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	03/12/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and review of resident medical records, the facility failed to ensure Resident #192's dignity was maintained when his catheter bag was uncovered. This affected one Resident #192 of one resident reviewed for catheters. The facility census was 81. Findings include: Observation on 03/05/25 at 12:30 P.M. and 12:48 P.M. revealed Resident #192 sitting in the common area with other residents. His catheter bag was observed uncovered and with urine observed in the bag. Interview on 03/05/25 at 12:48 P.M. with the Director of Nursing (DON) verified the catheter bag was uncovered. Interview on 03/10/25 at 12:25 P.M. with the Administrator revealed an uncovered catheter bag was a dignity issue. Review of Resident #192's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, type two diabetes mellitus, severe protein-calorie malnutrition, cognitive communication deficit, dysphagia, aphasia, contracture of right knee, psychosis, and heart failure. Review of Resident #192's comprehensive Minimum Data Set (MDS) 3.0 dated 02/20/25 revealed he had an indwelling catheter.

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	03/12/2025

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on interview and record review the facility failed to ensure Resident #85's discharge from the facility was appropriately documented. This affected one Resident #85 of five residents reviewed for hospitalization . The facility census was 81. Findings include: Review of Resident #85's medical record revealed an admitted [DATE] and a discharge date of [DATE] diagnoses included metabolic encephalopathy, heart failure, severe protein-calorie malnutrition, type two diabetes mellitus, and chronic kidney disease. Review of Resident #85's progress note dated 01/27/25 revealed the resident admitted to the facility around 5:30 P.M. Review of Resident #85's progress note dated 01/28/25 at 11:14 A.M. revealed the resident was not administered medication because she was in the hospital. Review of Resident #85's medical record revealed no further documentation related to her discharge. Interview on 03/05/25 at 12:40 P.M. and on 03/06/25 at 11:10 A.M. with the Director of Nursing (DON) verified there was no documentation related to the resident's transfer to the hospital. She reported the resident had low oxygen saturation and the doctor ordered her to be sent to the emergency room .

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	03/12/2025

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review and interview, the facility failed to provide bed-hold notifications in a timely manner and failed to provide the number of bed-hold days available to Resident #11, # 16, #18, and #45. This affected four (Resident #11, # 16, #18, and #45) out of six residents reviewed for bed-hold notices. Facility census was 81. Findings include: 1. Review of the medical record revealed Resident #16 was admitted on [DATE] and readmitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease, bipolar, altered mental status, major depressive disorder, history of transient ischemic attack, and anxiety disorder. The annual Minimum Data Set (MDS) dated [DATE] revealed Resident #16 was cognitively intact. Review of the medical record revealed Resident #16 left the faciity on [DATE], 02/08/25, 02/14/25, 02/20/25, and 02/28/25 on leave of absence (LOA) and was gone for several days. Resident #16 was provided a bed-hold notice on 02/04/25 and 02/28/25. Review of the bed-hold notices revealed Resident #16 was not provided the number of remaining bed-hold days. A social service note dated 03/04/25 at 11:01 A.M. revealed Resident #16 called the facility and stated they would not return to the facility until 03/09/25 or 03/10/25. Resident #16 was informed they only had 30 days available to be out of the facility. Interview on 03/06/25 at 9:59 A.M. Social Worker Director (SWD) #211 revealed Resident #16 had 17 bed-hold days left. SWD #211 verified Resident #16 had not been informed how many bed-hold days were left prior to 03/06/25. 2. Review of the medical record revealed Resident #18 was admitted on [DATE] with diagnoses that included hemiplegia/hemiparesis, asthma, respiratory failure, emphysema, dementia, anxiety, major depressive disorder, and dependence of supplemental oxygen. The quarterly MDS dated [DATE] revealed Resident #18 was cognitively intact. Review of the medical record revealed on 02/20/25 Resident #18 was sent to the hospital for shortness of breath and low oxygen saturation. Resident #18 returned to the facility on [DATE]. Review of the Bed Hold Notice undated revealed Resident #18's bed was to be held at no cost to them for up to 30 days if they went to the hospital per year. The form did not disclose how many bed hold days Resident had remaining. The form was signed by staff on the day the resident returned to the facility 02/25/25. Interview on 03/03/25 at 9:26 A.M. SWD #211 verified the bed-hold notice did not reveal how many days Resident #18 had left. SWD #211 also verified the bed-hold notice was not sent to the responsible party or provided to Resident #18 until Resident #18 returned to the facility on [DATE]. (continued on next page)

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	03/12/2025

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of the medical record revealed Resident #45 was admitted on [DATE] and readmitted on [DATE] with diagnoses that included prepatellar bursitis left knee, cellulitis of right lower limb, cerebral infarction, dependence on renal dialysis, end stage renal disease, and type II diabetes. The quarterly MDS dated [DATE] revealed Resident #45 was cognitively intact. Review of the Bed Hold Notice undated revealed Resident #45's bed was to be held at no cost to them for up to 30 days if they went to the hospital per year. The form did not disclose how many bed hold days Resident had remaining. The Resident had two forms one was signed by facility staff dated 01/21/25 and the other was signed by facility staff on 02/04/25. Resident #45 did not sign the bed-hold notice and there was no evidence of bed-hold notice being provided to Resident #45. Interview on 03/06/25 at 9:59 A.M. SWD #211 verified there was no evidence Resident #45 received the bed-hold notice and Resident #45 was not notified how many bed-hold days were left. SWD #211 verified Resident #45 had 20 bed-hold days left 31404 4. Record review of Resident #11 revealed an admitted with 04/13/22 with pertinent diagnoses of: cerebral palsy, hemiplegia, protein calorie malnutrition, neuromuscular dysfunction of the bladder, hypertension, convulsions, mood disorder, depression, benign paroxysmal vertigo, schizoaffective disorder, anxiety disorder, and calculus of kidney. Review of the 01/19/25 annual Minimum Data Set (MDS) assessment revealed the Resident was cognitively intact and used a walker and wheelchair to aid in mobility. The Resident required supervision or touching assistance for personal hygiene. Review of the medical record revealed Resident #11 was discharged to the hospital on 04/09/24 and returned to the facility on [DATE]. Review of the medical records revealed on 12/09/24 Resident #11 discharged to the hospital for a nephrostomy tube removal and returned 12/12/24. Review of the Bed Hold Notice dated 12/10/24 revealed Resident #11's bed was to be held at no cost to them for up to 30 days if they went to the hospital per year. The form did not disclose how many bed hold days Resident had remaining. Interview with Social Work Director (SWD) #211 on 03/06/25 at 9:59 A.M. verified Resident 11's bed hold notice did not display the number of bed hold days remaining for the 12/09/24 hospital admission.

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	03/12/2025

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on review of the medical record and interview with the staff the facility failed to ensure a Significant Change assessment was completed for Resident #42 after initiating hospice services. This affected one resident (Resident #42) of 24 residents reviewed for comprehensive assessments. Facility census was 81. Findings include: Review of the medical record revealed Resident #42 was admitted on [DATE], readmitted on [DATE] and expired on [DATE]. Resident #42 had diagnoses that included lumbar degeneration, chronic obstructive pulmonary disease, alcoholic cirrhosis of liver, anxiety, chronic viral hepatitis C, seizures, and psychosis. Review of physician order dated [DATE] revealed Resident #42 was admitted to hospice. Further review of the medical record revealed there was no evidence of a Significant Change Minimum Data Set (MDS) assessment completed within 14-days of receiving hospice services for Resident #42. The annual MDS dated [DATE] revealed Resident #42 had cognitive impairment. Section J1400 of the MDS indicated Resident #42 did not have a condition or chronic disease that may result in a life expectancy of less than six months. Review of the Long Term Care Facility Resident Assessment Instrument 3.0 User Manual Version 1.19.1 dated [DATE] revealed coding Instructions for J 1400: Code 0, no: if the medical record does not contain physician documentation that the resident is terminally ill and the resident is not receiving hospice services. Code 1, yes: if the medical record includes physician documentation: 1) that the resident is terminally ill; or 2) the resident is receiving hospice services. Interview on [DATE] at 9:15 A.M. Director of Nursing (DON) verified a Significant Change MDS was not completed after Resident #42 was admitted to hospice services on [DATE]. DON verified Resident #42 received hospice services from [DATE] through [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	03/12/2025

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on interview and medical record review the facility failed to ensure Resident #69 and Resident #192 had accurate Minimum Data Set (MDS) 3.0 assessments. This affected two Residents #69 and #192 of 24 medical records reviewed. The facility census was 81. Findings include: 1. Review of Resident #192's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, type two diabetes mellitus, severe protein-calorie malnutrition, cognitive communication deficit, dysphagia, aphasia, contracture of right knee, psychosis, and heart failure. Review of Resident #192's social service assessment dated [DATE] revealed the resident had a severe cognitive impairment but had been able to answer some questions for the brief interview of mental status (BIMS). Review of Resident #192's comprehensive MDS 3.0 dated 02/20/25 revealed he was in a persistent vegetative state (PVS) or had no discernible consciousness. Review of the Long Term Care Facility Resident Assessment Instrument 3.0 User Manual Version 1.19.1 Dated October 2024 revealed PVS was defined as an enduring situation in which an individual has failed to demonstrate meaningful cortical function but can sustain basic body functions supported by noncortical brain activity. Interview on 03/05/25 at 4:21 P.M. with the Director of Nursing (DON) verified that if Resident #192 was able to answer questions for the BIMS assessment, he was not in a PVS. 2. Review of Resident #69's medical record revealed an admitted [DATE] with diagnoses including anoxic brain damage, respiratory failure, protein-calorie malnutrition, persistent vegetative state (PVS), gastro-esophageal reflux disease, gastrostomy, tracheostomy, aphasia, and contractures to right and left knee. Review of Resident #69's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he was not in a PVS. Interview on 3/6/25 at 11:00 A.M. with the DON verified Resident #69 was in a PVS and his MDS should have reflected this.

