STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365933	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckeye Terrace Rehabilitation and Nursing Center	140 N State Street 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008 Based on medical record review, observation, staff interview and review of a facility policy, the facility failed to provide a dignified dining experience. This affected one (Resident #61) of two residents reviewed for feeding assistance. The facility census was 62 residents. Findings include: Review of Resident #61's medical record revealed an admitted [DATE] with diagnoses that included dementia, dysphagia (difficulty swallowing), and hemiplegia. Review of Resident #61's Minimum Data Set (MDS) dated [DATE] revealed that Resident #61 required partial to moderate assistance with eating. Review of Resident #61's care plan revised 05/09/19 revealed the resident required nursing assistance and supervision to eat. Resident #61's care plan was silent for an intervention that included standing while feeding the resident. Review of Resident #61's speech therapy dysphagia discharge notes on 05/28/24 were silent for recommendations for nursing to stand while feeding the resident her meals. Observation on 10/22/24 at 12:57 P.M. revealed that State tested Nursing Assistant (STNA) #127 was standing while feeding Resident #61 her lunch meal. STNA #127 was observed holding the back of Resident #61's head while he fed her. Observation on 10/23/24 at 12:39 P.M. revealed that STNA #127 fed Resident #61 her lunch meal while standing over her. Interview on 10/22/24 at 1:07 P.M. with STNA #127 confirmed that he was standing while feeding Resident #61. Review of Assistance with Meals policy revised 2017 revealed that residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example: not standing over residents while assisting them with their meals. This deficiency represents non-compliance investigated under Complaint Number OH00158608.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365933	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckeye Terrace Rehabilitation and Nursing Center	140 N State Street 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008 Based on medical record review, resident and staff interview. review of the Electronic Information Dissemination and Collection (EIDC) portal and review of a facility policy, the facility failed to report an incident of alleged sexual abuse to the state survey agency andfailed to implement their abuse policy after an allegation of sexual abuse. This affected one (Resident #23) of three residents reviewed for abuse. The facility census was 62. Findings include: Medical record review revealed Resident #23 was admitted to the facility on [DATE] with a diagnoses of schizophrenia, post traumatic seizures, traumatic brain injury, and depression. Review of Resident #23's Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #23 had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. allegation made on 10/18/24. Interview with Resident #23 on 10/22/24 at 10:20 A.M. revealed on 10/18/24, Resident #38 placed Resident #23's hand on his clothing over his penis. Resident #23 stated that she told Resident #38 no, and he stopped. Resident #23 stated that she felt uncomfortable about it and did not want to be around Resident #38. Resident #23 stated that she told Business Office Manager (BOM) #165, Social Worker #162, and the Administrator about the sexual abuse allegation on 10/18/24. Resident #23 stated that she moved up to the second floor, in a room on a different floor from Resident #38 on 10/21/24. Interview with BOM #165 on 10/23/24 at 11:08 A.M. revealed that she notified Social Woreker #162 and the Administrator about the allegation of sexual abuse reported by Resident #23 on 10/18/24. Interview with the Administrator on 10/23/24 at 11:27 A.M. revealed he interviewed Resident #23 about the allegation on 10/18/24, but he did not recall if he filed a self- reported incident (SRI) with the state survey agency when the allegation was reported. Interview with the the Corporate Nurse on 10/23/24 at 11:29 A.M. confirmed the facility did not file an SRI with the state survey agency for the allegation of sexual abuse on Resident #23 on 10/18/24. Interview with Licensed Practical Nurse (LPN) #142 on 10/23/24 at 3:07 P.M. confirmed that Resident #23 was moved to another floor in a room away from Resident #38 on 10/21/24, three days after the allegation of abuse was made. Interview with State tested Nursing Aide (STNA) #126 on 10/23/24 at 3:08 P.M. confirmed that Resident #23 was moved to another floor in a room away from Resident #38 on 10/21/24, three days after the allegation of abuse was made. Review of the EIDC for online SRI reporting revealed the facility did not have an initial report of the allegation of sexual abuse on 10/18/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365933	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckeye Terrace Rehabilitation and Nursing Center	140 N State Street 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy dated 10/27/17 defines sexual abuse as non consensual sexual contact of any type with a resident. If an allegation of abuse occurs, it should be reported to the Ohio Department of Health immediately, but not later than two hours after the allegation is made. The facility will take action to protect the resident including, but not limited to, preventing access to resident during the investigation. This violation is an incidental finding investigated under Complaint Number OH00158608.