

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365686	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Columbus Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4301 Clime Road North Columbus, OH 43228	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404</p> <p>Based on observation, staff interview, medical record review, and policy review, the facility failed to ensure a medication error rate of less than five percent (5%). This affected two (#64 and #80) of four residents observed for medication administration. There were 29 opportunities with four medication errors for a medication error rate of 13.7%. The facility census was 98.</p> <p>Findings include:</p> <p>1. Review of Resident #64's medical record revealed an admitted [DATE], with diagnoses of: anoxic brain damage, muscle weakness, dysphagia, cognitive communication deficit, insomnia, chronic obstructive pulmonary disease, and encounter for attention for gastrostomy.</p> <p>Review of a physician order dated 09/19/24 revealed an order for aspirin low dose 81 milligram (mgs) tablet chewable, give one tablet via percutaneous endoscopic gastrostomy tube (PEG) (a feeding tube that is surgically inserted through the abdominal wall and into the stomach) one time a day and an order for Guaifenesin Extended Release (ER) tablet 12 hour, 600 mgs, give one tablet via PEG tube every 12 hours for cough.</p> <p>Review of a physician order dated 09/22/24 revealed an order for baclofen (muscle relaxer medication) oral tablet 10 mgs give one tablet via PEG tube three times a day for muscle contraction.</p> <p>Observation of a medication administration pass with Certified Medication Aide (CMA) #16 on 09/30/24 at 8:32 A.M., revealed she passed oral medications of baclofen 10 mgs, Guaifenesin 600 mg ER, and aspirin 81 mg enteric coated. CMA #16 crushed all three medications including and put them in pudding and gave them to Resident #64 by mouth.</p> <p>Interview on 09/20/24 at 10:03 A.M., with CMA #16 verified the order says all three medications should be given by PEG tube and she gave them by mouth. She also verified the Guaifenesin 600 mg ER, and aspirin 81 mg enteric coated should not have been crushed since they are extended release and enteric coated.</p> <p>2. Review of Resident#80's medical record revealed an admitted [DATE], with diagnoses of: vitamin D deficiency, hemiplegia and hemiparesis following cerebral infarction, type two diabetes mellitus, insomnia, edema, and major depressive disorder.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 07/04/24 quarterly Minimum Data Set (MDS) assessment revealed the resident was cognitively intact and does not use any devices to aid in mobility.</p> <p>Review of a physicians order dated 02/21/24 revealed an order for Cholecalciferol Oral Capsule (Vitamin D) 125 micrograms (5000 units). Give 1 capsule by mouth in the morning.</p> <p>Observation on 09/30/24 at 9:24 A.M., of Licensed Practical Nurse (LPN) #11 revealed she was passing medications to Resident #80. LPN #11 pulled Cholecalciferol Oral Capsule (Vitamin D) 1250 micrograms (50,000 units). LPN #11 verified she was going to give 50,000 units of Vitamin D. The surveyor intervened and had LPN #11 recheck the order.</p> <p>Interview on 09/30/24 at 9:29 A.M., with Licensed Practical Nurse (LPN) #11 verified she was going to give 50,000 units of Vitamin D instead of the ordered 5,000 units.</p> <p>Review of the undated policy titled; Medication Administration Policy revealed to observe the five rights in giving each medication: the right route. Follow manufacturers recommendations for medications that note do not crush.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157909.</p>		