

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER Embassy of Woodview		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 Clime Road Columbus, OH 43223	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to monitor a resident's blood glucose levels and oxygen saturations as physician ordered. This affected one (Resident #150) of three residents revied for changes in condition. The facility census was 74. Findings include:Review of the medical record for Resident #150 revealed an admission date of 07/14/25 and a discharge date of 07/16/25. Diagnoses included ischemic cardiomyopathy, type two diabetes mellitus (DM), and heart disease. Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #150 had intact short-term memory and was independent for daily decision-making abilities. Review of Resident #150's physician orders for July 2025 revealed the orders included Humulin R 500-unit (U) Kwikpen (insulin), inject 40 units subcutaneous in the morning and inject 60 units in the evening for type two DM and Trulicity three milligram (mg) per 0.5 milliliter (ml), inject 0.5 ml subcutaneous once a day, every seven days for DM. There were also orders for blood glucose monitoring four times a day, notify the physician if blood sugar reading was less than 60 milligram per deciliter (mg/dL) or greater than 400 mg/dL. Review of the medication administration record (MAR) and treatment administration record (TAR) for the month of July 2025 revealed Resident #150's blood glucose was not documented as being obtained per physician ordered or monitored while at this facility. Interview on 08/29/25 at 1:39 P.M. with Regional Nurse #185 confirmed Resident #150's blood glucose monitoring and oxygen levels were not being monitored by the facility staff as the physician had ordered them to be. Regional Nurse #185 claimed Resident #150 was wearing a Free Style blood glucose monitoring system that would record blood sugar readings on her personal phone but confirmed these readings had not been recorded in this resident's medical record. This deficiency represents non-compliance investigated under Complaint Number 2572438.</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
---	-------	-----------