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	03/12/2025

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on staff interview and record review the facility failed to incorporate the recommendations of the pre-admission screening and resident review (PASRR) level II determination into the assessment, care planning, and transitions of care. This affected one, Resident #74, of two Residents reviewed for PASRR. The facility census was 81. Findings include: Record review of Resident #74 revealed an admitted [DATE] with pertinent diagnoses of: traumatic brain injury, dysarthria following cerebral infarction, type two diabetes mellitus, seizures, post-traumatic stress disorder, history of falling, presence of cerebrospinal fluid drainage device, gastro-esophageal reflux disease, dementia without behaviors, noninfective gastroenteritis, anxiety disorder, and major depressive disorder. Review of the 01/16/25 quarterly Minimum Data Set (MDS) assessment revealed the Resident was severely cognitively impaired and used a wheelchair to aid in mobility. The Resident had a coded diagnosis of post-traumatic stress disorder. Review of the 12/17/24 Notice of Level II PASRR outcome revealed Resident #74 is approved for six months in the Nursing facility and is required services to include: A behavior management safety plan to decrease inappropriate behaviors and ensure safety. Ongoing evaluation of the effectiveness of current psychotropic medications on target symptoms. Ongoing medication review by a psychiatrist or similarly credentialed professional. Mental health counseling. Behaviorally based treatment plan. Case management services to explore supported community living and assist with transition. Review of the medical record on 03/04/25 revealed there was no evidence the facility was following the level II recommendations, or the six-month discharge time frame, and the facility did not have a care plan addressing the PASSR or Level II services. Interview with Social Work Director (SWD) #211 on 03/05/25 at 4:24 P.M. verified there was no PASRR care plan for level II services, evidence the facility was following the level II recommendations, or the six-month discharge time frame.

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	03/12/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 31404 Based on staff interview and record review the facility failed to ensure resident Pre-Admission Screening and Resident Review (PASRR) documents were accurate regarding resident current conditions and diagnoses. This affected one, Resident #11, of two residents reviewed for PASRR documents. The census was 81. Findings Include: Record review of Resident #11 revealed an admitted with 04/13/22 with pertinent diagnoses of: cerebral palsy, hemiplegia, hydronephrosis, protein calorie malnutrition, neuromuscular dysfunction of the bladder, hypertension, convulsions, mood disorder, depression, benign paroxysmal vertigo, schizoaffective disorder, anxiety disorder, and calculus of kidney. Review of the 01/19/25 annual Minimum Data Set (MDS) assessment revealed Resident #11 was cognitively intact and used a walker and wheelchair to aid in mobility. The Resident required supervision or touching assistance for personal hygiene. Review of the 05/11/22 Preadmission Screening and Resident Review identification screen (PASRR) revealed the Resident had documented diagnosis of only mood disorder on the form. Review of the medical record on 03/04/25 revealed diagnosis of mood disorder on 04/13/22, schizoaffective disorder on 07/01/24, and anxiety disorder on 07/01/24. Interview with the Director of Nursing (DON) on 03/05/25 at 12:05 P.M. verified Resident #11 diagnoses of schizoaffective disorder, and anxiety disorder were not coded correctly on the 05/11/22 PASRR.

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	03/12/2025

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review and interview the facility failed to ensure an accurate baseline care plan was developed and implemented within 48 hours of admission. This affected one, Resident #88, out of six residents reviewed for baseline care plans. Facility census was 81. Findings include: Review of the medical record revealed Resident #88 was admitted on [DATE] and discharged on [DATE] with diagnoses that included encounter for surgical aftercare, type II diabetes, Crohn's disease, severe protein-calorie malnutrition, major depressive disorder, chronic kidney disease, colostomy, malignant neoplasm of colon, and psychosis. Review of the admission assessment dated [DATE] revealed Resident #88 was alert and oriented, had a colostomy incision and bag and a percutaneous endoscopic gastrostomy (PEG) tube. Review of the baseline care plan dated 01/28/25 revealed Resident #88 was incontinent of bowel and bladder and required supervision/touch assistance for toileting hygiene. The PEG tube was the only thing marked for clinical acuity review on the baseline care plan. Interview on 03/10/25 at 12:56 P.M. Unit Manager (UM) #153 verified Resident #88 did not have an accurate baseline care plan in place that identified Resident #88 had a colostomy.

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	03/12/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and medical record review the facility failed to ensure care plans were accurate and comprehensive. This affected seven residents (#30, #36, #68, #69, #74, #82, and #192) of 24 medical records reviewed. The facility census was 81. Findings include: 1. Review of Resident #68's medical record revealed an admitted [DATE] and diagnoses including cerebral infarction, apraxia, seizures, heart failure, anxiety disorder, hypertension, end stage renal disease with dependence on renal dialysis, coagulation defect, aphasia, muscle wasting and atrophy, altered mental status, and other lack of coordination. Review of Resident #68's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition. Review of Resident #68's occupational therapy discharge summary dated 01/21/25 revealed a skilled intervention noted the use of a palm protector to the right hand for contracture management. Review of Resident #68's plan of care on 03/05/25 revealed it did not address the resident's smoking status, her contractures, or palm protectors. Observation on 03/05/25 at 8:20 A.M. revealed Resident #68 had a soft palm protector on her right hand. Interview on 03/05/25 at 4:21 P.M. with the DON verified the resident was a smoker and her care plan did not address it. Interview on 03/10/25 at 1:46 P.M. with the Director of Nursing (DON) verified the use of a palm protector was not in the plan of care. 2. Review of Resident #69's medical record revealed an admitted [DATE] with diagnoses including anoxic brain damage, respiratory failure, protein-calorie malnutrition, persistent vegetative state, gastro-esophageal reflux disease, gastrostomy, tracheostomy, aphasia, and contractures to right and left knee. Review of Resident #69's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he had an upper extremity impairment on both sides. Review of Resident #69's occupational therapies discharge summary dated 11/20/24 revealed a discharge recommendation of splinting as tolerated to both elbows and hands. Interview on 03/06/25 at 11:34 A.M. with Certified Nursing Assistant (CNA) #215 revealed the resident had bilateral hand splints and devices that went under his arms. She reported he was supposed to be wearing them at all times. (continued on next page)

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	03/12/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 03/06/25 at 2:31 P.M. with the Director of Nursing (DON) verified Resident #69 had contractures and splints he was supposed to wear that were not addressed in the care plan. 3. Review of Resident #82's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, chronic respiratory failure, protein-calorie malnutrition, cognitive communication deficit, dysphagia, anxiety disorder, heart failure, and other psychoactive substance dependence. Review of Resident #82's Comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he had severely impaired cognition. Review of Resident #82's plan of care dated 01/22/25 revealed the resident used antidepressant medications related to depression. Interventions included administering medications as ordered, educating about risks and benefits, and monitoring for adverse reactions. Review of Resident #82's plan of care dated 01/22/24 revealed he received psychotropic medications related to a psychotic disorder. Interventions included administering psychotropic medications, consulting with pharmacy, discussing with physician and family for ongoing need, educating family, and monitoring for adverse reactions. Interview on 03/05/25 at 4:21 P.M. and 03/06/25 at 8:15 A.M. with the Director of Nursing (DON) verified Resident #82 did not have psychotic disorder or depression. 4. Review of Resident #192's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, type two diabetes mellitus, severe protein-calorie malnutrition, cognitive communication deficit, dysphagia, aphasia, contracture of right knee, psychosis, and heart failure. Review of Resident #192's social service assessment dated [DATE] revealed the resident had severe cognitive impairment. Review of Resident # 192's plan of care dated 02/27/25 revealed the resident was independent for meeting emotional, intellectual, physical, and social needs. Interventions included staff to converse during care, introducing to residents, inviting to scheduled activities, modifying daily schedule as requested, providing program of activities, provide materials for independent activities, provide activities calendar. Interview on 03/10/25 at 11:05 A.M. with Activities Director #150 revealed she had not created Resident #192's plan of care. Activities Director #150 reported Resident #192 was not independent with his activity needs due to his cognition. Review of the policy 'Care Planning' dated June 2019 revealed a comprehensive care plan was to be developed within seven days of the completion of the comprehensive assessment. 31404 (continued on next page)

