

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365980	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Forest Hills Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2841 East Dublin-Granville Road Columbus, OH 43231	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41266</p> <p>Based on observations, resident and staff interviews, review of temperature logs, review of a Packaged Terminal Air Conditioner (PTAC) facility audit, and facility policy review, the facility failed to ensure the Third Street Unit and one room on the First Street Unit (room [ROOM NUMBER]) were maintained at a comfortable temperature for the residents who resided in those areas. The deficient practice affected one resident (Resident #40) who resided in room [ROOM NUMBER] and had the potential to affect one additional resident (Resident #2) who also resided in room [ROOM NUMBER] and all 28 residents who resided on the Third Street Unit (Residents #10,#15, #35, #43, #44, #45, #46, #47, #48, #49, #51, #52, #54, #56, #58, #61, #62, #64, #66, #68, #71, #73, #75, #77, #79, #85, #87, and #89). The facility census was 74.</p> <p>Findings Include:</p> <p>Review of the facility PTAC unit audit completed on 07/22/24 and 07/25/24 revealed there were three PTAC units which needed to be replaced. The units in room [ROOM NUMBER] and 311 were not working at all and the unit in room [ROOM NUMBER] was only blowing faint air. Four units were ordered and would be installed immediately once received. A new PTAC unit was borrowed from the facility's beauty salon and installed in room [ROOM NUMBER] on 08/05/24.</p> <p>Review of the air temperature logs dated July and August 2024 revealed there were no temperatures of specific resident rooms indicated on the logs.</p> <p>Observation on 08/07/24 from 11:20 A.M. to 11:30 A.M. during the initial tour of the facility revealed Third Street Unit felt significantly warmer than the other two units of the facility. There was one portable air conditioning (A/C) unit in place on the Third Street unit. The A/C unit was located off the dining room area of the unit near the entrance doors to the unit. The portable A/C unit displayed an air temperature of 77 degrees Fahrenheit (F).</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: 365980	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Forest Hills Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2841 East Dublin-Granville Road Columbus, OH 43231	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/07/24 at 3:31 P.M. with Maintenance Director (MD) #125 confirmed a whole house facility audit of PTAC units in resident rooms was completed on 07/22/24 (half of the facility was audited) and 07/25/24 (the rest of the facility was audited). MD #125 confirmed there were three PTAC units identified that needed to be replaced in rooms [ROOM NUMBER]. MD #125 confirmed a new PTAC unit was installed in room [ROOM NUMBER] on 08/05/24, however, the other two rooms (101 and 301) still needed to be replaced. MD #125 stated both rooms should have box fans in place to help keep the rooms cool. MD #125 stated four new PTAC units had been ordered but still had not been received. MD #125 confirmed he had not been monitoring the air temperatures in rooms [ROOM NUMBERS] to ensure they remained at a comfortable temperature as both rooms remained occupied by residents.</p> <p>Observation and temperature reading completed on 08/07/24 from 3:52 P.M. with MD #125 revealed on First Street Unit, room [ROOM NUMBER], was 76.3 degrees F. There was a PTAC unit observed in the room that was not working optimally. The PTAC unit was set at 66 degrees F. There was not a box fan observed in the resident's room. Resident #40 was observed in the room, sitting in a recliner chair, next to the PTAC unit. The resident was using her t-shirt to fan herself by waving it back and forth while sitting in the recliner. An interview with Resident #40 revealed when she was asked if she was comfortable, the resident responded, I'm hot. Resident #40 confirmed there was not a box fan in her room to help keep her cool. Resident #40's roommate, Resident #2, was not in the room at the time of the observation. A fan was offered to Resident #40 and the resident accepted. The findings were confirmed by Maintenance Director (MD) #125.