STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366094	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Continuing Healthcare of Gahanna	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on medical record review, review of the self-reported incidents, review of facility witness statements, staff and resident interview, and facility policy review, the facility failed to report an allegation of abuse. This affected one (Resident #26) out of three residents reviewed for abuse. The facility census was 90. Findings include: Review of the medical record for Resident #26 revealed an admission date of 03/01/24. Diagnoses included bipolar disorder, generalized anxiety disorder, major depressive disorder, and type two diabetes. Review of the annual Minimum Data Set (MDS) 3.0 dated 03/02/26 revealed a Brief Interview of Mental Status (BIMS) score of 12, revealed Resident #26 had mild cognitive impairment. Further review of the medical record revealed the resident had a Guardian of Person since 2021. Interview on 06/10/26 at 10:01 A.M., with the Director of Nursing (DON) revealed Resident #26 reported abuse to their caseworker, referring to the residents Guardian, but what the resident reported was different to what she told Social Services. The DON reported a head-to-toe assessment was completed and no bruising was identified. The DON reported a soft file was made regarding the incident. During a follow-up interview at 11:15 A.M., the DON verified a Self-Reported Incident (SRI) was not completed for Resident #26's allegations of abuse and stated one was not done because the resident later denied the allegation and had no bruising. Interview on 06/10/26 at 10:10 A.M., Resident #26 initially reported no issues with staff but then stated she had an issue with a Certified Nursing Assistant (CNA) and identified CNA #159. Resident #26 reported CNA #159 was rough with her during care and left bruises on her legs. Resident #26 said she reported this to a nurse, Licensed Vocational Nurse (LVN) #165, and afterwards staff came into her room to do a head-to-toe assessment and found no bruising. Resident #26 reported that since the incident CNA #159 has not been assigned to her care. Interview on 06/10/26 at 1:37 P.M. with the Administrator verified they had not submitted an SRI after Resident #26's Guardian reported the allegation of abuse. The Administrator reported they did not complete an SRI due to Resident #26 denying the abuse claims when staff asked her about the allegation, the resident did not have any bruising during the skin assessment, and the resident's history of hallucinations and false allegations. Review of the witness statement dated 05/27/26 from the Social Service Director #114 documented the guardian of Resident #26 sent an email on 05/27/26 about an allegation that an aide had caused (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366094	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Continuing Healthcare of Gahanna	167 North Stygler Road Gahanna, OH 43230

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bruising to Resident #26's legs. Review of the self-reported incidents revealed there was no reported incident on 05/27/26 and an SRI with a discovery date of 06/12/26 and a created on 06/15/26 for Resident #26 was opened. Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation, and Misappropriation of Resident Property, undated revealed facility staff should immediately report all such allegations to the Administrator and to the Ohio Department of Health. In addition, the policy documented the Administrator, or their designee, will notify the Ohio Department of Health immediately, but no later than two hours after the allegation is made. This deficiency represents non-compliance investigated under Complaint Number 3030707.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff and resident interviews, review of the facility soft file, and facility policy review, the facility failed to thoroughly investigate an allegation of staff to resident abuse. This affected one (Resident #26) out of three residents reviewed for abuse. The facility census was 90.Findings include:Review of the medical record for Resident #26 revealed an admission date of 03/01/24. Diagnoses included bipolar disorder, generalized anxiety disorder, major depressive disorder, and type two diabetes.Review of the annual Minimum Data Set (MDS) 3.0 dated 03/02/26 revealed a Brief Interview of Mental Status (BIMS) score of 12, revealed Resident #26 had mild cognitive impairment. Further review of the medical record revealed the resident had a Guardian of Person since 2021.Review of the medical record for Resident #26 revealed no documentation of the abuse allegation or investigation details.Interview on 06/10/26 at 10:01 A.M., with the Director of Nursing (DON) revealed Resident #26 reported abuse to their caseworker, referring to the residents Guardian, but what the resident reported was different to what she told Social Services. The DON reported a head-to-toe assessment was completed and no bruising was identified. The DON reported a soft file was made regarding the incident but additional investigation was completed.Interview on 06/10/26 at 10:10 A.M., Resident #26 had initially reported no issues with staff but then stated she had an issue with a Certified Nurses Aide (CNA) and identified CNA #159. Resident #26 reported CNA #159 was rough with her during care and left bruises on her legs. Resident #26 said she reported this to a nurse, Licensed Vocational Nurse (LVN) #165, and afterwards staff came into her room to do a head-to-toe assessment and found no bruising. Resident #26 reported that since the incident CNA #159 has not been assigned to her care.Interview on 06/10/26 at 12:35 P.M. with Unit Manager #359 verified a skin assessment was completed following Resident #26's report of abuse to their Guardian. The Unit Manager #359 revealed Resident #26 was the only skin assessment they completed related to this allegation.Interview on 06/10/26 at 12:51 P.M. with LVN #165 verified they completed a skin assessment on Resident #26 after an allegation of abuse was made and reported the resident did not have bruising. LVN #165 reported Resident #26 was the only skin assessment they completed following the allegation of abuse.Interview on 06/10/26 at 1:37 P.M., with the Administrator verified a full investigation was not completed following Resident #26's report of abuse. The administrator reported a full investigation was not completed due to the resident denying the claims, not having bruising during a skin evaluation, and a history of hallucinations and false allegations.Review of the soft file provided by the DON revealed a letter from the administrator detailing his conversation with Resident #26's Guardian, a statement by CNA #159, a skin assessment dated [DATE] with two out of seven questions answered, a statement from the Director of Social Services #114, and a witness statement from Unit Manager #359. There were no additional documents provided regarding an investigation for the abuse allegation made by Resident #26.Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation, and Misappropriation of Resident Property, undated revealed it is the facility policy to investigate all alleged violations involving abuse. Additionally, the policy revealed the investigation must be completed within five working days and include an interview with the resident, the accused, all witnesses, employees who worked that day, and interviews with other residents.This deficiency represents non-compliance investigated under Complaint Number 3030707.