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	03/12/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Record review of Resident #74 revealed an admitted [DATE] with pertinent diagnosis of: traumatic brain injury, dysarthria following cerebral infarction, type two diabetes mellitus, seizures, post traumatic stress disorder, history of falling, presence of cerebrospinal fluid drainage device, gastro-esophageal reflux disease, dementia without behaviors, noninfective gastroenteritis, anxiety disorder, and major depressive disorder. Review of the 01/16/25 quarterly Minimum Data Set (MDS) assessment revealed the Resident was severely cognitively impaired and used a wheelchair to aid in mobility. The Resident had a coded diagnosis of post traumatic stress disorder. Review of the 12/17/24 Notice of Level II PASSR outcome revealed Resident #74 is approved for six months in the Nursing facility and is required services to include: A behavior management safety plan to decrease inappropriate behaviors and ensure safety. Ongoing evaluation of the effectiveness of current psychotropic medications on target symptoms. Ongoing medication review by a psychiatrist or similarly-credentialed professional. Mental health counseling. Behaviorally based treatment plan. Case management services to explore supported community living and assist with transition. Review of Resident #74 medical record on 03/05/25 2:30 P.M. revealed no identification of triggers for post traumatic stress disorder (PTSD) or a care plan identifying PTSD triggers, a care plan for level two Pre Admission Screening Resident Review (PASRR) services, or a dementia care plan. Interview with the Director of Nursing (DON) on 03/05/25 at 2:54 P.M. verified Resident #74's care plan did not include post traumatic stress disorder and the triggers the resident had for the post traumatic stress disorder. The DON also verified the resident did not have a dementia care plan. all the needs Resident #74 had. Interview with Social Work Director (SWD) #211 on 03/05/25 at 4:24 P.M. verified there was no PASSR care plan for level II services. 34298 6. Review of the medical record revealed Resident #30 was admitted on [DATE] with diagnoses that included heart failure, chronic respiratory failure, type 2 diabetes, anxiety disorder, major depressive disorder, bipolar disorder, and mood disorder. A physician order dated 11/01/24 revealed Resident #30 was ordered oxygen at two liters. The quarterly MDS dated [DATE] revealed Resident #30 was cognitive intact. The MDS did not reveal Resident #30 had shortness of breath, respiratory failure, or oxygen use. Review of the medical record revealed Resident #30 did not have a care plan in place for oxygen use. Observations on 03/03/25, 03/04/25, 03/05/25, and 03/06/25 revealed Resident #30 had oxygen in place via nasal cannula. (continued on next page)

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	03/12/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/06/25 at 3:09 P.M. Director of Nursing (DON) verified Resident #30 used oxygen and had a diagnosis of chronic respiratory failure. DON verified there was not a care plan in place for Resident #30's oxygen use related to chronic respiratory failure. DON provided a care plan dated 03/06/25 that revealed Resident #30 had oxygen therapy related to respiratory failure with interventions to change Resident #30's position every two hours to facilitate lung secretion movement and drainage, encourage or assist with ambulation as indicated, give medications as ordered, monitor for signs or symptoms of respiratory distress and report to physician, and oxygen at two liters via nasal cannula continuously. 7. Review of the medical record revealed Resident #36 was admitted on [DATE] with diagnoses that included cerebral infarction, flaccid hemiplegia affecting left non-dominant side, type II diabetes, anxiety, and major depressive disorder. The quarterly MDS dated [DATE] revealed Resident #36 was cognitive intact. The MDS also revealed Resident #36 required corrective lenses. Review of the medical record revealed Resident #36 did not have a care plan in place for visual impairment. Interview on 03/05/25 at 3:00 P.M. DON verified Resident #36 did not have a care plan in place for visual impairment. DON provided a care plan dated 03/05/25 that revealed Resident #36 had visual impairment and wore glasses daily. Resident #36 was at risk for a decrease in activities of daily living and injuries. Interventions included to encourage Resident #36 to wear glasses and provide vision screening as ordered.

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	03/12/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on staff interview, resident interview, and record review the facility failed to ensure comprehensive resident care plans were reviewed and revised at least quarterly and prepared and developed with an interdisciplinary team including the resident. This affected two (Resident #47 and Resident #68) of three residents reviewed for care planning conferences. The facility also failed to update or revise a care plan for Resident #36. This affected one (Resident #36) of 22 residents reviewed for care plans. The facility census was 81. Findings include: Record review of Resident #47 revealed an admitted [DATE] with pertinent diagnoses of: cerebral infarction, hyperlipidemia, major depressive disorder, nontraumatic intracerebral hemorrhage, dysphagia following cerebral infarction, acute embolism and thrombosis of deep vein of lower extremity, pseudobulbar affect, anxiety disorder, hemiplegia and hemiparesis affecting right dominant side, and major depressive disorder. Review of the 02/14/25 quarterly Minimum Data Set (MDS) revealed the Resident was moderately cognitively impaired and used a wheelchair to aid in mobility and was dependent for bathing/showering. Interview with Resident #47 on 03/03/25 at 10:13 A.M. revealed she does not have care conferences every three months. Review of the electronic MDS forms on 03/04/25 revealed Resident #47 had quarterly assessments completed on 2/18/24, 05/17/24, 08/16/24, and 02/14/25. Resident #47 had an annual assessment completed on 11/15/24. Review of the medical record revealed care conferences were completed on 08/21/24 and 02/10/25 and there were no other documented care conferences in the last year. Interview with Social Work Director (SWD) on 03/05/25 at 9:48 A.M. verified Resident #47 only had two care conferences in the last year and they should be done quarterly along with the MDS. 43064 2. Review of Resident #68's medical record revealed an admitted [DATE] and diagnoses including cerebral infarction, apraxia, seizures, heart failure, anxiety disorder, hypertension, end stage renal disease with dependence on renal dialysis, coagulation defect, aphasia, muscle wasting and atrophy, altered mental status, and other lack of coordination. Review of Resident #68's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition. Review of Resident #68's medical record revealed she had two care conferences on 02/26/24 and 09/10/24. (continued on next page)

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	03/12/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/03/25 at 4:42 P.M. with Resident #68's responsible party revealed care conferences were far in between. Interview on 03/03/25 at 9:13 A.M. and 9:43 A.M. with Social Work Director #211 verified Resident #68 had only had two care conferences since admission, and they were supposed to occur quarterly. Review of the policy 'care plan meeting' dated June 2024 revealed care plans were to be scheduled on admission, quarterly, annual, with significant changes, and as needed. 34298 3. Review of the medical record revealed Resident #36 was admitted on [DATE] with diagnoses that included cerebral infarction, flaccid hemiplegia affecting left non-dominant side, type 2 diabetes, anxiety, and major depressive disorder. The quarterly MDS dated [DATE] revealed Resident #36 was cognitively intact. Review of care plan dated 06/14/24 revealed Resident #36 was at risk for injury related to Resident #36 refused to wear a smoking apron despite being educated on smoking safety and having several burn holes in clothing. Interventions included Resident #36 to be supervised at all times while smoking and smoking apron to be worn while smoking. Review of the smoking assessments dated 09/05/24 and 12/05/24 revealed Resident #36 could smoke without supervision and did not require a smoking apron. Interview on 03/03/25 at 9:20 A.M. Resident #36 revealed he was independent with smoking. Observation on 03/05/25 at 10:13 A.M. revealed Resident #36 was smoking without supervision or a smoking apron being in place. On 03/05/25 at 3:00 P.M. Director of Nursing (DON) provided an updated care plan. The care plan dated 03/05/25 revealed Resident #36 was a smoker. Interventions included observe Resident #36's skin and clothing for burns, instruct Resident #36 on the facilities policy for smoking, instruct Resident #36 on the risks and hazards of smoking and offer smoking cessation aids that were available. The care plan revealed Resident #36 could smoke unsupervised. Interview on 03/06/25 at 9:16 A.M. DON verified the care plan had been revised on 03/05/25 to accurately reflect Resident #36's smoking assessments. DON stated the MDS nurse was off site and did not update Resident #36's smoking care plan. The Safe Smoking policy and procedure revised 3/2024 revealed residents that desired to smoke would be assessed upon admission, quarterly, and with any condition or behavioral changes that may impact the residents ability to smoke safely. The residents care plan should indicate if the resident smokes or uses an e-cigarette/vape pen, safe/unsafe status, degree of supervision if required, and adaptive equipment.

