

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Arlington Court Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 Northwest Professional Plaza Columbus, OH 43220	

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** 41271</p> <p>Based on medical record review, hospital record review, orthopedic follow-up note review, and staff interview, this facility failed to ensure follow-up appointments were implemented as scheduled and/or ordered. This affected one (Resident #36) of the six residents reviewed for follow-up care. The facility census was 98.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #36 revealed an initial admitted [DATE] and a re-entry date of 05/08/24. Diagnoses included dehiscence of amputation stump, need for assistance with personal care, peripheral vascular disease, and acquired absence of the right leg below the knee.</p> <p>Review of the hospital after visit summary dated 02/09/24 revealed an order for the resident to follow-up with her orthopedic physician in two weeks.</p> <p>Review of Resident #36's scheduled appointments for February 2024 revealed a scheduled follow-up appointment with orthopedic office in two weeks or on February 20 th, 2024 at 12:00 P.M.</p> <p>Review of progress note dated 02/19/24 at 4:53 P.M. created by Registered Nurse (RN) #151 revealed Patient unable to attend in person appointment tomorrow due to her COVID positive status. Appointment was canceled and rescheduled for February 27 th, 2024 at 230 P.M. with ortho physician. All parties made aware.</p> <p>Review of the Triage Detail Listing for Resident #36 for the orthopedic office dated 02/27/24 resident was a No Show</p> <p>Review of progress note dated 02/28/24 at 1:20 P.M. created by RN #151 revealed Orthopedic office called stating that patient missed a scheduled appointment yesterday with the ortho physician and a new appointment will need to be made. No appointment was scheduled on our end. appointment was rescheduled for March 19 th, 2024 at 1:15 P.M. All parties made aware.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Arlington Court Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 Northwest Professional Plaza Columbus, OH 43220	
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>Review of Resident #36 ' s quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating an intact cognition for daily decision making abilities. Resident #36 was noted to display disorganized thinking and inattention. Resident requires partial to moderate assistance for bath and/or showers and supervision or touching assistance for personal hygiene, bed mobility and transfers. Resident #36 is noted with venous and/or arterial ulcer and a surgical wound. Pressure interventions include a pressure reducing device for chair and bed, wound care, application of non-surgical dressings, medication, and application of ointments.</p> <p>Interview on 05/28/24 at 11:49 A.M. with RN #151 revealed she has worked at this facility since January 2024. When a resident is newly admitted or returns from an appointment, the floor nurse will receive the after visit summary or any paperwork from that resident and is then responsible for putting the information, such as new orders and follow up appointments in the chart. When a follow up appointment is made, the order is placed in the chart and then transportation department is updated with an appointment slip. RN #151 claimed that Resident #36 missed her first appointment due to being COVID positive and her second appointment was scheduled for 02/27/24. Resident #36 came out of isolation for COVID on 02/26/24 and she was going to complete assessments on this resident to ensure she was in fact free of any signs or symptoms related to COVID prior to going to her appointment on 02/27/24 but she failed to do that as well as failed to note the appointment in the medical orders orders, inform transport or call the orthopedic office to inform them Resident #36 would be missing her scheduled appointment for 02/27/2024.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153996.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Arlington Court Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 Northwest Professional Plaza Columbus, OH 43220	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41271</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NONCOMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on medical record review, staff interview, and fall investigation report review, this facility failed to ensure safety measures were in place during mechanical lift transfers to prevent a fall. This affected one (Resident #108) of three residents reviewed for accidents while receiving staff assistance. Facility census was 98.</p> <p>Findings Include:</p> <p>Review of the medical record for Resident #108 revealed an initial admitted [DATE] and a re-entry date of 03/06/23. Diagnoses included contracture of the left and right ankle, lack of coordination, muscle spasms, and dependence on enabling machines and devices.