STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents were made aware of which skilled services were ending. This affected three residents (#84, #85, and #86) of three residents reviewed for advanced beneficiary notices. The facility census was 55. Findings include:1.Record review revealed Resident #84 was admitted to the facility on [DATE] with diagnoses including acute cystitis, cognitive communication deficit, and muscle weakness. Review of a Notice of Medicare Non-Coverage dated 10/10/25 revealed Resident #84's skilled nursing services would end on 10/10/25 but did not specify which services. 2.Record review revealed Resident #85 was admitted to the facility on [DATE] with diagnoses of left femur fracture, need for assistance with personal care, and muscle weakness. Review of a Notice of Medicare Non-Coverage revealed Resident #85's skilled nursing services would end on 12/19/25 but did not specify which services. 3.Record review revealed Resident #86 was admitted to the facility on [DATE] with diagnoses including hypertensive heart disease with heart failure, takotsubo syndrome, and malnutrition. Review of a Notice of Medicare Non-Covered revealed Resident #86's skilled nursing services would end on 08/11/25 but did not specify which services. Interview on 02/10/26 at 2:48 P.M. with Licensed Social Worker (LSW) #217 revealed the Notice of Medicare Non-Coverage (NOMNC) does not have to specify which services are ending and just needs to say skilled nursing services for Residents #84, #85, and #86. Interview on 02/10/26 at 2:58 P.M. with Discharge Planner (DP) #192 revealed the NOMNCs stated skilled services which can include physical therapy, occupational therapy, speech therapy, and nursing services. DP #192 confirmed Residents #84, #85, and #86 were in the facility for therapy services. Interview on 02/11/26 at 7:28 A.M. with the Administrator revealed Residents #84, #85, and #86 received skilled services for speech, physical, and occupational therapy and did not have a skill-able nursing service.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on record review, staff interviews, and policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately coded for skin conditions. This affected one resident (#4) of two residents reviewed for skin assessment accuracy. The facility census was 55.Findings include:Review of the medical record for Resident #4 revealed an admission date of 08/02/21 with diagnoses including Alzheimer's disease, type II diabetes, and stage III chronic kidney disease. Review of the quarterly Minimum Data Set (MDS) assessment completed on 01/20/26 revealed a Brief Interview for Mental Status score of 09, indicating moderate cognitive impairment. Resident #4 was dependent on facility staff for all care including eating, personal care and hygiene, turning and positioning, and with transfers and mobility.Further review of the medical record revealed Resident #4 had a facility-acquired skin tear to his left shoulder. The skin tear was identified on 12/16/25. The skin tear remained active through the duration of the survey.Review of the quarterly Minimum Data Set (MDS) assessment, Section M - Skin Conditions, assessment reference date of 01/08/26 and lookback period of seven days prior, revealed no current pressure ulcers, venous and arterial ulcers, or other ulcers, wounds, or skin problems.Interview on 02/12/26 at 2:10 P.M. with the Administrator confirmed the inaccuracy in Resident #4's MDS assessment.Review of the policy titled, MDS: Conducting an Accurate Resident Assessment, undated, all residents will receive an accurate assessment that is reflective of the resident's status at the time of the assessment. The policy stated the appropriate qualified health professional will correctly document the resident's medical, functional, and psychosocial problems.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure a Resident (#10) was assessed and monitored for bruising, Resident (#35) had on compression stockings for edema. This affected two residents (#10, #35) of the four residents reviewed for quality of care. The facility census was 55.Findings include:1.Review of Resident #35's medical record revealed an admission date of 10/01/25 with diagnoses to include but not limited to Parkinson's disease, hypertensive chronic kidney disease, atrial fibrillation, depression, gastro-esophageal reflux disease, glaucoma, anxiety disorder, cardiac defibrillator, and anemia. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment. Additionally, the MDS revealed Resident #35 required substantial to maximum assistance with upper and lower body dressing to include personal hygiene. Review of the care plan dated 10/09/25 revealed a focus of the resident has an activity of daily living (ADL) deficit related to wears thrombo-embolic deterrent (TED) hose (specialized, high-compression, white stockings designed for non-ambulatory (bedridden) or post-surgical patients to prevent deep vein thrombosis and blood clots. They apply graduated pressure, strongest at the ankle, to promote blood flow and reduce venous pooling.) with interventions to include TED hose on in the morning and off at bedtime, assist with placement and removal as needed. Review of an order dated 10/01/25 revealed