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	03/12/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review, policy review, hospital record review, and interview, the facility failed to develop and implement a comprehensive, resident centered wound management program for Resident #45 who sustained an injury/area of non-pressure related skin impairment to the right lower leg. This affected one (#45) of two reviewed for skin impairments. The total facility census was 81. Findings include: 1. Review of the medical record revealed Resident #45 was admitted on [DATE] and readmitted [DATE] with diagnoses that included prepatellar bursitis of the left knee, cellulitis of the right lower limb, cerebral infarction, dependence on renal dialysis, end stage renal disease, and type II diabetes. The quarterly Minimum Data Set (MDS) Assessment, dated 01/05/25, revealed Resident #45 was cognitively intact and used a wheelchair. The resident did not receive scheduled pain medication but did receive as needed pain medication for occasional pain rated a four out of ten pain rating (on a 0-10 pain scale with zero being no pain and 10 being the worst pain ever experienced by the resident). A Situation, Background, Assessment, and Recommendation (SBAR) dated 01/21/25 at 12:30 A.M. revealed Resident #45 reported hitting a bookshelf and hurt the right leg (on 01/20/25). Resident #45's right leg appeared swollen and was discolored. Resident #45 was administered Oxycodone (opioid for severe pain) five milligram (mg) on 01/20/25 at 9:01 P.M. for (a pain level rating of) four out of ten (on a 0-10 pain rating scale) pain. The pain medication was not effective. The nurse tried to get an order for an x-ray, but Resident #45 insisted on going to the hospital. A progress note dated 01/21/25 at 12:46 A.M. revealed Resident #45 was screaming in pain and insisted on going to the hospital. A nursing note dated 01/22/25 at 8:30 P.M. revealed Resident #45 returned from the hospital. Review of the hospital discharge instructions dated 01/22/25 revealed Resident #45 had a hematoma to the right lower leg. Resident #45 was ordered Oxycodone 10 mg every four hours as needed for severe pain for three days. A computed tomography angiography (x-rays with contrast dye) to the right lower extremity was completed. The assessment of the arterial vasculature was suboptimal. There was a large mixed attenuation multiloculated hematoma in the superficial soft tissues along the medial aspect of the right mid leg measuring approximately 3.8 centimeters (cm) by 10 cm by 20 cm. There were areas of active contrast extravasation suggestive of active bleeding from small arterial vessels within the hematoma. There were some foci of gas within the hematoma that was most likely posttraumatic. An infected hematoma could not entirely be excluded. Resident #45's lower right extremity was to be wrapped tightly with an elastic bandage for the next three to five days. Review of the treatment administration record (TAR) for January 2025 revealed no documentation of the elastic bandage being in place or right lower leg being monitored from 01/22/25 through 01/31/25. (continued on next page)

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	03/12/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/23/25 a new order was received for Resident #45 for Oxycodone 10 mg every six hours as needed for severe pain. Review of the Medication Administration Record (MAR) Resident #45 was administered Oxycodone 10 mg eleven times from 01/23/25 to 01/28/25. A skin observation form dated 01/28/25 at 11:21 A.M. revealed Resident #45's skin was not intact and Resident #45 had new areas identified. The form included Resident #45 had pressure injuries and did not have non-pressure injuries. The areas identified were to Resident #45's bilateral legs. (The skin observation form did not include measurements of the wound(s) or description of the wound(s). In addition, the areas were not noted to the bilateral legs and were not pressure ulcers, but were wounds obtained on 01/20/25). A nursing note dated 01/28/25 at 6:11 P.M. revealed Resident #45 requested to be sent to the hospital for the right leg to be checked. (There was no additional information provided in the progress note). The hospital after visit summary form dated 01/28/25 revealed Resident #45 had right leg pain. Resident #45 was ordered Oxycodone 10 mg every six hours for three days. Vascular ultrasound for the right leg pain revealed no evidence of deep vein or superficial thrombosis. A progress note dated 01/29/25 at 8:09 A.M. revealed Resident #45 returned from the hospital late on 01/28/25. Resident #45 had a new order for Oxycodone. Resident #45 kept complaining about everything. A skin observation form dated 01/30/25 at 4:55 P.M. revealed Resident #45's skin was not intact. The form noted Resident #45 had no new areas and did not have any pressure or non-pressure injuries. The areas identified were to Resident #45's bilateral legs. (The resident's wound from 01/20/25 remained. There was no assessment of the wounds provided or that the wound was present to the right lower leg). A nursing note dated 01/31/25 at 6:59 P.M. revealed Resident #45 was started on Keflex (antibiotic) 500 mg twice a day for wound infection. (This was an order provided by the wound nurse practitioner during her visit). Review of the January and February 2025 MAR revealed the Keflex was administered per order. A nursing note dated 02/04/25 at 12:57 P.M. revealed Resident #45 left for an appointment at the wound clinic. The wound clinic called the facility and stated Resident #45 was transferred to the hospital for a surgical procedure. Review of the hospital history and physical dated 02/04/25 revealed Resident #45 had an open wound to (the right) lower leg. Resident #45 arrived at the facility from the wound clinic after wound debridement and packing. Resident #45 was admitted to the hospital for intravenous antibiotic treatment (due to cellulitis). (continued on next page)

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	03/12/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the hospital after visit summary dated 02/20/25 reveled Resident #45 had an open wound to (the right) lower leg. The lower right extremity was to be cleansed, and the open wound was to be gently irrigated with normal saline. Saline moistened Prisma AG (sterile, biodegradable wound dressing that contains collagen, oxidized regenerated cellulose, and silver) was to be applied to the wound bed and covered with a nonstick pad and dry dressing, then secured with Kerlix (absorbent and breathable gauze) every day. Resident #45 was to follow up with the wound clinic in one week. Resident #45 was to also follow up with an infectious disease doctor. (There was no diagnosis provided for the infectious disease doctor follow-up) An admission note dated 02/20/25 at 8:32 P.M. revealed Resident #45 arrived from the hospital. A physician order dated 02/20/25 at 7:20 P.M. revealed Resident #45's right lower leg to be cleansed and gently irrigated with normal saline, and saline moistened Prisma AG was to be applied to the wound bed and covered with a nonstick pad and dry dressing then secured with Kerlix every day. Review of the TAR for February 2025 revealed no treatments were completed to Resident #45's right lower leg from 02/20/25 until 02/25/25 as ordered. A skin observation form dated 02/20/25 at 8:23 P.M. revealed Resident #45 skin was not intact. The form included Resident #45 had new areas identified and did not have any pressure or non-pressure injuries. Resident #45 had a hard wound to the a bandage and hard bruises to the left forearm. (However, there were no assessments for the bruises or the wound to the right lower leg). A wound care note dated 02/25/25 at 10:32 A.M. Resident #45 had a concerning area to right leg after hospitalization for cellulitis development after a hematoma opened and intravenous antibiotics were initiated. The area consisted of clustered wounds that measured 16.2 cm long and 7.1 wide with undetermined depth. The wound had 40 percent granulation with 60 percent scabbed and crusted. The wound had a moderate amount of serosanguinous (blood and serous fluid) drainage. Review of treatment orders revealed the area was to be cleansed with normal saline, calcium alginate (wound care product to absorb and manage wound exudate) was to be applied and covered with abdominal (ABD) pad and wrapped with Kerlix every day. A physician order dated 02/25/25 at 2:52 P.M. revealed Resident #45's right anterior lower leg was to be cleansed with normal saline and patted dry. Calcium alginate was to be applied and covered with ABD gauze pad and wrapped with Kerlix every day and as needed. Review of the TAR revealed the treatment was completed to Resident #45's right lower leg as ordered every day from 02/25/25 through 02/28/25. A skin observation dated 02/27/25 at 1:50 P.M. revealed Resident #45's skin was not intact. Resident #45 had non-pressure areas with treatment in place. (There was no assessment of the wound). A weekly wound observation dated 03/04/25 at 10:27 A.M. revealed Resident #45 had a trauma wound to right anterior lower leg that was worsening. There was a moderate amount of serosanguinous drainage. The clustered wound measured 15.9 cm long and 6.2 cm wide and infection was suspected. A new order was received to cleanse the wound with normal saline, apply silver alginate (dressing with antibacterial silver for management of moderate to heavily exudating wounds), then cover with ABD pad and wrap with Kerlix every day. (continued on next page)

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	03/12/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An order dated 03/04/25 at 8:09 P.M. revealed Resident #45's right anterior lower leg was to be cleansed with normal saline, patted dry, calcium alginate applied and covered with ABD pad and wrapped with Kerlix daily. Review of the March 2025 TAR revealed Resident #45's right lower leg was cleansed with normal saline, patted dry, had calcium alginate applied, covered with ABD pad, and wrapped with Kerlix daily from 03/01/25 through 03/04/25. Interview on 03/06/25 at 10:27 A.M. with Certified Nurse Practitioner (CNP) revealed the CNP saw the wound to Resident #45's right lower leg and ordered Keflex on 01/31/25. The CNP revealed there were skin tears with bruising, and yellow drainage to Resident #45's right lower leg. An interview on 03/06/25 at 1:44 P.M. with Resident #45 revealed she was in her motorized wheelchair when her leg got pinned between a bookcase and the chair. Resident #45 stated she requested to go to the hospital twice due to the pain, and the facility sent her to the hospital and she returned to the facility without being admitted to the hospital. Resident #45 stated she went to the wound doctor and was sent to the hospital for intravenous antibiotics. Resident #45 stated the area to her leg opened at the hospital and it had to be packed with stuff. Resident #45 verified no treatments were completed to the right lower leg until Resident #45 saw the wound nurse on 02/25/25. Interview on 03/10/25 at 12:54 A.M. Unit Manager #153 verified on 03/04/25 the wound nurse ordered silver alginate (used for infected wounds due to antimicrobial properties) to be applied to Resident #45's wound and an order was written for calcium alginate (does not contain antimicrobial properties and generally used for non-infected wounds) and the treatments were completed with calcium alginate instead of silver alginate. Interview on 03/10/25 at 11:29 A.M. Director of Nursing (DON) verified the skin assessments completed by the facility nurses for Resident #45 were incomplete. The assessments did not provide the location of the wound, the size of the wound, or a description of the wound. The DON verified on 01/22/25 the hospital ordered Resident #45's lower right extremity to be wrapped tightly with elastic bandage for the next three to five days and the order was not transcribed or followed. The DON verified on 02/20/25 Resident #45 returned from the hospital with orders for the right lower extremity to be cleansed and the open wound to be gently irrigated with normal saline. Saline moistened Prisma AG was to be applied to the wound bed and covered with a nonstick pad and dry dressing then secured with Kerlix every day. The DON verified a treatment was not completed from 02/20/25 to 02/25/25, no explanation provided why the facility failed to complete the treatment as ordered. A treatment was started on 02/25/25 after Resident #45 saw the wound nurse. The Licensed Nurse Skin Checks policy and procedures revised 06/2019 revealed abnormal findings to be documented in the nurse's notes or weekly skin observations.