</p> <p>Observations and air temperature readings completed on 08/07/24 from 3:58 P.M. to 4:10 P.M. with MD #125 revealed upon entering the Third Street Unit, the entry hallway was 77 degrees F. There were two additional portable A/C units observed on the Third Street Unit that had been added on the day of the survey per MD #125. One A/C unit was placed on each end of the long hallway. At 3:59 P.M., room [ROOM NUMBER] was 78 degrees F. Resident #15 was observed in the room, laying in his bed. The air temperature above the resident's head over the bed was 78.4 degrees F. Resident #15 was not able to be interviewed due to cognitive impairment. There was not a box fan observed in room [ROOM NUMBER]. MD #125 confirmed the room temperature was too warm and not comfortable for a reasonable person. At 4:09 P.M., in the hallway outside of room [ROOM NUMBER], the air temperature was 83 degrees F. The portable A/C unit that was set up on the same end of the hallway registered an air temperature of 81 degrees F. The findings were confirmed by MD #125.</p> <p>Review of the facility policy, Quality of Life-Homelike Environment, revised 05/2017, revealed the policy stated, the facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: comfortable and safe temperatures between 71 and 81 degrees F.</p> <p>This deficiency reveals non-compliance during the investigation of Complaint Number OH00156292.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365980	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Forest Hills Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2841 East Dublin-Granville Road Columbus, OH 43231	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41266</p> <p>Based on record review, review of a facility-reported incident (FRI) investigation, staff interviews, and facility policy review, the facility failed to follow abuse policies and procedures when Residents #10 and #15 were left alone after a potential observation of abuse. The deficient practice affected two (Residents #10 and #15) of three residents reviewed for abuse. The facility census was 74.</p> <p>Findings Include:</p> <p>Review of the medical record for Resident #10 revealed an original admitted [DATE] and a readmitted on 12/12/22. Diagnoses included unspecified psychosis, restlessness and agitation, mood (affective) disorder, cognitive communication disorder, anxiety disorder, and Alzheimer's Disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #10 was rarely or never understood. Per staff assessment, the resident had severely impaired cognition. Resident #10 was totally dependent on staff to complete Activities of Daily Living (ADLs).</p> <p>Review of Resident #10's care plan revealed resident will pull her clothing over her head exposing herself to others dated 12/12/22, updated 08/07/24.</p> <p>Review of the nurse's note dated 07/27/24 at 3:55 P.M. revealed the nurse (later identified as Licensed Practical Nurse (LPN) #104) was alerted by Stated tested Nurse Assistant (STNA) (later identified as STNA #100) that a male resident (later identified as Resident #15) was kissing resident's chest. STNA #100 redirected the male resident from Resident #10's room. LPN #104 did a head to toe assessment on Resident #10 and no injuries were noted. Vital signs were blood pressure (BP) 118/76, heart rate (HR) 70, temperature 98.2, and oxygen saturation 94%. No complaints of pain or discomfort. The Assistant Director of Nursing (ADON) was notified.</p> <p>Review of the nurse's note dated 07/30/24 at 3:42 P.M. revealed the physician ordered stop sign to be added to Resident #10's door. The resident's Power of Attorney (POA) was notified.</p> <p>Review of the nurse's note dated 07/31/24 at 9:49 A.M. revealed on 07/29/24, while the Director of Social Services (DSS) completed an assessment on Resident #10, the resident pulled the social worker closer to her with a smile. When the SSD stepped back to create space between herself and Resident #10, the resident held the SSD's hand. During the assessment, Resident #10 pulled on the SSD's shirt, after three or four attempts to redirect Resident #10, the resident placed the SSD's hand on her own shirt for the SSD to hold onto. Resident #10 was smiling and wanted to be closer to her.</p> <p>Review of the medical record for Resident #15 revealed an admitted on 06/20/23. Medical diagnoses included depression, aphasia, Bipolar Disorder, need for assistance with personal care, anxiety disorder, unspecified psychosis, and Alzheimer's disease.