

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Mayfair Village Nursing Care C		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 Bethel Rd Columbus, OH 43230	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35035</p> <p>Based on observation and staff interview, the facility failed to protect the privacy of medical information for a resident. This affected one (#3) of three residents reviewed for privacy. The current census is 83.</p> <p>Findings include:</p> <p>Review of Resident #3's medical record revealed an admitted [DATE]. Diagnoses for Resident #3 included: acute necrotizing hemorrhagic encephalopathy, hypertension, Diabetes type two, and dementia.</p> <p>Review of Resident #3's Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition.</p> <p>Observation on 10/21/24 at 8:30 A.M., during a medication administration on the 100-hall, revealed on the wall in the hallway, on the right side of the door for Resident 3's room, was a piece of paper with private medical information for Resident #3. The sign read, Resident #3, nothing by mouth after midnight, pick up for his surgery will be 10/21/24 at 8:00 A.M. Resident #3 was not in the room and had already left.</p> <p>At the same time of the observation of the sign, Resident # 4 was observed ambulating in her wheelchair down the hall. Resident #4 was observed stopping outside of Resident #3's room and looking up to read the sign on the wall. Resident #4 was observed asking out loud what Resident #3 was having surgery for. No staff replied to Resident #4 during the observation.</p> <p>Interview on 10/21/24 at 9:00 A.M., with Registered Nurse Unit Manager (UM RN) #1 and Licensed Practical Nurse (LPN) #100 verified the sign on the wall next to Resident #3's door, was visible to other residents and verified it was not protocol to have such signs revealing private medical information posted on the wall. LPN #100 verified the sign had been posted since she came on to her morning shift at 7:00 A.M.</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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