</p> <p>Review of Resident #108's Fall assessment dated [DATE] revealed a score of 10 indicating a low risk for falls.</p> <p>Review of Resident #108's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating an intact cognition for daily decision making abilities. Resident #108 was noted to experience impairment to one upper and one lower extremity. Resident #108 was dependent on staff for all transfers.</p> <p>Review of the Fall Investigation for Resident #108 dated 05/13/24 at 6:26 P.M. revealed the nurse aid came and told the nurse there was a fall. Nurse walked into the room and saw that Resident #108 was on the floor sitting between the chair and bed. The Hoyer was knocked over onto the floor. Resident #108 had stated she felt fine and that she didn't hit her head. Resident #108 was still hooked up to oxygen. Two aides were transferring Resident #108 on the Hoyer and the Hoyer tipped over. Immediate action taken included nurse obtained Resident #108's vital signs and all were within normal limits. Resident #108 stated that her arm felt a little sore and was given Tylenol for her pain and the nurse checked the residents skin to see if there were any wounds. Resident #108 was helped back into bed and the Nurse Practitioner was notified. Staff education to ensure proper use of the Hoyer positioning and clear path to navigate from surface to surface was completed.</p> <p>Review of the witness statement provided by State tested Nursing Assistant (STNA) #87 dated 05/13/24 revealed she was putting Resident #108 in the chair via Hoyer lift. STNA #87 started transferring Resident #108 from the bed to the chair with the assistance of another STNA. Hoyer wheels were unlocked, the other STNA was guiding the resident into the chair. Before the Hoyer legs were completely removed from under the bed, the Hoyer started to tip over.</p> <p>Review of the witness statement provided by STNA #956 revealed she was helping another STNA transfer Resident #108 from her bed to the chair. STNA stated that the Hoyer was still slightly under the bed and started tipping over.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Arlington Court Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 Northwest Professional Plaza Columbus, OH 43220	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the progress note dated 05/13/24 at 6:45 P.M. author not identified, revealed, Nurse aid came and told be there was a fall. I walked into the room and saw the patient was on the floor sitting between the chair and bed, the Hoyer was knocked over onto the floor. The patient said she felt fine and that she didn't hit her head. Resident #108 was still hooked up to oxygen. I took residents vitals include blood pressure at 156/91 millimeters of mercury (mmHg), respirations at 19 breaths per minute, temperature at 97.0 degree fahrenheit, pulse was 77 beats per minute and , oxygen saturations at 95% with 3 liters of oxygen nasal cannula. Patient stated that her arm felt a little sore so I gave her Tylenol for her pain and checked patients skin to see if there were any wounds. Patient was helped back into bed and the medical director was notified.</p> <p>Review of the progress note dated 05/14/24 at 3:07 P.M. author not identified revealed, X-Ray result No fracture to left hip or left shoulder. Nurse Practitioner and resident made aware. No new orders.</p> <p>Interview on 05/29/24 at 1:16 P.M. with STNA #87 revealed she was working with another staff member, STNA #956 who works with agency. They were in the process of getting Resident #108 up from her bed to the wheelchair using a Hoyer lift. STNA #87 was guiding the Hoyer itself and STNA #956 was waiting by the chair for the resident to be brought over to the chair so she could guide her into the wheelchair. STNA #87 claimed she saw that the Hoyer wheel was about to roll on top of the oxygen tubing, so she let go of the Hoyer lift handles and went to move the tubing. This was when the Hoyer tipped over. The resident landed on the floor but did not have any apparent injuries. STNA #87 claimed when the Hoyer was still over the bed and before she started to move it, she thought she opened the legs of the Hoyer to help with the machine's balance, but she didn't and the machines legs were closed. Verified that she had received education and re-training in the use of a Hoyer lift.</p> <p>The deficient practice was corrected on 05/22/24 when the facility implemented the following corrective actions:</p> <p>Resident #108 was assessed for injuries on 05/13/24 per Director of Nursing (DON) with no negative findings.</p> <p>Resident #108 was evaluated by Medical Director #832 and Resident #108 had an X-ray to check for fractures with no negative outcome.</p> <p>Education for all staff on proper Hoyer/Mechanical Lift procedures was completed on 05/13/24 per the DON.</p> <p>Hoyer was inspected by the rental company on 05/13/24 with no negative findings.</p> <p>All staff completed a Hoyer/Mechanical lift skills check off per DON, Registered Nurse (RN) #151, Licensed Practical Nurse (LPN) #67, and LPN #73. This was started on 05/13/24 and completed on 05/22/24.