</p> <p>Review of the annual MDS 3.0 assessment dated [DATE] revealed Resident #15 scored 0 out of 15 on the Brief Interview for Mental Status (BIMS) assessment. Resident #15 was totally dependent on staff to complete ADLs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365980	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Forest Hills Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2841 East Dublin-Granville Road Columbus, OH 43231	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the nurse's note dated 07/27/24 at 3:55 P.M. revealed LPN #104 was alerted by STNA #100 that Resident #15's pants were down and his depends were off and the resident was observed kissing the chest of a female resident (Resident #10) in her room. Resident #15 stated, What do you want? Resident #15 was removed from Resident #10's room and immediately assisted with clothing. Resident #15 refused to be assessed. The ADON was notified and Resident #15 was placed on one on one supervision immediately.</p> <p>Review of the nurse's noted dated 07/27/24 at 4:00 P.M. revealed the on-call Certified Nurse Practitioner (CNP) was notified and no new orders were given. Resident #15's spouse and the Administrator were notified.</p> <p>One on one supervision of Resident #15 with staff continued through 07/31/24 (four days) with no additional incidents noted. Resident #15 was seen by the CNP on 07/31/24. Resident #15 was being followed by neuro psychiatrist and was notified of escalated behavior. Resident #15 continued on Seroquel (an antipsychotic medication, Sertraline (an antidepressant medication), and Depakote (a mood stabilizer medication).</p> <p>Review of a Facility Reported Incident (FRI) #250128 investigation dated 07/27/24 revealed Resident #15 was an alleged perpetrator of a sexual abuse allegation against another female resident (Resident #10).</p> <p>Review of the witness statement written by STNA #100 revealed the aide reported a male resident was in female resident's room when he walked in and saw the female resident on the bed with her shirt up. The male resident was sitting on the bed with his pants down kissing the female resident's chest. STNA #100 went and got nurse. The male resident was removed from the room and placed on one on one supervision. The female resident had socks and pants on and her shirt was lifted. The male resident had his pants down, kissing the chest of the female resident while touching himself.</p> <p>Interview on 08/07/24 at 1:27 P.M. with STNA #100 confirmed he found Resident #15 in Resident #10's room. Resident #10 was laying on the bed with her shirt lifted. Resident #15 was sitting on the side of the bed next to Resident #10 with his pants down and was observed kissing Resident #15's chest while touching himself. STNA #100 stated he called for the nurse and the residents were immediately separated. Resident #15 was placed on one on one supervision which he provided for the remainder of his shift. Resident #10 was assessed and did not have any injuries. Both residents had severely impaired cognition and neither recalled the incident. STNA #100 was shown his witness statement that was completed at the time of the incident on 07/27/24. STNA #100 confirmed it was his written statement which indicated he went and got the nurse. STNA #100 stated he thought he called for the nurse but that is not what he wrote down.</p> <p>Interview on 08/07/24 at 2:41 P.M. with LPN #104 confirmed she was the assigned floor nurse on 07/27/24 when the incident occurred between Resident #10 and Resident #15. LPN #104 stated STNA #100 walked over to her and asked her to follow him to Resident #10's room. LPN #104 confirmed STNA #100 did not call or yell for her from inside Resident #10's room.</p> <p>Interview on 08/07/24 at 6:16 P.M. with the Administrator confirmed it was the facility's policy to ensure residents were protected from any further abuse should they witness or receive an allegation of abuse. Resident #10 and Resident #15 should not have been left alone after STNA #100 made an observation of sexual contact between the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365980	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Forest Hills Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2841 East Dublin-Granville Road Columbus, OH 43231	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy, Abuse, Neglect and Exploitation, dated 01/01/24, revealed the policy stated, the facility will implement policies and procedures to prevent and prohibit all types of abuse. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm as well as additional abuse during and after the investigation. Examples include responding immediately to protect the alleged victim and increased supervision of the alleged victim and other residents.</p> <p>This deficiency reveals non-compliance during investigation of Complaint Number OH00156340.</p>		