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	03/12/2025

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and medical record review, the facility failed to ensure Residents #68 and #69 who had splints or braces had orders for the device and orders for monitoring for their use. This affected two residents (#68 and #69) of three residents reviewed for positioning and mobility. The facility census was 81. Findings include: 1. Review of Resident #69's medical record revealed an admitted [DATE] with diagnoses including anoxic brain damage, respiratory failure, protein-calorie malnutrition, persistent vegetative state, gastro-esophageal reflux disease, gastrostomy, tracheostomy, aphasia, and contractures to right and left knee. Review of Resident #69's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he had an upper extremity impairment on both sides. Review of Resident #69's occupational therapies discharge summary dated 11/20/24 revealed a discharge recommendations of splinting as tolerated to both elbows and hands. Review of Resident #69's plan of care revealed it did not address the residents contractures or interventions. Review of Resident #69's physician orders on 03/05/25 revealed there were no orders for splints or braces. Observation on 03/04/25 at 7:56 A.M. and 03/06/25 at 11:34 A.M. revealed Resident #69's right hand was in a tight fist. Interview on 03/06/25 at 11:34 A.M. with Certified Nursing Assistant (CNA) #215 revealed the resident had bilateral hand splints, and devices that went under his arms. She reported he was supposed to be wearing them at all times. She verified he was not wearing them and reported they must have been removed for bathing. Interview on 03/06/25 at 2:31 P.M. with the Director of Nursing (DON) revealed Resident #69 was supposed to wear splints for up to eight hours a day and she verified this had not been addressed in his medical records. 2. Review of Resident #68's medical record revealed an admitted [DATE] and diagnoses including cerebral infarction, apraxia, seizures, heart failure, anxiety disorder, hypertension, end stage renal disease with dependence on renal dialysis, coagulation defect, aphasia, muscle wasting and atrophy, altered mental status, and other lack of coordination. (continued on next page)

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	03/12/2025

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #68's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] reveled she had severely impaired cognition. She had a range of motion impairment to the upper and lower extremities on one side. Review of Resident #68's occupational therapy discharge summary dated 01/21/25 revealed a skilled intervention noted the use of a palm protector to the right hand for contracture management. Review of Resident #68's physician orders on 03/03/25 revealed no orders for a splint or palm protector. Review of Resident #68's plan of care revealed it did not address her contractures or interventions. Observation on 03/03/25 at 10:05 A.M. revealed Resident #68's right hand appeared contracted, there were no interventions. Observation on 03/05/25 at 8:20 A.M. revealed Resident #68 had a soft palm protector on her right hand. Interview on 03/10/25 at 1:46 P.M. with the Director of Nursing (DON) and Occupational Therapy Aide #202 verified the discharge summary dated 01/21/25 indicated the use of a palm protector. The DON verified the use of this was not addressed in the medical record.

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	03/12/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, medical record review, and policy review the facility failed to accurately assess two, Resident #83 and #68, and failed to ensure a safe environment was maintained for two, Resident #66 and #63. This affected four (#83, #68, #66 and #63) of six residents reviewed for accidents. The facility census was 81. Findings include: 1. Review of the medical record for Resident #83 revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, type two diabetes mellitus, human immunodeficiency virus, dysphagia, cognitive communication deficit, chronic viral hepatitis B, and dementia. Review of Resident #83's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had moderately impaired cognition. Review of Resident #83's progress note dated 02/04/25 revealed the need for a probable guardian for the resident was discussed. Review of Resident #83's progress note dated 02/19/25 at 5:49 P.M. revealed the resident left the facility without informing anybody. The neighbors called the police, and the resident was brought back to the facility. He was resting in his bed. Review of Resident #83's progress note dated 02/19/25 by the Director of Nursing (DON) revealed the resident was alert and oriented times three and had left the facility and went next door (an assisted living facility). Facility staff observed the resident leave the facility and walk next door and were actively walking with the resident in sight to get the resident back to the facility. The police arrived next door. Staff asked the resident why he went next door, and he said it was because he wanted to and he was grown. Staff stated to resident that he needed to sign out when leaving the facility. Staff and police brought the resident back to the facility, he had no injuries. Review of Resident #83's elopement risk assessment dated [DATE] at 6:00 PM revealed the resident was low risk for elopement. The resident was not confined to a bed or chair, the resident did not have a cognitive deficit with the intent to elope. The only predisposing factor was multiple medications. Other predisposing factors listed but not indicated included dementia and intermittent confusion. It was indicated he had no history of elopement. This gave him a score of three, indicating he was low risk. Review of the facilities elopement risks revealed Resident #83 was not listed. Interview on 02/27/25 at 9:10 A.M. with Registered Nurse (RN) #127 (the nurse assigned to Resident #83's hallway) revealed he was unaware of any elopement risks on his hallway and had not heard of any recent elopements. (continued on next page)

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	03/12/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 02/27/25 at 9:52 A.M. with the DON revealed the facility did not feel that Resident #83 leaving the facility on 02/19/25 was an elopement. She reported he was alert and oriented and stated he wanted to go home. She verified he had left the faciity on his own and had told staff he did not wish to return. Interview on 02/27/25 at 10:40 A.M. with Unit Manager #153 revealed Resident #83 had intermittent confusion. Interview on 02/27/25 at 12:00 P.M. with Licensed Practical Nurse (LPN) #203 revealed on 02/19/25 Resident #83 had snuck out the door but was quickly spotted outside the door and two nurse aides went to bring him inside. He did not want to return to the building but another nurse was able to convince him. LPN #203 reported the resident was alert but confused, which seemed to be baseline for the resident. Interview on 02/27/25 at 12:12 P.M. with LPN #134 revealed he had been upstairs when an aide came to get him because Resident #83 was outside and refused to come in. Apparently, they saw him as he walked out the door and the resident had been combative and aggressive with other staff when asked to come inside. When LPN #134 arrived the police were already present, Resident #83 was stating he wanted to go see his kids. He reported the resident was willing to go back inside with him. Interview on 02/27/25 at 3:48 P.M. with Resident #83's responsible party revealed the resident should not have been allowed to leave the building on 02/19/25. His dementia was getting worse and worse and she was concerned about his safety. Interview on 02/27/25 at 3:30 P.M. with the DON verified Resident #83 had dementia which was not indicated on his 02/19/25 elopement risk assessment. They had not indicated he had eloped on the assessment because they did not feel it was an elopement. Review of the policy titled 'Elopement policy' dated May 2024, revealed once the resident returned to the facility a head-to-toe assessment was to be completed, and the social worker was to assess the resident for emotional distress. The resident's elopement risk assessment was to be updated. The care plan was to be updated with a brief investigation summary and interventions to prevent reoccurrence. 2. Review of Resident #68's medical record revealed an admitted [DATE] and diagnoses including cerebral infarction, apraxia, seizures, heart failure, anxiety disorder, hypertension, end stage renal disease with dependence on renal dialysis, coagulation defect, aphasia, muscle wasting and atrophy, altered mental status, and other lack of coordination. Review of Resident #68's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition. She had a range of motion impairment to the upper and lower extremities on one side. Review of Resident #68's medical record revealed a smoking assessment was not completed and a smoking care plan was not in place. Observation on 03/04/25 at 8:29 A.M. revealed Resident #68 in the smoking area, smoking by herself. (continued on next page)

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	03/12/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 03/04/25 at 3:00 P.M. with LPN #102 verified Resident #68 smoked independently Interview on 03/05/25 at 4:21 P.M. with the DON verified Resident #68 was a smoker and a smoking assessment had not been completed. Review of the policy 'Safe Smoking' dated March 2024, revealed residents who desired to smoke were to be assessed using the smoking-safety screen in the assessments. The smoking care plan was to include if the resident smoked, if they were safe or unsafe, if they required supervision, any adaptive equipment, and any education provided regarding cessation. 3. Review of Resident #66's medical record revealed an admitted [DATE] with a readmission of 09/25/24 and diagnoses including human immunodeficiency virus, psoriasis, protein-calorie malnutrition, aphasia, major depressive disorder, and dysphagia. Review of Resident #66's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had intact cognition. Review of Resident #66's physician order dated 09/22/23 revealed an order for a mat to the floor when in bed. Review of Resident #66's plan of care dated 04/18/24 revealed she was at risk for falls related to decreased mobility, incontinence, human immunodeficiency virus, and malnutrition. Interventions included encouraging to use adaptive devices, ensuring nonskid footwear, bed in lowest position, mat to floor when in bed, and referring to therapy. Observation on 03/03/25 at 2:10 P.M., and on 03/04/25 at 11:02 A.M. and 2:49 P.M. revealed Resident #66 was in bed and there was no fall mat in place. Interview on 03/05/25 at 10:02 A.M. with Registered Nurse (RN) #127 verified a fall mat was not in place. He verified there was an order for a fall mat. 31404 4. Record review of Resident #63 revealed an admitted [DATE] with pertinent diagnoses of: hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side, epilepsy, human immunodeficiency virus, unspecified asthma, muscle wasting and atrophy, abnormalities of gait and mobility, anemia, autoimmune hepatitis, low back pain, congestive heart failure, and personal history of sudden cardiac arrest. Review of the 01/03/25 quarterly Minimum Data Set (MDS) assessment revealed the Resident is cognitively intact and uses a wheelchair to aid in mobility. Review of the 01/31/25 smoking assessment revealed that staff will store Resident #63 smoking materials. Observation on 03/03/25 at 1:33 P.M. revealed Resident #63 had a lighter in her room. (continued on next page)

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	03/12/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the Director of Nursing (DON) on 03/06/25 at 2:33 P.M. revealed she did the smoking assessment and the resident should not have cigarettes or smoking supplies in her room. That way she does not smoke in her room. Observation on 03/06/25 at 2:40 P.M. revealed the DON went down to Resident #63 room and the resident had a lighter verified with DON. The DON took the lighter to be stored by staff. This deficiency represents non-compliance investigated under Complaint Number OH00163003.