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365933	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckeye Terrace Rehabilitation and Nursing Center	140 N State Street 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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008 Based on medical record review, resident and staff interview and review of facility policy, the facility failed to implement their abuse policy after an allegation of sexual abuse. This affected one (Resident #23) of three residents reviewed for abuse. The facility census was 62. Findings include: Review of Resident #23's medical record revealed an admitted [DATE] with a diagnosis of schizophrenia, post traumatic seizures, traumatic brain injury, and depression. Review of Resident #23's Minimum Data Set (MDS) assessment on 07/24/24 revealed that Resident #23 had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. Review of Resident #23's medical record revealed that the progress notes were silent for an allegation of sexual abuse affecting Resident #23 on 10/18/24. Interview with Resident #23 on 10/22/24 at 10:20 A.M. revealed that on 10/18/24, Resident #38 placed Resident #23's hand on his clothing over his penis. Resident #23 stated that she told Resident #38 no, and he stopped. Resident #23 stated that she felt uncomfortable about it and did not want to be around Resident #38. Resident #23 stated that she told Business Office Manager (BOM) #165, Social Worker #162, and the Administrator about the alleged sexual abuse allegation on 10/18/24. Resident #23 stated that she moved up to the second floor, away from Resident #38 on 10/21/24. Interview with Licensed Practical Nurse (LPN) #142 on 10/23/24 at 3:07 P.M. confirmed that Resident #23 was moved to another floor in a room away from Resident #38 on 10/21/24, three days after the allegation of abuse was made. Interview with State tested Nursing Aide (STNA) #126 on 10/23/24 at 3:08 P.M. confirmed that Resident #23 was moved to another floor in a room away from Resident #38 on 10/21/24, three days after the allegation of abuse was made. Review of facility policy dated 10/27/17 defines sexual abuse as non consensual sexual contact of any type with a resident. Further review of policy revealed that if a third party is accused or suspected of abuse, the facility will take action to protect the resident including, but not limited to, preventing access to resident during the investigation. This deficiency is an incidental finding investigated under Complaint Number OH00158608.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365933	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckeye Terrace Rehabilitation and Nursing Center	140 N State Street 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008 Based on medical record review, resident and staff interviews and policy review, the facility failed to provide appropriate levels of superstition for residents identified as fall risks. This affected one resident (Resident #42) of three residents reviewed for falls. Findings include: Review of the medical record for Resident #42 revealed an admitted [DATE] with diagnoses that included epilepsy, muscle weakness, and post traumatic stress disorder. Review of Resident #42's Minimum Data Set (MDS) assessment dated [DATE] revealed that Resident #42 had a Brief Interview for Mental Status of 11, indicative of moderate cognitive impairment, and that Resident #42 needed supervision and/or touch assistance for showering and bathing. Review of Resident #42's care plan initiated 01/13/24 revealed that Resident #42 was at risk of falls due to abnormal posture, impaired gait, muscle weakness, and that he had a decreased awareness of his need for assistance. A care planned intervention is to remove any causes of falls and to educate resident on only taking showers with staff assistance. Review of Resident #42's progress note dated 09/21/24 by Registered Nurse (RN) # 111 revealed that Resident #42 fell on [DATE] in the shower room (he was taking a shower). Resident #42 was assessed for injury and his x-ray was negative for fracture. Review of medical record revealed that follow up nursing assessments for Resident #42 continued for three days with no subsequent injuries or decline in condition and resolved pain. Resident #42's care plan was revised 09/23/24 to include an intervention to remove any causes of falls and to educate resident on only taking showers with staff assistance. Interview on 10/22/24 at 9:47 A.M. with Resident #42 revealed that he fell when an STNA left him alone in the shower room by himself about a month ago. Resident #42 stated that at the time of his fall that his tailbone was sore, but that the pain did not continue. Interview on 10/23/24 at 8:32 A.M. with State tested Nursing Aide (STNA) #129 confirmed that when Resident #42 fell in September 2024, he was alone in the shower room. Interview on 10/23/24 at 1:04 P.M. with RN #111 confirmed that on 09/21/24, Resident #42 fell while he was alone in the shower room. RN #111 stated that she assessed Resident #42, and then that STNA #129 helped her move Resident #42 back into the wheelchair. Family and physician notifications were made. Resident #42 had negative x-ray results, and his pain level was at a five on a scale of one to ten. Resident #42 declined pain medications after the fall on 09/21/24. Review of a facility policy named Falls and Fall Risk Managing dated 2001 revealed that residents should not be unattended in the bathroom until adequate postural stability has been established. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365933	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckeye Terrace Rehabilitation and Nursing Center	140 N State Street 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency is an incidental finding investigated under Complaint Number OH00158608.