

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2025
NAME OF PROVIDER OR SUPPLIER  Country Club Center V, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  478 S Sandusky St Delaware, OH 43015	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008</b></p> <p>Based on resident record review, resident interview, staff interviews, and review of facility policy, the facility failed to notify Resident #23's representative of incidents and falls. This affected one (Resident #23) of three residents reviewed for notifications. The facility census was 48 residents.</p> <p>Findings include:</p> <p>Review of medical record for Resident #23 revealed she was admitted on [DATE] with diagnoses of acute pulmonary insufficiency, chronic obstructive pulmonary disease, cutaneous abscess of abdominal wall, peritoneal abscess, borderline personality disorder, and anxiety disorder.</p> <p>Review of Resident #23's Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15, indicative of intact cognition.</p> <p>On 04/13/24, Resident #23 sustained a fall and complained of left sided pain and a bruise was noted. There was no evidence in the medical record the resident's representative was notified.</p> <p>On 05/08/24, Resident #23 was sent to the emergency department. There was no evidence in the medical record the resident's representative was notified.</p> <p>On 06/22/24, Resident #23 sustained a fall. There was no evidence in the medical record the resident's representative was notified.</p> <p>On 08/19/24, Resident #23 sustained a fall and complained of pain in her ribs. There was no evidence in the medical record the resident's representative was notified.</p> <p>On 09/25/24, Resident #23 sustained a fall. There was no evidence in the medical record the resident's representative was notified.</p> <p>Interview with Resident #23 on 01/15/25 at 4:10 P.M. and on 01/16/25 at 11:23 A.M. confirmed Resident #23 desired her representative be contacted in case of falls, incidents, changes in condition, and new medication, and treatment orders.</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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Registered Nurse #156 on 01/15/25 at 4:15 P.M. and Licensed Practical Nurse #105 on 01/16/25 at 9:25 A.M. revealed in case of a fall or change in condition, a full nursing assessment should be made, and then the provider and resident representative should be notified of the incident.</p> <p>Interview with the Director of Nursing on 01/15/25 at 2:46 P.M. confirmed that if there is a change in condition or fall, the nurse should do a full assessment and then call the provider and the resident representative. Interview confirmed the resident's representative was not notified of the falls on 04/13/24, 06/22/24, 08/19/24, and 09/25/24, and not notified of the transfer to the Emergency Department on 05/08/24.</p> <p>Review of a facility policy named, Falls Policy and Procedures revised 01/27/20 revealed in the case of a resident fall, the physician and the responsible party will be notified.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161507.</p>		