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	03/12/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and medical record review, the facility failed to ensure Resident #192 had orders for an indwelling catheter. This affected one resident (#192) of three residents with an indwelling catheter. The facility census was 81. Findings include: Review of Resident #192's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, type two diabetes mellitus, severe protein-calorie malnutrition, cognitive communication deficit, dysphagia, aphasia, contracture of right knee, psychosis, and heart failure. Review of Resident #192's comprehensive Minimum Data Set (MDS) 3.0 dated 02/20/25 revealed he had an indwelling catheter. Review of Resident #192's physician orders revealed he had no orders for an indwelling catheter or for catheter care. Observation on 03/03/25 at 10:15 A.M. revealed Resident #192 had a catheter bag hanging from his bed. Interview on 03/05/25 at 2:50 P.M. with the Director of Nursing (DON) verified Resident #192 had a catheter in place but had no orders or documentation for care.

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	03/12/2025

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and medical record review the facility failed to ensure Resident #68's fluid restriction was followed, and her noncompliance was documented in the medical record. This affected one resident (#68) of two residents on dialysis. The facility census was 81. Findings include: Review of Resident #68's medical record revealed an admitted [DATE] and diagnoses including cerebral infarction, apraxia, seizures, heart failure, anxiety disorder, hypertension, end stage renal disease with dependence on renal dialysis, coagulation defect, aphasia, muscle wasting and atrophy, altered mental status, and other lack of coordination. Review of Resident #68's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition. Review of Resident #68's active physician order started 09/08/24 revealed an order for Nepro (a renal liquid supplement) 240 milliliters (ml) three times a day. Review of Resident #68's active physician order dated 10/15/24 revealed an order for Ensure clear 240 ml once a day. Review of Resident #68's dietary progress note dated 01/13/25 revealed the dialysis dietitian wanted a 1500 ml fluid restriction ordered. There were no changes to her supplements. Review of Resident #68's physician order dated 01/13/25 revealed the resident was to be on a 1500 ml fluid restriction. Nursing was to give 220 ml for each shift (day, evening, and night). Dietary was to provide 840 ml. Review of Resident #68's dietary progress note dated 02/10/25 revealed the resident was on a fluid restriction. There was no further documentation. Review of Resident #68's plan of care on 03/03/25 revealed it did not address the residents fluid restriction. Review of Resident #68's medical record from 01/13/25 to 03/03/25 revealed no documentation related to the resident being noncompliant with the fluid restriction. Observation on 03/03/25 at 11:37 A.M. revealed Resident #68 had a large (about 24 ounces) water bottle filled with water. Observation on 03/05/25 at 8:20 A.M. revealed Resident #68 had the same large water bottle filled with water. (continued on next page)

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	03/12/2025

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/05/25 at 8:25 A.M. with Licensed Practical Nurse (LPN) #102 verified Resident #68 had a large bottle of water, she indicated the resident filled it up daily. She reported she was aware the resident was on a fluid restriction, but she was noncompliant with the restriction. LPN #102 reported nursing gave her supplements as ordered plus little cups of water with medications. Interview on 03/10/25 at 10:09 A.M. with Dietary Manager #115 revealed the kitchen had been unaware Resident #68 was on a fluid restriction. Interview on 03/11/25 at 9:11 A.M. with Dietitian #251 revealed she was aware Resident #68 was noncompliant with her fluid restriction. However, she verified this was not documented in her medical record. She reported she was aware the supplements exceeded the fluid restriction and had recently spoken to dialysis and they did not want the fluid restriction discontinued, so she planned on adjusting the supplements.

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	03/12/2025

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and medical record review the facility failed to ensure Resident #69's tube feeding was running at the ordered rate. This affected one resident (#69) of one resident reviewed for tube feeding. The facility census was 81. Findings include: Review of Resident #69's medical record revealed an admitted [DATE] with diagnoses including anoxic brain damage, respiratory failure, protein-calorie malnutrition, persistent vegetative state, gastro-esophageal reflux disease, gastrostomy, tracheostomy, aphasia, and contractures to right and left knee. Review of Resident #69's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he was receiving tube feeding that provided 51% or more of calories and 501 milliliters (ml) per day. Review of Resident #69's plan of care dated 10/10/23 revealed the resident required tube feeding via a gastrostomy tube related to dysphagia. Interventions included listening to lungs, elevating the head of bed 45 degrees, monitoring as needed for adverse signs, obtaining and monitoring lab work as ordered, providing local care to gastrostomy tube, and dependence with tube feed and water flushes. Review of Resident #69's physician order dated 03/03/25 revealed an order for Osmolite 1.2 running at 85 ml per hour continuously. Observation on 03/04/25 at 7:56 A.M. and 10:23 A.M. revealed Resident #69's tube feeding was running at 81 ml per hour. Observation on 03/05/25 at 10:03 A.M. and 4:05 P.M. revealed Resident #69's tube feeding was running at 70 ml per hour. Interview on 03/05/25 at 4:06 P.M. with Register Nurse (RN) #127, Resident #69's nurse, verified the tube feeding was running at 70 ml per hour. He was unaware of Resident #69's current order, but upon review, verified it was supposed to be at 85 ml per hour.

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	03/12/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review and interview, the facility failed to administer oxygen to Resident #30 as ordered. This affected one (Resident #30) out of one resident reviewed of oxygen use. Facility census was 81. Findings include: Review of the medical record revealed Resident #30 was admitted on [DATE] with diagnoses that included heart failure, chronic respiratory failure, type II diabetes, anxiety disorder, major depressive disorder, bipolar disorder, and mood disorder. Review of physician order dated 11/01/24 revealed Resident #30 was ordered oxygen at two liters continuously. The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #30 was cognitively intact. Review of the March medication administration record revealed Resident #30 was administered oxygen at two liters continuously. Observations on 03/03/25 at 8:39 A.M., 03/04/25 at 11:13 A.M., and 03/06/25 at 9:53 A.M. revealed Resident #30 had a nasal cannula in place and oxygen was being administered at four liters. Interview on 03/06/25 at 11:05 A.M. Director of Nursing (DON) verified oxygen was being administered to Resident #30 at four liters and Resident #30 was ordered oxygen at two liters.

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	03/12/2025

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on record reviews and interviews, the facility failed to ensure a resident with Post Traumatic Stress Disorder (PTSD) was appropriately assessed to identify the cause of the residents PTSD and minimize triggers and/or re-traumatization. This affected one (Resident #74) of three Residents reviewed for behavior emotional. The facility census was 81. Findings include: Record review of Resident #74 revealed an admitted [DATE] with pertinent diagnosis of: traumatic brain injury, dysarthria following cerebral infarction, type two diabetes mellitus, seizures, post traumatic stress disorder, history of falling, presence of cerebrospinal fluid drainage device, gastro-esophageal reflux disease, dementia without behaviors, noninfective gastroenteritis, anxiety disorder, and major depressive disorder. Review of the 01/16/25 quarterly Minimum Data Set (MDS) assessment revealed the Resident was severely cognitively impaired and used a wheelchair to aid in mobility. The Resident had a coded diagnosis of post traumatic stress disorder. Interview with Resident #74's family on 03/04/25 at 9:24 A.M. revealed the Resident was diagnosed with PTSD from a resident assault at a previous nursing home. Review of Resident #74 medical record on 03/05/25 at 2:30 P.M. revealed no identification of triggers for post traumatic stress disorder (PTSD) or a care plan identifying PTSD triggers. Interview with the Director of Nursing (DON) on 03/05/25 at 2:54 P.M. verified Resident #74 did not have a PTSD assessment or care plan including what triggers the resident's trauma.

