

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2025
NAME OF PROVIDER OR SUPPLIER  Columbus Colony Elderly Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1150 Colony Drive Westerville, OH 43081	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064</b></p> <p>Based on staff interview, review of facility self-reported incidents (SRI's), medical record review and review of facility policy, the facility failed to ensure an incident of potential sexual abuse was timely reported to the Administrator and to the state agency. This affected two residents (#36 and #67) of three residents reviewed for abuse. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #36 revealed an admitted [DATE] with diagnoses including hemiplegia affecting left side, adjustment disorder with anxiety, major depressive disorder, anxiety disorder, deaf, dysphagia, and history of unspecified adult abuse.</p> <p>Review of Resident #36's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition.</p> <p>Review of Resident #67's medical record revealed an admitted [DATE] with diagnoses including schizophrenia, type two diabetes mellitus, schizoaffective disorder, major depressive disorder, sleep disorder, mild intellectual disabilities, mixed receptive-expressive language disorder, dysphagia, hypertension, and unspecified macular degeneration.</p> <p>Review of Resident #67's comprehensive MDS assessment dated [DATE] revealed moderate cognitive impairment.</p> <p>Review of the SRI created 12/24/24 at 8:33 A.M. revealed on 12/22/24 at 11:45 P.M. the night shift nurse found Resident #67 lying in Resident #36's bed on top of the covers with his pants down. Resident #36 was dressed and under the blankets. Resident #67 got out of bed and was directed out of the room. During subsequent interviews Resident #36 reported she was touched on the breast, but no sexual penetration took place. She reported she had been okay with it at the time but did not want it to happen again. Resident #67 was unable to be interviewed due to his cognition at the time but was moved to another hallway.</p> <p>Review of the printed texts to Licensed Practical Nurse (LPN) #101 revealed on 12/24/24 a statement about the incident between Resident #67 and Resident #36 was requested and LPN #101 was told to always write a witness statement for similar situations.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/21/25 at 10:11 A.M. with LPN #101 verified he did not timely report an incident of potential abuse. LPN #101 reported the night it occurred he got busy and distracted. In the morning, he notified his supervisor who said the (former) Director of Nursing (DON) needed notified, however, the DON had not been available.</p> <p>Interview on 01/21/25 at 1:38 P.M. with the DON verified the incident was not timely reported as an SRI.</p> <p>Review of the policy 'Abuse, Neglect, Exploitation, &amp; misappropriation of Resident Property' dated 11/21/16, revealed all incident and allegations of abuse of a resident must be reported immediately to the Administrator or designee. Additionally, all alleged violations involving abuse are reported immediately, but not later than two hours after the allegation to the Administrator and the state survey agency.</p> <p>This deficiency represents noncompliance investigated under complaint OH00161124.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43064</p> <p>Based on staff interview, review of facility self-reported incidents (SRI's), medical record review, and review of facility policy, the facility failed to ensure an incident of potential sexual abuse was thoroughly investigated. This affected two residents (#36 and #67) of three residents reviewed for abuse. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the SRI created 12/24/24 at 8:33 A.M. revealed on 12/22/24 at 11:45 P.M. the night shift nurse found Resident #67 lying in Resident #36's bed on top of the covers with his pants down. Resident #36 was dressed and under the blankets. Resident #67 got out of bed and was directed out of the room. During subsequent interviews Resident #36 reported she was touched on the breast, but no sexual penetration took place. She reported she had been okay with it at the time but did not want it to happen again. Resident #67 was unable to be interviewed due to his cognition at the time but was moved to another hallway.</p> <p>Review of the facility investigation revealed it included resident interviews, an email from the social worker explaining she had been unable to interview Resident #67, the electronic SRI, and a text message from Licensed Practical Nurse (LPN) #101. There were no additional staff interviews.</p> <p>Review of the printed texts to LPN #101 revealed on 12/24/24 a statement about the incident between Resident #67 and Resident #36 was requested.</p> <p>Review of the medical record for Resident #36 revealed an admitted [DATE] with diagnoses including hemiplegia affecting left side, adjustment disorder with anxiety, major depressive disorder, anxiety disorder, deaf, dysphagia, and history of unspecified adult abuse.</p> <p>Review of Resident #36's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition.</p> <p>Review of Resident #67's medical record revealed an admitted [DATE] with diagnoses including schizophrenia, type two diabetes mellitus, schizoaffective disorder, major depressive disorder, sleep disorder, mild intellectual disabilities, mixed receptive-expressive language disorder, dysphagia, hypertension, and unspecified macular degeneration.</p> <p>Review of Resident #67's comprehensive MDS assessment dated [DATE] revealed moderate cognitive impairment.</p> <p>Interview on 01/21/25 at 8:17 A.M. with Manager of Clinical Services #110 at 8:17 A.M. revealed the facilities investigation for Resident #36 and #67 included resident interviews and one statement from staff.</p> <p>Interview on 01/21/25 at 1:38 P.M. with the Director of Nursing (DON) verified there were no additional staff statements related to the incident.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy 'Abuse, Neglect, Exploitation, &amp; misappropriation of Resident Property' dated 11/21/16, revealed in response to allegations of abuse the facility must have evidence that all alleged violations are thoroughly investigated.</p>