

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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** Based on record review, interview, Self-Reported Incident (SRI) review, and facility policy review the facility failed to timely report allegations of abuse. This affected two residents (#40 and #20) of three residents reviewed for abuse. The census was 64. Findings include: 1. Review of Resident #40's medical record revealed the resident was admitted on [DATE] with diagnoses to include major depressed disorder, asthma, post traumatic stress disorder and other psychoactive substance abuse. Review of Resident #40's Minimum Data Set 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognition. Review of Resident #40's care plan revealed the resident is verbally aggressive related to intimidating threats towards other residents dated 04/15/26. Review of Resident #40's medical record revealed no behaviors were documented from 06/08/26 through 07/01/26. Review of Resident #20's medical record revealed an admission date of 05/08/25. Diagnoses include acquired absence of left foot, restlessness and agitation, essential (primary) hypertension, depression, opioid dependence and bipolar disorder. Review of Resident #20's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognition. Review of Resident #20 medical record revealed an admission date of 05/08/25. Diagnoses include acquired absence of left foot, restlessness and agitation, essential (primary) hypertension, depression, opioid dependence and bipolar disorder. Review of Resident #20's progress notes revealed there was no documented progress note in the resident's medical record regarding the resident to resident verbal abuse on 06/18/26. Review of the facility's Self-Reported Incident (SRI) #276092 with a reporting date of 06/23/26 revealed Resident #20 and Resident #40 were involved in a verbal argument. There were no witnesses listed on the SRI however the SRI indicated a staff member was suspended pending investigation. The SRI review revealed Resident #40 threatened Resident #20 stating he was going to beat his expletive and kill him. The SRI indicated the residents were immediately separated and an investigation was immediately initiated. Interview with CNA #400 on 07/01/26 at 5:52 P.M. confirmed they observed the verbal altercation between Resident #20 and Resident #40 on 06/18/26 but did not report it because both residents were participating in the argument. CNA #400 stated if it got physical they would have reported it, stating the residents were just name calling. CNA #400 confirmed they did not hear any threats between the two residents. Interview with the Regional Director #800 07/09/26 at 2:53 P.M. confirmed an observed incident of potential abuse was observed by staff on 06/18/26 and the incident was not reported for five days. Review of the facility's policy titled, Abuse, Neglect, Exploitation & Misappropriation of Resident Property dated 10/27/17 confirms the facility will not tolerate abuse, neglect, exploitation of its residents or the misappropriation of resident property. Further noting, facility staff should immediately report all such allegations to the (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365933 If continuation sheet Page 1 of 3

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administrator/designee and to the Ohio Department of Health in accordance with the procedures in this policy. Initial report timing notes all incident and allegations of abuse, neglect, exploitation, mistreatment of resident, or misappropriation of resident property and all injuries of unknown source must be reported immediately to the Administrator or designee. If the event that caused the allegation involves an allegation of abuse or serious injury, it should be reported to ODH immediately, but not later than two hours after the allegation is made. This deficiency represents non-compliance investigated under Complaint Number 3047481.		

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F 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ staff that are licensed, certified, or registered in accordance with state laws. Based on review of Board of Executives of Long-Term Services and Support (BELTSS) documentation, and staff interview, the facility governing body failed to ensure the facility's Administrator, who was responsible for the management of the facility, had a current license in the State of Ohio. This had the potential to affect all 64 residents residing in the facility. Findings include: Interview on 06/29/26 at 9:00 A.M. with the Administrator confirmed he was the acting Administrator for the facility. Review on 07/07/26 of the BELTSS system revealed the Administrator's license had an issue date of 04/20/11 and an expiration date of 07/01/26. Interview with the Administrator on 07/07/26 at 9:00 AM., verified he was the Administrator of record for the facility, and he was aware his license was not current. Administrator stated he was having technical difficulties when trying to renew his license.		