

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Eastland Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2425 Kimberly Parkway East Columbus, OH 43232	

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** 49039</b></p> <p>Based on record review, staff interview, review of Self-Reported Incident (SRIs), and review of the facility policy, the facility failed to ensure allegations of physical abuse were reported immediately to the state agency as required. This affected one (Resident #3) of three residents reviewed for abuse. The facility census was 87 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #3 revealed an admitted [DATE] with diagnoses including chronic systolic heart failure, type two diabetes mellitus, atrial fibrillation, hypertension, and anxiety disorder and a discharge date of [DATE].</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #3 dated 11/17/24 revealed the resident had intact cognition and required supervision or touching assistance with activities of daily living (ADLs.)</p> <p>Review of the hospital note for Resident #3 dated 11/20/24 timed at 9:47 P.M. revealed the resident was admitted with complaints of back pain and alleged he had been pushed by an employee at the facility during an altercation on 11/18/24 which caused the resident to fall backwards.</p> <p>Review of the physician progress note for Resident #3 dated 11/20/24 revealed during hospital transfer the resident reported a recent altercation with a staff member a couple of days prior and noted worsening back pain.</p> <p>Review of local hospital case management initial assessment for Resident #3 dated 11/22/24 timed at 4:12 P. M. revealed the resident alleged the social worker at the facility had pushed him down causing him to fall.</p> <p>Review of the facility Self-Reported Incident (SRI) involving Resident #3 initiated 11/26/24 at 10:42 A.M. revealed the Administrator became aware of the allegation of abuse per Resident #3 towards SSD #233 through the Surveyor. SSD #233 was suspended pending investigation on 11/26/24. The facility was unable to substantiate the allegation of abuse.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365572
		If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Eastland Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2425 Kimberly Parkway East Columbus, OH 43232	
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>Interview on 11/25/24 at 4:29 P.M. with the Director of Nursing (DON) confirmed hospital staff had informed her on 11/22/24 that Resident #3 had alleged Social Services Director (SSD) #233 had pushed him down to the ground on 11/18/24.</p> <p>Interview on 11/26/24 at 9:42 A.M. with the Administrator confirmed he was not aware of Resident #3's allegation of abuse per SSD #233 which allegedly occurred on 11/18/24. The Administrator confirmed staff should report concerns of abuse to the administrator immediately.</p> <p>Interview on 11/26/24 at 9:45 A.M. with the DON confirmed she had not informed the Administrator of Resident #3's allegation of abuse which she became aware of on 11/22/24 because there was no official documentation to support the claim.</p> <p>Interview on 11/26/24 at 11:31 A.M. with Nurse Practitioner (NP) #221 confirmed Resident #3 reported to her on 11/20/24 that he had been involved in an altercation with a staff member on 11/18/24 but the resident did not provide details of the altercation or allege abuse. The NP instructed the nursing staff to address the resident's concerns and document them accordingly. The NP confirmed an altercation with a staff member was documented in Resident #3's progress notes.</p> <p>Interview on 11/26/24 at 12:06 P.M. and 12:45 P.M. with Hospital Staff #1 confirmed Resident #3 had reported being pushed by facility staff, causing his fall. The admission notes included the statement the resident claimed he was pushed by an employee, leading to the fall. When preparing for the transfer back to the facility, the admissions coordinator received the case management initial assessment, which documented the resident stated the social worker pushed him twice before he fell . Hospital Staff #1 confirmed the facility DON, admissions personnel, and regional staff all had access to Resident #3's complete hospital record.</p> <p>Interview on 11/26/24 at 12:45 P.M. with Hospital Staff #2 confirmed Resident #3 made an allegation that facility staff, SSD # 233, had pushed him and caused a fall. Hospital Staff #2 confirmed they did not directly report this to facility staff, although it was included in Resident #3's emergency room documentation which the facility staff had access to.</p> <p>Review of facility policy titled Abuse, Neglect, Exploitation, and Misappropriation of Resident Property dated 10/27/17 revealed the facility was required to report all allegations of abuse, neglect, exploitation, mistreatment of a resident, or misappropriation of resident property immediately to the administrator. If an abuse allegation was reported, it should be reported to the Ohio Department of Health (ODH) immediately, but no later than two hours after the allegation was made.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00160059.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Eastland Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2425 Kimberly Parkway East Columbus, OH 43232	