TED hose on in morning, off at night two times a day. Observation on 02/10/26 at 9:26 A.M. of Resident #35 who had non-skid socks on and black shoes with no compression stockings on. Interview on 02/10/26 at 9:35 A.M. with Registered Nurse (RN) #142 who confirmed that Resident #35 had no TED hose on and her legs were not elevated while Resident #35 was sitting in the chair. Interview on 02/11/26 at 11:30 A.M. with the Administrator who stated there is no facility policy on edema or TED hose application. Interview on 02/11/26 at 11:43 A.M. interview with Resident #35's daughter who stated she had not seen Resident #35 wearing TED hose since Resident #35 had been in the facility. Interview on 02/11/26 at 2:24 P.M. with Certified Nursing Assistant (CNA) #164 who stated Resident #35 wears non-skid socks only. Interview on 02/11/26 at 12:20 P.M. with Licensed Practical Nurse (LPN) #267 who stated she had not seen an order for TED hose for Resident #35 and Resident #35 only wears non-skid socks. Interview on 02/11/26 at 3:54 P.M. with Assistant Director of Nursing (ADON) #188 who stated the CNA's are typically responsible for putting TED hose on the residents and the nurses should verify the TED hose are on the resident before the document on the treatment administration record (TAR). Review of the facility policy Resident Care Plan revised date 08/10/17 which stated it is the policy of the facility to develop and implement an individualized, interdisciplinary plan of care for each resident, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that includes the instructions needed to provide effective person-centered care, and meets professional standards of quality care. 2.Record review revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including hypertension, hyperlipidemia, and type II diabetes. Observation on 02/09/26 at 8:01 P.M. revealed Resident #10 was resting in her bed and had a purple bruise the size of a quarter to her left posterior forearm. Review of a skin assessment completed on 02/11/26 at 10:53 A.M. by Licensed Practical Nurse (LPN) #283 revealed Resident #10 had a head-to-toe skin evaluation completed. The skin was warm to touch, intact and had no discoloration. Interview on 02/11/26 at 3:02 P.M. with Certified Nursing Assistant (CNA) #260 revealed she was unsure where the bruise on Resident #10's left forearm came from. Interview on 02/12/26 at 7:45 A.M. with LPN #219 confirmed there was a bruise on Resident #10's left forearm but he was not sure when she got the bruise. At this time, the bruise was observed to be fading purple and yellow. Interview and observation on 02/12/26 at 7:56 A.M. with Assistant Director of Nursing (ADON) #216 confirmed there was a bruise to Resident #10's left forearm. ADON #216 did not know when Resident #10 got the bruise and she would have to review documentation to see where it came from. Interview on 02/12/26 at 10:43 A.M. with ADON #188 confirmed Resident #10's skin assessment completed on 02/11/26 by LPN #283 was inaccurate as it did not contain the information about the bruise to Resident #10's left forearm. ADON #188 stated he was still interviewing his staff to determine when the bruising started.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure Resident (#35) received the proper treatment and assistive devices to maintain hearing abilities. This affected one resident (#35) of the one resident reviewed for communication and sensory. The facility census was 55.Findings include:Review of the medical record revealed an admission date of 10/01/25 with diagnoses to include but not limited to Parkinson's disease, hypertensive chronic kidney disease, atrial fibrillation, depression, gastro-esophageal reflux disease, glaucoma, anxiety disorder, cardiac defibrillator, and anemia.Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment. Additionally, the MDS revealed Resident #35 required substantial to maximum assistance with upper and lower body dressing to include personal hygiene.Review of an order dated 10/01/25 hearing aid- assist to place in ear(s) every morning (AM) and remove at night (HS), place on cart for storage.Review of an order dated 10/03/25 revealed place hearing aids in ears in AM and out at HS place right hearing aid in charger at night two times a day.Review of the care plan interventions dated 10/09/25 revealed one assist with placing hearing aids in ears in AM and out at HS (place right hearing aid in charger at night).Observation on 02/10/26 at 9:33 A.M. of Resident #35 who had her right hearing aid in her right ear and no hearing aid in her left ear. Resident #35 stated that her left hearing aid was missing and had been missing for a couple of months. Resident #35 stated she moved to the facility in October of 2025, and she had both her right and left hearing aids at that time.Interview on 02/10/26 at 9:35 A.M. with Registered Nurse (RN) #142 who confirmed Resident #35 had no left hearing aid in her left ear at that time.Interview on 02/11/26 at 11:43 A.M. with Resident #35's daughter who stated Resident #35 had both right and left hearing aids when she moved into the facility on [DATE]. Resident #35's daughter stated the left hearing aid went missing in late October 2025 or early November 2025. Resident #35's