

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 09/12/2024
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 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** 19571</p> <p>Based on medical record review and staff interview the facility failed to ensure physicians orders were followed in regard to laboratory (Lab) test. This affected two (Resident #57 and Resident #73) of four resident records reviewed. The census was 72.</p> <p>Findings included:</p> <p>1. Review of Resident #73's medical record revealed he was admitted tot he facility on 08/02/24 and discharged [DATE]. Diagnoses included Acute pancreatic, myelodysplastic syndrome, diabetes, , high blood pressure kidney failure, paroxysmal atrial fibrillation, herpesviral infection and protein calorie malnutrition.</p> <p>Review of the discharge minimum data set (MDS) assessment dated [DATE] revealed his cognition was intact. He required partial to moderate assistance with sitting to stand, chair to bed to chair, toilet transfer and shower and tub transfer.</p> <p>Review of the physicians orders dated 08/02/24 revealed basic metabolic profile (BMP) and liver function test (LFT)</p> <p>every day shift every Monday for Chronic Anemia and complete metabolic profile (CMP) with differential</p> <p>every day shift every Monday and Wednesday for Chronic Anemia.</p> <p>Further review revealed no ordered laboratory tests were obtained while at the facility.</p> <p>Interview on 09/12/24 at 1:50 P.M. with the Director of Nursing verified the orders for the lab tests for Resident #73 were not completed as ordered.</p> <p>2. Review of Resident #57's medical record revealed she was admitted to the facility on [DATE]. Diagnoses included diabetes mellitus, chronic obstructive pulmonary disease (COPD), major depression, and vascular dementia.</p> <p>Review of the quarterly MDS dated [DATE] revealed her cognition was not intact, she was dependent on staff for care and incontinent of her bowel and bladder.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the physicians orders dated 03/17/22 revealed orders for BMP, thyroid stimulating profile (TSH), lipid panel, and hepatic panel every six months in March/September.</p> <p>Further review revealed theses labs were completed on 03/17/23 and then again on 06/14/24.</p> <p>Interview with the Director of Nursing on 09/12/24 at 3:34 P.M. verified the lab test were not obtained as ordered.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157040.</p>		