</p> <p>Clinical Leadership (DON, RN #151, LPN #67, and LPN #73) to complete three audits of staff assisting with Hoyer transfers weekly for the next 30 days starting 05/13/24 to ensure Hoyer/Mechanical Lift safety measures are in place.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Arlington Court Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 Northwest Professional Plaza Columbus, OH 43220	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Quality Assurance Performance Improvement (QAPI) meeting was held on 05/13/24 with Administrator, DON, Medical Director #832, RN #151, LPN #67, LPN #73, and Corporate DON #500 to ensure plan in place to manage the facility's response to ensure safe handling practices when using a Hoyer.</p> <p>Interview on 05/29/24 from 1:20 P.M. through 2:10 P.M. with STNA #31, #9, #185, and #45 revealed they had all received education by management staff on or around 05/13/23 regarding how to properly and safely transfer a resident using a Hoyer lift. All interviewed also confirmed they had to demonstrate this skill and be checked off prior to using this equipment on residents.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153828.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Arlington Court Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 Northwest Professional Plaza Columbus, OH 43220	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41271</p> <p>Based on medical record review, observations, staff interview, and facility policy review, this facility failed to ensure proper hand hygiene after glove removal and implement Enhanced Barrier Precautions during wound care and dressing change. This affected one (Resident #36) of the four residents reviewed for wound care. Facility census was 98.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #36 revealed an admitted [DATE] and a re-entry date of 05/08/24. Diagnoses included dehiscence of amputated stump, need for assistance with personal care, and absence of right leg below the knee.</p> <p>Review of the care plan dated 02/13/24 revealed Resident #36 has actual impairment to skin integrity of the right below the knee amputation (RBKA) related to a surgical wound. Interventions include to follow facility protocols for treatment of injury, weekly treatment documentation to include measurement of each area of skin breakdowns width, length, depth, type of tissue and exudate and any other notable changes or observations.</p> <p>Review of Resident #36's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating an intact cognition for daily decision-making abilities. Resident #36 had a venous and/or arterial ulcer and a surgical wound.</p> <p>Review of physician orders for Resident #36 revealed a order dated 05/09/24 to cleanse the RBKA surgical site with mild soap and water, rinse and pat dry. Pay careful attention to remove all previous cream. Apply Triad cream to dime size thickness and cover with bordered foam or gauze, every 72 hours.</p> <p>Observation on 05/22/24 from 1:10 P.M. through 1:40 P.M. of Licensed Practical Nurse (LPN) #73 completing a dressing change for Resident #36 revealed infection control concerns. Resident #36 was noted to be in Enhanced Barrier Precautions due to having a wound. LPN #73 did not put on a gown which was part of the personal protective equipment required for this type of isolation. Also, during observed dressing change LPN #73 was noted to change gloves multiple times without completing hand hygiene as per facility policy and procedure.</p> <p>Interview on 05/22/24 at 1:45 P.M. with LPN #73 confirmed Resident #36 is in Enhanced Barrier Precautions and gown and gloves are required but only when assisting the resident to the bathroom and not when completing dressing/wound care. LPN #73 also confirmed she did not complete hand hygiene in between glove changes.</p> <p>Review of facility policy titled Hand Hygiene/Hand Washing, dated 12/26/2023, revealed 4.If hands are not visible soiled, an alcohol-based hand rub, can be utilized for no more than 3 to 4 times, or following manufactures guidelines. e. Before handling clean or soiled dressing, gauze pads, etc. h. After handling used dressings, contaminated equipment etc. j. After removing gloves.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Arlington Court Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 Northwest Professional Plaza Columbus, OH 43220	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy titled Enhanced Barrier Precautions, dated 03/28/2024 revealed Enhanced barrier precautions are an infection control intervention designed to reduce transmission of multi-drug-resistant organisms (MDROs). Enhanced barrier precautions involve gown and glove use during high-contact resident activities for residents known to be colonized with a CDC targeted MDRO as well as residents at increased risk of MDRO acquisition such as chronic wound or indwelling medical devices.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153996.</p>