STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365611	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westerville Post Acute.	1060 Eastwind 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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, medical record review, staff and resident interview, and review of the facility policy, the facility failed to ensure the call light was positioned within reach of one resident (#640) out of five residents observed for call light placement. The facility census was 89.Findings include: Review of the medical record for Resident #640 revealed an admission date of 01/24/22 with diagnoses of but not limited to atherosclerotic heart disease of native coronary artery without angina pectoris, chronic obstructive pulmonary disease hyperlipidemia, morbid obesity, hypertension, major depressive disorder, Alzheimer's disease with late onset, dementia, chronic respiratory failure, and anxiety disorder.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of seven which indicated severe cognitive impairment, was dependent on a wheelchair for mobility, and required maximal to dependent assistance for activities of daily living (ADLs). Review of the care plan dated 09/03/25 for Resident #640 revealed a focus of fall risk characterized by impaired mobility and medication use with an intervention of call light accessible when in room.Observation on 05/20/26 at 8:14 A.M. revealed the call light was wrapped around the top rail of Resident #640's bed and Resident #640 was in her wheelchair.Interview on 05/20/26 at 8:14 A.M. with Resident #640 revealed she was looking for her call light, didn't know where it was, then looked on the bed rail and said over there.Interview on 05/20/26 at 8:14 A.M. with Registered Nurse (RN) #220 verified the call light was wrapped around the bed rail and out of Resident #640's reach.Interview on 05/21/26 at 7:31 A.M. CNA #485 stated Resident #640 does use her call light.Review of the facility policy Call Light Response dated 07/2024 revealed call lights are a method of notification for those in need of assistance, be it in the form of medical, social, or other. All employees are to ensure proper response time and service to call lights initiated.This deficiency represents non-compliance investigated under Complaint Number 3011104.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to ensure dietary preferences were honored. This affected two residents (#605 and #630) of five residents reviewed for food preferences. The facility census was 89.Findings include:1.Review of the medical record for Resident #605 revealed an admission date of 01/05/26 with diagnoses of but not limited to hydronephrosis with renal and ureteral calculous obstruction, severe protein-calorie malnutrition, pressure ulcer to left buttock stage 3, diastolic heart failure, adult failure to thrive, hypertension, spastic hemiplegia affecting left nondominant side, cognitive communication deficit, and obstructive reflux uropathy.Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status of 12 which indicated moderate cognitive impairment, was dependent on staff for all activities of daily living (ADLs), and required supervision for eating.Review of the care plan for Resident #605 revealed a focus of Resident #605 admitted with diagnoses of protein-calorie malnutrition. At risk for nutrition changes related to recent admission, recent hospitalization, chronic conditions, history of altered texture diet, missing teeth, history of abnormal nutrition related to labs, congestive hear failure, risk for fluid shifts, and advanced age greater than 65 with interventions to include provide diet per order, honor food preferences, encourage to eat and drink, and feed/assist with meals as needed.Review of diet order for Resident #605 revealed regular diet, regular texture, thin liquid consistency.Review of dietary interview dated 01/06/26 for Resident #605 revealed no preferences, likes, or dislikes where checked. Review of the meal tickets for breakfast, lunch, and dinner for Resident #605 had no preferences or dislikes listed.Interview on 05/21/26 at 8:27 A.M. with Dietary Director #865 revealed she does an interview with the residents at admission to discuss dietary preferences. Dietary Director #865 revealed she puts the residents' dislikes on the meal tickets unless the dislike list is too long. Dietary Director #865 stated there is an always available menu which residents can order from if they do not want what is on their tray or menu. Interview on 05/21/26 at 10:10 A.M. with Dietary Director #865 verified the dietary interview for Resident #605 did not have preferences, likes, or dislikes checked. Dietary Director #865 stated she did not do the dietary interview for Resident #605. Dietary Director #865 verified the meal ticket for breakfast, lunch, and dinner for Resident #605 did not have any dislikes on it.Interview on 05/21/26 at 10:46 A.M. with Resident #605 revealed she does not like much of the food at the facility. Resident #605 stated she did have a dietary interview when she admitted to the facility and told the person her food dislikes and likes. Resident #605 stated she did get things on her tray which she did not like. Resident #605 stated she did not know there was an always available- menu until just a few minutes ago when the Dietary Manager came to her room to ask about her preferences and told her about the always available menu. Resident #605 stated she liked grilled cheese and stated she would be ordering them. Interview on 05/21/26 at 10:18 A.M. Director of Nursing verified there were no preferences, likes, or dislikes on Resident #605's dietary interview or meal tickets for breakfast, lunch, and dinner.2. Review of the medical record for Resident #630 revealed an admission date of 09/24/25 with diagnoses of but not limited to chronic obstructive pulmonary disease, muscle weakness, type two diabetes, acute and chronic respiratory failure, hypertension, and major depressive disorder.Review of the quarterly MDS assessment dated [DATE] revealed Resident #630 had a BIMS of 15 which indicated no cognitive impairment, and required set up for her meals.Review of the care plan for Resident #630 revealed a focus of Resident #630 is at risk for malnutrition related to chronic condition, need for therapeutic diet, diabetic, chronic respiratory condition, congestive heart failure, fluid restriction, obesity, history of significant weight changes and advanced age with interventions to include food preferences per resident choice and observe for signs and symptoms of malnutrition as evidenced by emaciation, refusing meals, significant weight loss, significant abnormal (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lab values, signs and symptoms of dehydration, and report to physician as needed.Review of diet order for Resident #630 revealed consistent carbohydrate diet, cardiac diet, regular texture, thin liquid consistency.Review of dietary interview dated 09/26/25 revealed no preferences, likes, or dislikes were checked.Review of the meal tickets for breakfast, lunch, and dinner for Resident #630 revealed no preferences or dislikes listed.Interview on 05/20/26 at 3:00 P.M. with Resident #630 revealed the food at facility was terrible. Resident #630 stated she had a note which said she did not like chicken and she still gets it on her tray. Resident #630 stated no dietician interviewed her at admission.Interview on 05/21/26 at 10:10 A.M. with Dietary Director #865 verified the dietary interview for Resident #630 did not have preferences, likes, or dislikes checked. Dietary Director #865 stated she did not do the dietary interview for Resident #630. Dietary Director #865 verified the meal ticket for breakfast, lunch, and dinner for Resident #630 did not have any dislikes on it.Interview on 05/21/26 at 10:18 A.M. Director of Nursing verified there were no preferences, likes, or dislikes on Resident #630's dietary interview or meal tickets for breakfast, lunch, and dinner.Review of the facility policy, Food and Nutrition Services, dated 2001, revealed each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Multidisciplinary staff, including nursing staff, the attending physician and the dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intakes and utilization.This deficiency represents non-compliance investigated under Complaint Number 3011104.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, the facility failed to follow infection control procedures during incontinence care. This affected one residents (#630) of the five residents reviewed for incontinence care. The facility census was 89.Findings include:Review of the medical record for Resident #630 revealed an admission date of 09/24/25 with diagnoses of but not limited to chronic obstructive pulmonary disease, muscle weakness, type two diabetes, acute and chronic respiratory failure, hypertension, and major depressive disorder.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #630 had a Brief Interview for Mental Status (BIMS) of 15 which indicated no cognitive impairment and was dependent on staff for toileting hygiene.Review of the care plan for Resident #630 revealed a focus of resident is incontinent of bowel and bladder due to limited mobility, medication use, and overactive bladder wit interventions to include provide check and change incontinence management and observe for signs and symptoms of urinary tract infection and notify physician of abnormal findings.Observation on 05/20/26 at 1:57 P.M. to 2:09 P.M. revealed Certified Nursing Assistant (CNA) 3930 went into Resident #630's bathroom and washed her hands and put on gloves. Then CNA #930 carried two wash basins into the room and set them on a bedside table. Then CNA #930 moved Resident #630's bed up and put a plastic bag at the end of the bed. Then CNA #930 put wash clothes into each of the basins and placed a towel across Resident #630's abdomen. Then CNA 3930 performed incontinent care on Resident #630. Afterwards, CNA #930 put the trash and wash clothes into two separate bags and took the wash basins into Resident #630's bathroom and emptied them. While in the bathroom, CNA #930 removed her gloves and washed her hands.Interview on 05/20/26 at 2:11 P.M. CNA #930 verified she put her gloves on while gathering supplies and did not remove her gloves until after performing incontinent care for Resident #630.Review of the facility, Hand Hygiene policy dated 2001 revealed hand hygiene is indicated immediately before touching a resident.Review of the facility policy Perineal Care dated 2001 revealed the procedure included place the equipment on the bedside stand. Arrange the supplies so they can be easily reached, wash and dry your hands thoroughly, fill the wash basin one-half full of warm water. Place the wash basin on the bedside stand within easy reach. Fold the bedspread or blanket toward the foot of the bed. Fold the sheet down to the lower part of the body. Cover the upper torso with a sheet. Raise the gown or lower pajamas. Avoid unnecessary exposure of the resident's body. Put on gloves. Ask the resident to bend his or her knees and put his or her feet on the mattress. Assist as necessary.This deficiency represents non-compliance investigated under Complaint Number 3011104.