STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365416	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ohio Living Westminster-Thurber	717 Neil Avenue 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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 49039 Based on staff interviews and medical record review, the facility failed to regularly assess a resident's catheter routinely per the resident's plan of care. This affected one (Resident #4) of three residents reviewed for catheter care. The facility census was 30. Findings include: Review of the medical record for Resident #4 revealed a readmission on 06/04/24. Diagnoses included neurogenic bladder and retention of urine. Review of the care plan dated 06/11/24 for Resident #4 revealed the need for an indwelling urinary catheter due to urinary retention. Interventions included assessing the drainage every shift, recording the amount, type, color, and order, observing for leakage, encouraging fluid intake, and providing catheter care every shift as needed. The physician orders dated 07/31/24 revealed to change indwelling Foley catheter and keep in place. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 09/07/24, revealed Resident #4 was severely cognitively impaired, and required partial/moderate assistance with toileting. The urinary appliance noted was an indwelling catheter, and a diagnosis of neurogenic bladder. Review of Resident #4's medical record found no evidence of routine and consistent assessment of the indwelling catheter, including monitoring drainage, amount, type, and color of the urine output. Interview on 01/02/24 at 10:22 A.M. with Charge Nurse - Licensed Practical Nurse (LPN) #64 confirmed nursing staff were required to document catheter assessments in the progress notes every shift. This assessment includes details such as the color, amount, consistency, and odor of the urine. Interview on 01/02/24 at 11:39 A.M. with LPN #77 confirmed the staff were required to document catheter output, consistency, and color in the progress notes every shift. Interview on 01/02/24 at 12:33 P.M. with the Director of Nursing (DON) confirmed Resident #4's medical record did not contain urinary assessments every shift, which should include drainage amount, type, color, and consistency. The DON confirmed the facility should adhere to the resident's care plan. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents non-compliance investigated under Complaint Number OH00160633.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365416	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ohio Living Westminster-Thurber	717 Neil Avenue Columbus, OH 43215

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Potential for minimal harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49039 Based on observations and interviews with staff, the facility failed to ensure that the kitchenette rodent traps were properly maintained and disposed of in a timely manner. This had the potential to affect all 16 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #19, #11, #12, #13, #14, #15 and #16) who received food from the third floor kitchenette. The facility census was 30. Findings include: Observation of third floor kitchenette on [DATE] at 9:43 A.M. revealed a deceased mouse in a sticky trap near the dishwasher. There was a large hole in the drywall beneath the sink, with a visible metal guard trim, which allowed easy access to the kitchen and the movement of rodents between floors. Subsequent observations of the third floor kitchen on [DATE] at 11:07 A.M., 12:58 P.M. and 5:02 P.M. the mice had not been identified by staff. The observation on [DATE] at 12:58 P.M. during lunch service revealed Certified Nursing Assistant (CNA) #53 and CNA #94 were serving lunches to resident. They also needed to collect ice from the kitchenette, which they frequented during meal service. The ice machine was located approximately six feet away from the deceased mouse. Interview on [DATE] at 5:04 P.M. with CNA #53 and CNA #67 confirmed they have been on this floor all day, they confirmed the mouse in the kitchen was easily visible in the trap. They confirmed they did not see it, however it should be removed immediately due to it being in the kitchen. They confirmed they frequently visited the kitchen for snacks and to gather ice for beverages. Interview on [DATE] at 5:08 P.M. with Licensed Practical Nurse (LPN) #127 confirmed the presence of the deceased mouse in the kitchen and stated she would contact maintenance for its removal. Interview on [DATE] at 5:32 A.M. with the Director of Environmental Services (DES) #90 confirmed the presence of the deceased mouse in the trap on the third-floor kitchenette. He was unaware of the situation until LPN #127 informed him. DES #90 stated the deceased mice should be promptly addressed, especially in areas like kitchens and kitchenettes where food was stored. He also stated he observed traps daily as required but had not encountered any mice that morning and did not have documentation regarding the daily rounds. Interview on [DATE] at 9:57 A.M. with Local Pest Control Technician #500 confirmed mice should be removed immediately once identified. The technician emphasized the staff should conduct daily checks in these areas and remain vigilant regarding the traps to identify catches. This deficiency represents non-compliance investigated under Complaint Number OH00160633.