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	03/12/2025

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on staff interview and record review the facility failed to ensure a resident with dementia received appropriate treatment and services to maintain his of highest practical physical, mental, and psychosocial well being when they failed to have a plan of care to address the resident's dementia needs and services. This affected one (Resident #74) of one reviewed for dementia care. The facility census was 81. Findings include: Record review of Resident #74 revealed an admitted [DATE] with pertinent diagnoses of: traumatic brain injury, dysarthria following cerebral infarction, type two diabetes mellitus, seizures, post traumatic stress disorder, history of falling, presence of cerebrospinal fluid drainage device, gastro-esophageal reflux disease, dementia without behaviors, noninfective gastroenteritis, anxiety disorder, and major depressive disorder. Review of the 01/16/25 quarterly Minimum Data Set (MDS) assessment revealed the Resident was severely cognitively impaired and used a wheelchair to aid in mobility. The Resident had a coded diagnosis of dementia. Observations on 03/05/25 and 03/06/25 revealed the Resident was in the common area watching television as an activity. Review of Resident #74's medical record on 03/05/25 at 2:30 P.M. revealed there was not a dementia care plan that addressed the care to be provided for the Resident's dementia. Interview with the Director of Nursing (DON) on 03/05/25 at 2:54 P.M. verified Resident #74 did not have a person centered dementia care plan that included and supported the Resident's dementia care needs.

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	03/12/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review, resident and facility staff interview and policy review the facility failed to ensure failed to ensure Resident #16 and #82 received medications as ordered. This affected two resident (Resident #16 and #82) of five reviewed for un necessary medications. The total facility census was 81. Findings Include: 1. Review of the medical record revealed Resident #16 was admitted on [DATE] and was readmitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease, bipolar disorder, altered mental status, peripheral vascular disease, hypertension, major depressive disorder, history of transient ischemic attack, and anxiety disorder. The annual MDS dated [DATE] revealed Resident #16 was cognitively intact. Resident #16 had impairment to both lower extremities (amputation) and used a wheelchair. Resident #16 required supervision/touch assistance for rolling and transfers. Resident #16 was always incontinent of bowel and bladder. Review of current physician orders revealed Resident #16 was ordered Amlodipine (to treat hypertension) 10 milligram (mg) in the morning, Aspirin (non-steroidal anti-inflammatory used to prevent heart attack and stroke) 81 mg in the morning, Atorvastatin (hypolipidemic) 40 mg at bedtime, Plavix (anticoagulant) 75 mg in the morning, Duloxetine (antidepressant) 60 mg in the morning, Tiotropium Bromide (bronchodilator) inhalation in the morning, Zyrtec (antihistamine) 10 mg in the morning, Colace (stool softener) 100 mg twice a day, Glycolax (osmotic laxative)17 grams twice a day, Tagamet (antihistamine used for inappropriate sexual behaviors) 200 mg twice a day, Depakote (anticonvulsant used for mood stabilization) 125 mg three times a day, and Hydroxyzine (antihistamine used for anxiety) 25 mg three times a day. Resident #16 was to be evaluated twice a day for new onset or increased edema every shift due to hypertension and history of deep vein thrombosis. Review of progress notes revealed Resident #16 frequently left the facility to stay with friends and family. Review of medication administration records (MAR) revealed Resident #16 was away from the facility without medications the evening of 02/14/25 through day shift on 02/17/25, the evening of 02/21/25 through day shift of 02/25/25, and the evening of 02/28/25 through 03/04/25. Interview with Resident #16 during the survey revealed she was aware she did not have her medications when she left the facility to stay with friends and family and she stated she did not care that she did not have her medications. Resident #16 stated she took someone else's blood thinner when she was away from the facility. A social service note dated 03/04/25 at 11:01 A.M. revealed Resident #16 called the facility and stated she would return on 03/09/25 or 03/10/25. (continued on next page)

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	03/12/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/06/25 at 10:26 A.M. Certified Nurse Practitioner verified she was aware Resident #16 left the facility and did not always have medications to take which was concerning because of the anticoagulant and mood stabilization medications the resident was on. Interview on 03/06/25 at 11:03 A.M. with the DON verified Resident #16 left the facility for several days and did not have medication to take as ordered. DON verified Resident #16 missed seven doses of Amlodipine, Aspirin, Plavix, Duloxetine, and Zyrtec. Resident #16 missed 11 doses of Tiotropium Bromide, 13 doses of Atorvastin, 16 doses of Colace and Glycolax, 18 doses of Tagamet, 25 doses of Depakote, and 27 doses of Hydroxyzine during the months of February and March. There was no evidence that the facility attempted to correct the issue with the resident not taking medications with her when she went on LOA. Review of policy titled Day Outings/Therapeutic Leaves of Absence revised 06/2019 revealed: The facility staff will complete the Medication Release/Receipt if appropriate for the resident/legal representative signature. 43064 3. Review of Resident #82's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, chronic respiratory failure, protein-calorie malnutrition, cognitive communication deficit, dysphagia, anxiety disorder, heart failure, and other psychoactive substance dependence. Review of Resident #82's Comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he had severely impaired cognition. Review of Resident #82's plan of care revealed he used antianxiety medications related to anxiety disorder. Interventions included administering the medications as ordered, educating about risks, monitoring for adverse reactions, and monitoring for safety. Review of Resident #82's physician order dated 01/15/25 to 01/27/25 revealed an order for Buspirone Hcl (antianxiety medication)15 milligrams (mg) one tablet three times a day for anxiety. Review of Resident #82's Medication Administration Record from 01/15/25 to 01/27/25 revealed the resident was receiving his Buspirone as ordered.) Review of Resident #82's physician order dated 01/27/25 revealed an order for Buspirone 10 mg one tablet three times a day for anxiety. It was noted this medication was to be unsupervised self administration. Review of Resident #82's Medication Administration Record from 01/27/25 to 03/03/25 revealed Buspirone was marked U-SA (unsupervised self-administration). (continued on next page)

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	03/12/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/04/25 at 11:47 A.M. with Unit Manager #153 and Licensed Practical Nurse (LPN) #189 revealed Resident #82 does not self-administer any of his medications, however, they verified that the order indicated he did. They additionally verified the MARS indicated it was self administered) LPN #189 reported the order automatically highlighted as complete for the nurses in the electronic MAR so there was no indication for the nurse to give it to him. LPN #189 verified Resident #82 had not been receiving Buspirone from 01/27/25 through 03/03/25. Interview on 03/06/25 at 11:11 A.M. with the Director of Nursing (DON) verified Resident #82 should have been receiving Buspirone and had not been.

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	03/12/2025

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on staff interview, and record review the facility failed to ensure resident's pharmacy recommendations were addressed. This affected four (Resident #11, #30, #66, and #74) of five residents reviewed for pharmacy services. The facility census was 81. Findings include: 1. Record review of Resident #11 revealed an admitted [DATE] with pertinent diagnoses of: cerebral palsy, hemiplegia, hydronephrosis, protein calorie malnutrition, neuromuscular dysfunction of the bladder, gastro esophageal-reflux disorder, hypertension, convulsions, mood disorder, depression, benign paroxysmal vertigo, schizoaffective disorder, anxiety disorder, and calculus of kidney. Review of the minimum data set (MDS) 3.0 annual assessment dated [DATE] reveaeld Resident #11 was cognitively intact and used a walker and wheelchair to aid in mobility. The Resident required supervision or touching assistance for personal hygiene. Review of the medical record revealed an order dated 04/18/24 for Ondansetron HCl (anti nausea medication) oral tablet four milligrams (mgs). Give one tablet by mouth every eight hours as needed for nausea/vomiting. The order was discontinued on 12/12/24. Review of the 08/08/24 pharmacy review revealed a recommendation to discontinue Ondansetron (anti nausea medication) as needed if not used in 30 days. The doctor agreed. Review of the medical record revealed Ondansetron was not used from 06/01/24 to 09/30/24. Review of the medical record revealed the Ondansetron was not stopped when the doctor agreed to the pharmacy recommendation. Interview with the Director of Nursing (DON) on 03/05/25 at 2:54 P.M. verified Resident #11's pharmacy recommendation for Ondansetron was not discontinued when ordered by the physician. 2. Record review of Resident #74 revealed an admitted [DATE] with pertinent diagnoses of: traumatic brain injury, dysarthria following cerebral infarction, type two diabetes mellitus, seizures, post traumatic stress disorder, history of falling, presence of cerebrospinal fluid drainage device, gastro-esophageal reflux disease, dementia without behaviors, noninfective gastroenteritis, anxiety disorder, and major depressive disorder. Review of the 01/16/25 quarterly Minimum Data Set (MDS) assessment revealed the Resident was severely cognitively impaired and used a wheelchair to aid in mobility. The Resident had a coded diagnosis of post traumatic stress disorder. Review of an active 10/11/24 physician order revealed Lorazepam (anti anxiety medication) oral tablet one milligram. (continued on next page)