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 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> 49039</p> <p>Based on record review, staff interview, review of Self-Reported Incident (SRIs), and review of the facility policy, the facility failed to ensure residents were protected from further potential abuse during abuse investigations. This affected one (Resident #3) of three residents reviewed for abuse. The facility census was 87 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #3 revealed an admitted [DATE] with diagnoses including chronic systolic heart failure, type two diabetes mellitus, atrial fibrillation, hypertension, and anxiety disorder and a discharge date of [DATE].</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #3 dated 11/17/24 revealed the resident had intact cognition and required supervision or touching assistance with activities of daily living (ADLs.)</p> <p>Review of the hospital note for Resident #3 dated 11/20/24 timed at 9:47 P.M. revealed the resident was admitted with complaints of back pain and alleged he had been pushed by an employee at the facility during an altercation on 11/18/24 which caused the resident to fall backwards.</p> <p>Review of the physician progress note for Resident #3 dated 11/20/24 revealed during hospital transfer the resident reported a recent altercation with a staff member a couple of days prior and noted worsening back pain.</p> <p>Review of local hospital case management initial assessment for Resident #3 dated 11/22/24 timed at 4:12 P. M. revealed the resident alleged the social worker at the facility had pushed him down causing him to fall.</p> <p>Review of the facility Self-Reported Incident (SRI) involving Resident #3 initiated 11/26/24 at 10:42 A.M. revealed the Administrator became aware of the allegation of abuse per Resident #3 towards SSD #233 through the Surveyor. SSD #233 was suspended pending investigation on 11/26/24. The facility was unable to substantiate the allegation of abuse.</p> <p>Interview on 11/25/24 at 4:29 P.M. with the Director of Nursing (DON) confirmed hospital staff had informed her on 11/22/24 that Resident #3 had alleged Social Services Director (SSD) #233 had pushed him down to the ground on 11/18/24.</p> <p>Interview on 11/26/24 at 9:42 A.M. with the Administrator confirmed he was not aware of Resident #3's allegation of abuse per SSD #233 which allegedly occurred on 11/18/24. The Administrator confirmed staff should report concerns of abuse to the administrator immediately, and if a staff member was accused of abuse they should be suspended from work immediately pending the outcome of the investigation. Further interview with the Administrator confirmed SSD #233 was not suspended until 11/26/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Eastland Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2425 Kimberly Parkway East Columbus, OH 43232	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/26/24 at 9:45 A.M. with the DON confirmed she had not informed the Administrator of Resident #3's allegation of abuse which she became aware of on 11/22/24 because there was no official documentation to support the claim.</p> <p>Interview on 11/26/24 at 11:31 A.M. with Nurse Practitioner (NP) #221 confirmed Resident #3 reported to her on 11/20/24 that he had been involved in an altercation with a staff member on 11/18/24 but the resident did not provide details of the altercation or allege abuse. The NP instructed the nursing staff to address the resident's concerns and document them accordingly. The NP confirmed an altercation with a staff member was documented in Resident #3 's progress notes.</p> <p>Interview on 11/26/24 at 12:06 P.M. and 12:45 P.M. with Hospital Staff #1 confirmed Resident #3 had reported being pushed by facility staff, causing his fall. The admission notes included the statement the resident claimed he was pushed by an employee, leading to the fall. When preparing for the transfer back to the facility, the admissions coordinator received the case management initial assessment, which documented the resident stated the social worker pushed him twice before he fell . Hospital Staff #1 confirmed the facility DON, admissions personnel, and regional staff all had access to Resident #3's complete hospital record.</p> <p>Interview on 11/26/24 at 12:45 P.M. with Hospital Staff #2 confirmed Resident #3 made an allegation that facility staff, SSD # 233, had pushed him and caused a fall. Hospital Staff #2 confirmed they did not directly report this to facility staff, although it was included in Resident #3's emergency room documentation which the facility staff had access to.</p> <p>Review of facility policy titled Abuse, Neglect, Exploitation, and Misappropriation of Resident Property dated 10/27/17 revealed if a staff member was accused of abuse the facility should immediately remove that staff member from the facility and from the schedule pending the outcome of the abuse investigation.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00160059.</p>		