

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure the safety of Resident #71 during a Hoyer lift transfer. This had the potential to affect 14 residents who the facility identified as requiring the assistance of a Hoyer lift for transfers. The facility census was 87. Findings include: Findings include: Review of Resident #71's medical record revealed an admission date of 12/27/23. Diagnoses include essential hypertension, type II diabetes mellitus without complications, osteoarthritis, contracture to right and left knee, need for assistance with personal care, unspecified dementia and other symptoms and signs involving cognitive functions and awareness. Review of Resident #71's Minimum Data Set (MDS) 3.0 dated 01/03/26 revealed a Brief Interview for Mental Status (BIMS) score of 10. Review of Resident #71's functional abilities revealed Resident #71 is dependent for chair/bed-to-chair transfer. Review of Resident #71's care plan revised on 01/22/26 revealed Resident #71 needed assistance with Activities of Daily Living (ADL's), with a goal that Resident #71 will be groomed and free of odors at all times and will participate as able in ADL self-care. Interventions include transfers by three helpers and mechanical lift. Observation on 03/04/26 at 11:30 A.M. with certified Nursing Assistant (CNA) #123, and CNA #97, of Hoyer lift transfer for Resident #71 revealed CNA #123 controlling the Hoyer lift and CNA #97, securing Resident #71 in Hoyer sling while Resident #71 was in wheelchair. Further observation revealed CNA #123 controlling Hoyer lift with remote with Resident #71 suspended in the air, at the same time CNA #97 removed Resident #71's wheelchair from below Resident #71 and moving it out of the area. Further observation revealed CNA #97, moving from Resident #71's side to opposite side of the bed closest to the wall leaving Resident #71 suspended in the air without someone guiding Resident #71 in the Hoyer sling to the bed. Interview on 03/04/26 at 11:56 A.M. with CNA #123, CNA #97 and Licensed Practical Nurse (LPN) #127 confirmed staff did not provide Resident #71 support as she was suspended in Hoyer lift while CNA #97 went to opposite site of bed. Interview on 03/04/26 at 11:56 A.M. with CNA #123 and CNA #97 revealed CNA #123 and CNA #97 when asked the process before initiating the use of a Hoyer lift CNA #123 and CNA #97 could not verbalize how to inspect Hoyer lift or assessment of sling for safety check prior to use. Further interview with CNA #123 and CNA #97 confirmed observation of this process was not completed and they were unable to verbalize this process unless prompted. Review of the Medline Battery Operated Patient Lift MDS450EL manual confirmed persons should inspect the slings prior to each use. Do not use a sling that has worn thread or frayed straps. Review of the facility's policy titled, Hoyer Lift Transfer not dated confirmed check the sling to be sure no signs of wearing or tears. Further review of the policy reveals one person utilizes and stabilizes the lift while second person guides and stabilizes resident and guide the sling with the resident slowly and steadily, until over the surface they're being transferred to. This deficiency represents non-compliance investigated under Complaint Number 2732241.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview the facility failed to perform hand hygiene during incontinence care for Resident #71. This had the potential to affect 20 residents who the facility identified as requiring assistance with incontinence care. The facility census was 87. Findings include: Review of Resident #71s medical record revealed an admission date of 12/27/23. Diagnoses include essential hypertension, type II diabetes mellitus without complications, osteoarthritis, contracture to right and left knee, need for assistance with personal care, and unspecified dementia and other symptoms and signs involving cognitive functions and awareness. Review of Resident #71's Minimum Data Set (MDS) 3.0 dated 01/03/26 a Brief Interview for Mental Status (BIMS) score of 10. Review of Resident #71's functional abilities revealed Resident #71 is dependent on staff for assistance with toileting hygiene. Observation on 03/04/26 at 11:50 A.M. of incontinence care on Resident #71 completed by Certified Nursing Assistant (CNA) #97 revealed after the incontinence care was completed CNA #97 handed Resident #71 her call light with the gloves she wore during incontinence care. Interview on 03/04/26 at 11:56 A.M. with CNA #97, confirmed she did not perform hand hygiene after completing incontinence care and handed Resident #71 her call light with her soiled gloves on.</p>		