notified of a skin alteration and treatment is initiated as ordered.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165558.</p>		