

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2025
NAME OF PROVIDER OR SUPPLIER  Mother Angeline McCrory Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  5199 East Broad Street Columbus, OH 43213	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</b></p> <p>Based on record review, interview and policy review, the facility failed to ensure residents were free from abuse. This affected one (Resident #8) of seven residents reviewed for abuse. The facility census was 116.</p> <p>Findings include:</p> <p>Record review revealed former Resident #8 was admitted on [DATE]. Diagnoses included diabetes mellitus, dementia, hypertension, and end stage renal disease. The resident was discharged [DATE] to the hospital.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/28/25, revealed Resident #8 had impaired cognition. The resident required maximum staff assistance for bed mobility, transfers, bathing, and ambulation.</p> <p>Review of the facility's investigation file revealed on 05/15/25 former Certified Nursing Assistant (CNA) #22 admitted to having a picture of Resident #8 on his personal cell phone.</p> <p>During an interview on 06/03/24 at 1:40 P.M., the Administrator confirmed that a picture of Resident #8, fully clothed, in a hoier lift, was received from former Certified Nursing Assistant (CNA) #22's cell phone by human resources on 05/09/25. An investigation was initiated by the Administrator and CNA #22 was suspended on this same date. CNA #22 admitted to having the pictures on his phone of residents, but he said he did not take them. CNA #22 was terminated following the completion of the investigation in which it was concluded CNA #22 did have a picture of Resident #8 on his personal cell phone and had not obtained consent from Resident #8 to take the photo.</p> <p>Review of the personnel file of CNA #22 revealed he was terminated on 05/21/25.</p> <p>Review of the facility's policy titled Prevention, Identification, Investigation and Reporting of Abuse, Neglect, Mistreatment and Exploitation of a Resident of Misappropriation of Resident Property, dated 02/28/23, revealed mental abuse includes staff taking, keeping, distributing or using photographs or recording of a resident that would demean or humiliate a resident.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The deficient practice was corrected on 06/02/25 when the facility implemented the following corrective actions:</p> <p>&amp;bull;</p> <p>On 05/08/25 and 05/14/25, the Administrator provided mandatory in-service training for all of the employees about cell phone use not being allowed in patient care areas.</p> <p>&amp;bull;</p> <p>Beginning of 05/14/25, audits on staff working the floor to ensure no cell phones are being used in patient care areas.</p> <p>&amp;bull;</p> <p>Checking for staff cell phone use is now a mandatory part of morning daily management Angel Rounds and hourly throughout the day and night.</p> <p>&amp;bull;</p> <p>During an interview on 06/03/25 at 1:33 P.M., Scheduler #45 stated she started conducting audits on staff working on the floor to ensure no cell phones are being used in patient care areas. She confirmed the cell phone use policy is emphasized beginning with the interview process and again during orientation. It has been mentioned by management at all-staff monthly meetings.</p> <p>&amp;bull;</p> <p>Staff Members #10, #5, and #15 were interviewed on 06/03/25 and were knowledgeable about the facility's abuse policy pertaining to taking photos of residents.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165627.</p>		