daughter stated she had told the aides on the hallway, the nurse on the hallway, and the Assistant Director of Nursing (ADON) #188 about the left hearing aid being missing. Resident #35's daughter stated the hearing aids are critical for Resident #35 to be able to stay connected.Interview on 02/11/26 at 12:17 P.M. with Registered Nurse (RN) # 267 who stated Resident #35 came to the facility with two hearing aids, but one hearing aid has been gone for a long time.Interview on 02/11/26 at 3:42 P.M. with ADON #188 who stated he could not remember the date that Resident #35's daughter had told him one of the hearing aids was missing but stated the staff did search for the missing hearing aid. ADON #188 stated he was not aware of the hearing aid being found. ADON #188 stated the missing hearing aid is a concern for Resident #35 to be connected and and able to communicate.On 02/11/26 at 4:10 P.M. the surveyor requested missing item report for Resident #35's hearing aid and did not receive it.Review on 02/12/26 at 7:30 A.M. of the missing items log revealed Resident #35's missing hearing aid was not on the missing items log dated 10/01/25 to 01/19/26.Interview on 02/12/26 at 11:39 A.M. with the Administrator who stated she was not aware of Resident #35's missing hearing aid.Review of the facility policy Missing Items undated revealed it is the policy of the facility to assist all resident in safe guarding and tracking of lost items. If an article is determined to be missing the attached form (missing item report) will be completed. The form will be routed to the list of individuals on the form or to the Administrator for searching and follow-up. Additionally, the resident/resident representative will be updated as to the status of the item(s).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of physician orders, and interviews, the facility failed to ensure alternating air mattresses were on the ordered settings. This affected one resident (#72) of three residents reviewed for risk of pressure ulcer. The facility census was 55.Findings include:Record review revealed Resident #72 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease, spinal stenosis if the lumbar region, and monoplegia of right lower limb. Review of a minimum data set (MDS) assessment completed 11/25/25 revealed Resident #72 had moderately impaired cognition, no behaviors, was at risk for developing pressure ulcers, and had a pressure reducing device in place for her bed. Review of a care plan dated 12/25/24 revealed Resident #72 was at risk for skin breakdown related to weakness, decreased mobility, bowel and bladder incontinence, use of a wheelchair, and diagnoses of chronic venous insufficiency, chronic kidney disease, hypertension, anemia, monoplegia, and urine incontinence. The goal was to have no new skin breakdown. Interventions included but were not limited to an air mattress with built up perimeter and check placement and function each shift; bed linens clean, dry, and wrinkle-free; and encourage to turn and reposition frequently. Review of a physician order dated 09/18/25 revealed Resident #72 required an air mattress with built up perimeter and to check placement and function every shift and setting to 125. Observation on 02/10/26 at 7:48 A.M. revealed Resident #72 was resting in bed and her alternating air mattress was set to 260. Observation and Interview on 02/10/26 at 3:13 P.M. with Certified Nursing Assistant (CNA) #273 revealed Resident #72's air mattress was set to 150. CNA #273 confirmed the settings. Observation on 02/11/26 at 11:11 A.M. revealed Resident #72 was resting in bed and her air mattress was set to 150.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of physician orders, observations, and interviews, the facility failed to ensure residents were provided the correct diet texture. This affected one resident (#52) of four residents who were ordered a pureed diet. The facility census was 55. Findings include:Record review revealed Resident #52 was admitted to the facility on [DATE] with diagnoses including hypertensive chronic kidney disease, dysphagia, and muscle weakness. Review of a care plan dated 12/02/25 revealed Resident #52 had potential for nutrition and/or hydration issues related to obesity, history of edema, atherosclerotic heart disease, chronic kidney disease, hyperlipidemia, gastro-esophageal reflux disease, cognitive communication deficit, hypertension; dysphagia requiring a pureed diet. The goal was to maintain adequate nutritional status. Interventions included but were not limited to regular diet with pureed texture and nectar thickened liquids. Review of a physician's order dated 07/24/25 revealed Resident #52 required a regular diet with pureed texture and nectar-thick liquids. Resident #52 should receive extra gravy. Review of a minimum data set (MDS) assessment dated [DATE] revealed Resident #52's cognition was intact, he had no behaviors, he required moderate assistance for eating, and he was receiving a mechanically altered diet. Observation on 02/10/26 at 7:56 A.M. revealed Resident #52 was seated in his wheelchair with breakfast in front of him. The breakfast included mechanical soft turkey bacon. Observation on 02/11/26 at 7:52 A.M. revealed resident #52's breakfast was on