

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 10/14/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed medical record review and interview, the facility failed to timely report a change in condition to Resident #20's physician. This affected one resident (#20) of three residents reviewed for change in condition. The facility census was 83. Findings include: Review of the closed medical record for Resident #20 revealed an admission date of 04/11/25 with medical diagnoses including dementia, major depressive disorder, chronic obstructive pulmonary disease (COPD), type two diabetes mellitus, age-related osteoporosis, heart failure, and high blood pressure. Review of Resident #20's comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a brief interview for mental status (BIMS) score of 7 indicating severely impaired cognition. Resident #20 required assistance with activities of daily living tasks. Review of the nursing progress notes dated 09/29/25 at 12:00 A.M. revealed Resident #20 was seen by the Certified Nurse Practitioner (CNP) #225 due to pain and edema in her left knee. Resident #20 stated she was experiencing pain in her left knee and had noticed swelling in the area. The physician ordered an x-ray of the knee. A follow up note dated 09/30/25 at 12:00 A.M. authored by CNP #225 referenced Resident #20's knee with increased edema and pain. The x-ray results revealed an indication of distal fracture fragments. The note referenced the resident would be sent to a local hospital's emergency room (ER) for further evaluation and management. Interviews conducted on 10/09/25 between 2:00 P.M. and 5:45 P.M. with Certified Nursing Assistant (CNA) #101 and CNA #102 revealed Resident #20 had complained to the two CNAs on 09/24/25 and 09/25/25 about increased left knee pain which prevented her from engaging in activities of daily living. Both CNAs reported observing Resident #20's knee as swollen and both CNAs confirmed they had reported these findings to the (unspecified) nurse on duty. Interview with Registered Nurse (RN) #125 on 10/09/25 at 2:47 P.M. revealed she confirmed that CNA #101 had reported Resident #20's knee as swollen to her on 09/24/25. On this date, RN #125 assessed the knee and administered the resident her routine pain medications. RN #125 confirmed she did not report her assessment findings to the resident's physician because she believed the findings to be attributed to cellulitis, for which the resident was currently being treated. Interview with CNP #225 on 10/14/25 at 11:35 A.M. confirmed the cellulitis would not have impacted Resident #20's knee since the cellulitis was related to a wound on the resident's lower leg. CNP #225 confirmed that neither she nor the resident's physician was notified about Resident #20's increased reports of pain or swelling in her knee until 09/29/25. This deficiency represents non-compliance investigated under Complaint Numbers 2640272 and 2637095.</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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