

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Continuing Healthcare of Gahanna		STREET ADDRESS, CITY, STATE, ZIP CODE 167 North Stygler Road Gahanna, OH 43230	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49794</p> <p>Based on observations, record review, policy review, and staff and resident interviews, the facility failed to provide timely assistance with eating for residents who required assistance from staff with activities of daily living. This affected two (Residents #3 and #17) of three residents reviewed for eating assistance. The facility census was 78.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #17 revealed an admitted [DATE]. Diagnoses included blindness in right eye and dementia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #17 had severe cognitive impairment and required maximum assistance from staff with eating.</p> <p>Review of the care plan dated 05/27/24 revealed Resident #17 was at risk for malnutrition related to vitamin D deficiency and visual impairment. An intervention included assistance with meals.</p> <p>Review of the facility's list of residents who required assistance with eating revealed Residents #17 was on the list.</p> <p>Observation on 08/05/24 at 5:30 P.M. revealed Resident #17 was sitting at a table alone in the television room across from the nurses' station with a meal tray on the table in front them.</p> <p>Observation and interview on 08/05/24 at 5:45 P.M. revealed Resident #17 was sitting at a table alone in the television room across from the nurses' station with a meal tray on the table in front them. Licensed Practical Nurse (LPN) #155 confirmed Resident #17 needs assistance with meals. LPN #155 confirmed Resident #17 had not eaten their meal and was not receiving assistance with eating. LPN #155 asked Resident #17 if they wanted to eat and Resident #17 said yes. LPN #155 said they had an appointment and had to go but the state tested nursing aides (STNAs) would be coming to assist Resident #17.</p> <p>Observation on 08/05/24 at 6:00 P.M. revealed Resident #17 was sitting at a table alone in the television room across from the nurses' station with a meal tray on the table in front them. No staff had yet come to assist Resident #17 with eating her meal. At 6:06 P.M., LPN #194 came to assist Resident #17 with eating dinner.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 08/06/24 at 2:34 P.M. with Resident #17 stated the food was often cold when they get to eat.</p> <p>Review of the facility meal times for Resident #17 revealed dinner was at 4:40 P.M. on their hallway.</p> <p>2. Review of the medical record for Resident #3 revealed an admitted [DATE]. Diagnoses include diabetes mellitus type two, dysphagia, dementia, anemia, and gastroesophageal reflux disease (GERD)</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 was cognitively intact.</p> <p>Review of the facility's list of residents who required assistance with eating revealed Residents #3 was on the list.</p> <p>Observation on 08/05/24 at 5:34 P.M. of Resident #3 revealed the resident was in bed sleeping. A food tray was sitting on the bedside table and no staff were present in room. Observation of the tray revealed a pancake, hashbrown, bacon, and strawberries on the tray and two cups of juice, no items appeared to have been eaten. Observation of the roommate's tray revealed they had already finished eating and their tray had been removed from their room.</p> <p>Interview on 08/05/24 at 5:35 P.M. with the roommate of Resident #3, Resident #62, confirmed pancakes, fruit and bacon were the dinner meal and that staff had not been in to assist Resident #3 with their meal. Resident #62 stated staff help Resident #3 with meals, but they clear the tables downstairs first and then come upstairs to help with eating.</p> <p>Interview on 08/05/24 at 5:45 P.M. with Licensed Practical Nurse (LPN) #155 confirmed Resident #3 needs assistance with meals.</p> <p>Interview on 08/06/24 at 7:55 A.M. with Registered Nurse (RN) #184 stated the state tested nursing assistants (STNAs) assist residents with meals if they require assistance. RN #184 stated the food trays should stay in the warmer until after the trays have been passed and the STNAs were able to assist the residents with eating.</p> <p>Interview on 08/06/24 at 8:50 A.M. with STNA #111 confirmed staff should take the last tray out of the warmer and proceed to the resident to assist with meals. STNA#111 confirmed trays should not be placed onto the table until ready to assist the resident with eating.</p> <p>Interview on 08/06/24 at 2:12 P.M. with Resident #3 confirmed the food was usually cold when they eat it, and it sometimes takes staff a long time to assist with eating.</p> <p>Review of the facility meal times for Resident #3 revealed dinner was at 4:40 P.M. on their hallway.</p> <p>Review of the Nursing Policies and Procedures: Activities of Daily Living policy revised 03/2019 revealed the facility is responsible to provide necessary care to all residents who are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene.</p> <p>(continued on next page)</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents non-compliance investigated under Complaint Number OH00156390.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49794</p> <p>Based on observations, policy review, and staff interview, the facility failed to properly store food items in a safe and sanitary manner. This had the potential to affect 76 of 76 residents who eat food from the kitchen. The facility census was 78.</p> <p>Findings include:</p> <p>Observation of the refrigerator in the kitchen and interview with Dietary Manager #192 on [DATE] at 9:30 A. M. revealed multiple items not labeled or dated and expired items. Items identified as undated and/or unlabeled included a container of sweet and sour sauce that was three-fourths full, a container of salad dressing confirmed by Dietary Manager #192 to be poppy seed dressing, a half full milk gallon, and a three-fourths full milk gallon. The following items were expired in the refrigerator: a container of ranch dressing with a use by date of [DATE], a container of peanut butter and jelly with a use by date of [DATE], and a container of sour cream with a use by date of [DATE]. Further observation of the kitchen revealed an ice scoop sitting in the ice in the ice machine and three individual ice cream cups in the freezer with tops not intact and ice cream coming out past the lid. Dietary Manager #192 confirmed all the above findings during the walk through of the kitchen.</p> <p>Review of the facility policy titled Food Receiving and Storage, revised [DATE], revealed food services staff will maintain clean food storage areas at all times, all foods stored in refrigerator or freezer will be covered, labeled, and dated and wrappers of frozen foods must stay intact until thawing.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156237.</p>		