the bedside table with the lid on while he rested in bed. Certified Nursing Assistant (CNA) #260 entered the room and removed the lid, revealed mechanical soft appearing sausage, along with pureed toast and eggs. CNA #260 stated the diet appeared to be mechanical soft. Observation on 02/11/26 at 7:56 A.M. of the tray line in the kitchen revealed multiple kitchen staff. When asked to see the pureed sausage, a cook showed a container of mechanical soft sausage, using a spoon to mix it, taking a spoonful and then pouring it back in, in lumps. When asked if that was the correct texture, another worker who was not part of the conversation (Cook #240) entered the tray line area and grabbed the container of mechanical soft sausage and walked away without a word. After following [NAME] #240, she was observed to have placed the mechanical sausage into the food processor. [NAME] #240 was asked to stop and grab two spoons. When tasted, the sausage was mechanical soft texture, gritty and chunky. When asked her opinion on the texture, [NAME] #240 stated it was pureed but because they used a different sausage than normal, it was slightly different. When asked what a pureed texture was, [NAME] #240 stated completely smooth. The dietary manager entered the area and stated it appeared the sausage had been through the processor. Requested Dietary Manager tried the sausage and he stated it was mechanical soft texture. Dietary Manager retrieved Resident #52's tray from his room to correct it. When asked how many residents were served the wrong diet, Dietary Manager stated two. Observation on 02/12/26 at 7:48 A.M. with Licensed Practical Nurse (LPN) #218 revealed Resident #52 had a bowl of oatmeal on his breakfast tray. When asked, LPN #218 stated a pureed texture is supposed to be easy to swallow and smooth. LPN #219 was not sure if the oatmeal would be considered pureed but did state it would not be smooth. Interview on 02/12/26 at 8 A.M. with Assistant Director of Nursing (ADON) #216 stated pureed food should be smooth like pudding. ADON #216 confirmed Resident #52 had regular oatmeal on his breakfast tray. When asked if oatmeal was considered pureed, and she asked to look it up. ADON #216 then stated oatmeal is not pureed. At 8:06 A.M. ADON #188 entered the office, and when asked if oatmeal was considered pureed, he stated he had never been asked that and was unsure. Review of a policy titled Puree dated 07/01/23 revealed pureeing food was blending cooked, moist foods into a smooth, lump-free, pudding-like consistency to ensure safe swallowing and easy digestion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365399	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerwood Rehabilitation	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to maintain an accurate medical record. This affected one resident (#75) of two residents reviewed for hospitalization. The facility census was 55. Findings include: Review of Resident #75's medical record revealed an admission date of 01/12/26, a discharge to the hospital date of 01/22/26 and diagnoses including stage 4 adenocarcinoma of the gastroesophageal junction with metastasis, moderate protein-calorie malnutrition, acute respiratory failure with hypoxia, diabetes, major depressive disorder, generalized anxiety disorder, and hypertension. Review of Resident #75's admission Minimum Data Set (MDS) dated [DATE] revealed a brief interview for mental status score of 15 indicating the resident was cognitively intact. Further review of Resident #75's MDS revealed the resident required a walker and wheelchair for mobility, partial/moderate assistance with toileting hygiene, substantial/maximal assistance with bathing/showering, transfers and bed mobility, was occasionally incontinent of bladder and bowel, and had no skin issues. Review of Resident #75's nursing progress notes dated 01/22/26 at 8:19 A.M. written by Licensed Practical Nurse (LPN) #219 revealed a note stating resident with brown (colored) emesis (vomiting)(that) guaiac(ed) positive(hidden blood was detected in the emesis, indicating bleeding somewhere in the digestive tract) CNP (Certified Nurse Practitioner) (was) notifiedReview of Resident #75's nursing progress notes dated 01/22/26 at 12:00 P.M. written by Registered Nurse (RN) #153 revealed a note stating Resident transported to MCSA (Mount Carmel Saint Ann's Hospital) via Critical Care (ambulance). Report (was) called to (the) hospital. (The) family (was) notified.Review of Resident #75's nursing progress notes dated 01/30/26 at 12:38 P.M. written by LPN #144 revealed a head-to-toe skin evaluation was completed. Skin is warm to touch. Skin appears dry. No new area (of skin impairment was) noted during (the) skin evaluation.Review of Resident #75's nursing progress notes dated 02/06/26 at 9:46 A.M. written by LPN #144 revealed a head-to-toe skin evaluation was completed. Skin is warm to touch. Skin appears dry. No new area (of skin impairment was) noted during (the) skin evaluation.In an interview on 02/12/26 at 1:30 P.M. the Assistant Director of Nursing (ADON) confirmed Resident #75 had not returned from the hospital at the time of the interview and that skin assessments were charted on 01/30/26 and 02/06/26 while the resident was in the hospital.