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	03/12/2025

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give one tablet by mouth every eight hours as needed for anxiety. Review of the 11/26/24 pharmacy review revealed a recommendation to discontinue as needed Lorazepam (antianxiety medication) or write the order for only 14 days and review it after 14 days. The Doctor agreed to discontinue the order. Interview with the Director of Nursing (DON) on 03/06/25 at 9:14 A.M. verified pharmacy recommendation was not addressed for as needed Lorazepam for greater than 14 days and the order for the medication was still an active order. 3. Review of Resident #66's medical record revealed an admitted [DATE] with a readmission of 09/25/24 and diagnoses including human immunodeficiency virus, psoriasis, protein-calorie malnutrition, aphasia, major depressive disorder, and dysphagia. Review of Resident #66's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had intact cognition. Review of Resident #66's medication regimen reviews revealed there was no indication if the pharmacist had recommendations for the resident for April 2024 and May 2024. Review of the pharmacy recommendation dated 11/26/24 revealed the pharmacist recommended considering a gradual dose reduction for Zoloft (anti depressant medication) 50 mg or a detailed physician note indicating why it was contraindicated. The physician indicated they disagreed, however, there was no reasoning included and the physician declining was not dated. Interview on 03/04/5 at 4:07 P.M. with the Director of Nursing (DON) verified there was no date and no reasoning for declining the recommendation. Interview on 03/06/25 at 9:19 A.M. the DON verified there was no evidence of if the pharmacist had recommendations for April 2024 or May 2024. 34298 4. Review of the medical record revealed Resident #30 was admitted on [DATE] with diagnoses that included heart failure, chronic respiratory failure, type II diabetes, anxiety disorder, major depressive disorder, bipolar disorder, and mood disorder. The quarterly MDS dated [DATE] revealed Resident #30 was cognitively intact. The MDS also revealed Resident #30 had a mood score of 10 which typically indicated a moderate level of depression. Resident #30 had no delusions during the assessment time period. Review of the pharmacy monthly reviews from June 2024 through February 2025 revealed no documentation if Resident #30 had any recommendations. A recommendation dated 06/12/24 was provided that revealed Resident #30 was ordered Invega Sustenna (antipsychotic) one milliliter intramuscularly every 28 days for bipolar. The recommendation revealed a supportive diagnosis including target behaviors that were continuously occurring needed to be in the order. On 06/12/24 the physician added the diagnosis of bipolar disorder with delusions. (continued on next page)

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	03/12/2025

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the behavior documentation for May and June 2024 revealed Resident #30 had behaviors on 05/26/24 and 05/27/24. The documentation did not reveal what type of behavior and the progress notes for May 2024 revealed no documentation of behaviors or delusions. A progress note dated 06/08/24 at 7:37 A. M. revealed Resident #30 used inappropriate language and was very non-compliant with the nurse and aide while care was being provided. Further review of the progress notes for June revealed no other behaviors and no delusions. A progress note dated 06/19/24 at 11:56 A.M. revealed the physician changed the diagnosis for Invega to bipolar with delusions. Review of the medical record revealed Resident #30 did not receive psychiatric services until July of 2024. A pharmacy recommendation was provided for August 2024. The recommendation revealed Resident #30 had an order for Benzoate (antitussive) 100 milligram (mg) every eight hours as needed for cough and Guaifenesin (expectorant) extended release 600 mg every 12 hours as needed for congestion. The pharmacy recommended discontinuation of Benzonate and Guaifenesin if it had not been administered to Resident #30 in the last 30 days. The physician signed the recommendation on 08/13/24 to discontinue the Benzonate and Guaifenesin. A pharmacy recommendation was provided for September 2024. The recommendation revealed Resident #30 had an order for Zofran (anti nausea) four mg every eight hours as needed. The pharmacy recommended discontinuation of Zofran if it had not been administered to Resident #30 in the last 30 days. The physician signed the recommendation on 09/17/24 to discontinue Zofran. Review of the orders revealed Zofran was not discontinued. A pharmacy recommendation was provided for February 2025. The recommendation revealed Resident #30 had an order for Zofran four mg every eight hours as needed. Pharmacy recommended discontinuation of Zofran if it had not been administered to Resident #30 in the last 30 days. The physician signed the recommendation on 02/18/25 and Zofran was discontinued on 02/19/25. On 03/06/25 at 9:19 A.M. DON verified the monthly pharmacy recommendations from June through February did not reveal which residents had pharmacy recommendations. The DON also verified there was no documentation Resident #30 had delusions when the diagnosis was added for the use of Invega. DON verified Resident #30 currently had the orders in place for Benzonate and Guaifenesin which the doctor had discontinued in August 2024. DON verified Resident #30's Zofran should have been discontinued in September and the Zofran was not discontinued until the pharmacy made the recommendation again in February 2025.

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	03/12/2025

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review and interview, the facility failed to ensure Resident #45 and #66 had parameters in place for as needed pain medication. The facility also failed to document the location of the pain and the non-pharmacological interventions that were attempted. This affected two (Resident #45 and #66) out of five residents reviewed for unnecessary medications. Facility census was 81. Findings include: 1. Review of the medical record revealed Resident #45 was admitted [DATE] and readmitted [DATE] with diagnoses that included prepatellar bursitis left knee, cellulitis of right lower limb, cerebral infarction, dependence on renal dialysis, end stage renal disease, and type II diabetes. Review of physician orders revealed on 01/02/25 Resident #45 was ordered Oxycodone (opioid for moderate to severe pain) five milligrams (mg) every eight hours as needed for pain. No pain scale parameters were included in the order. Review of the medication administration record (MAR) revealed Resident #45 was administered Oxycodone five mg for a pain rating of zero on 01/03/25, twice on 01/04/25, 01/06/25, 01/07/25, 01/19/25, and 01/20/25. On 01/23/25, Resident #45 was ordered Oxycodone 10 mg every four hours as needed for severe pain. No pain scale parameters were included in the order. Review of the MAR revealed Resident #45 was administered Oxycodone 10 mg for a pain rating of zero on 01/24/25, 01/25/25, 01/27/25, and 01/28/25. On 01/29/25, Resident #45 was ordered Oxycodone 10 mg every six hours as needed for severe pain. No pain scale parameters were included in the order. Review of the MAR revealed Resident #45 was administered Oxycodone 10 mg for a pain rating of zero on 01/29/25. Review of the MAR and progress notes revealed no non-pharmalogical pain interventions were attempted before the administration of Oxycodone. Interview on 03/10/25 at 11:28 A.M. the Director of Nursing (DON) verified Resident #45 should not have been administered Oxycodone for zero pain. DON verified pain medication should have parameters for administration, the location of pain should be documented, and non-pharmalogical interventions should be attempted before administering pain medication. 43064 2. Review of Resident #66's medical record revealed an admitted [DATE] with a readmission of 09/25/24 and diagnoses including human immunodeficiency virus, psoriasis, protein-calorie malnutrition, aphasia, major depressive disorder, and dysphagia. (continued on next page)

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	03/12/2025

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #66's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had intact cognition. Review of Resident #66's plan of care dated 03/24/24 revealed the resident had acute and chronic pain related to recurrent dislocation of the left shoulder. Interventions included administering analgesia as ordered, anticipating need for pain relief, attempting nonpharmacological interventions prior to giving as needed pain medications, evaluating effectiveness of pain interventions, monitoring and reporting complaints of pain, and notifying the physician if interventions are unsuccessful. Review of Resident #66's physician order dated 04/01/24 revealed an order for Acetaminophen (analgesic) tablet 325 milligrams (mg) two tablets by mouth every six hours as needed for general discomfort. There were no parameters for administration. Review of Resident #66's physician order dated 12/12/24 revealed an order for Oxycodone Hcl oral concentrate 10 mg per 0.5 milliliters (ml), 0.5 ml every six hours as needed for pain. There were no parameters for administration. Review of Resident #66's physician order dated 01/21/25 revealed an order for Morphine Sulfate (opioid) 20 mg per ml, 0.25 ml by mouth every four hours as needed for pain or shortness of breath. There were no parameters for administration. Review of Resident #66's Medication Administration Record (MAR) for February 2025 revealed the resident received Oxycodone on 02/01/25 for a pain of four, on 02/03/25 for a pain of seven, on 02/06/25 for a pain of five, on 02/07/25 for a pain of eight, twice on 02/12/25 for a pain of seven and six, on 02/13/25 for a pain of six, on 02/14/25 for a pain of eight, on 02/15/25 for a pain of four, on 02/16/25 for a pain of four, on 02/17/25 for a pain of four, twice on 02/17/25 for pains of five, on 02/21/25 for a pain of seven, on 02/22/25 for a pain of two, on 02/23/25 for a pain for a pain of three, on 02/25/25 for a pain of five, twice on 02/26/25 for pains of six, and on 02/27/25 for a pain of five. She received morphine on 02/04/25 for a pain of seven. Review of Resident #66's MAR for March 2025 revealed the resident received Oxycodone on 03/01/25 for a pain of two, on 03/02/25 for a pain of four, twice on 03/03/25 for a pain of eight and seven, on 03/04/25 for a pain of eight, and on 03/06/25 for a pain of five. She received acetaminophen on 03/04/25 for a pain of eight. Review of Resident #66's progress notes revealed there was no evidence nonpharmacological interventions were attempted or documentation of description or location of pain for medication administration on 02/01/25, 02/03/25, 02/04/25, 02/12/25, 02/15/25, 02/16/25, 02/17/25, 02/18/25, 02/22/25, 02/23/25, 02/26/25, 03/01/25, 03/02/25, 03/03/25, and 03/04/25. Interview on 03/10/25 at 11:24 A.M. with the Director of Nursing (DON) verified nursing had not been documenting descriptions of pain or nonpharmacological interventions as they should. She additionally verified the medications had no parameters for administration, so nurses were choosing which one to provide.

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	03/12/2025

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on interview and record review the facility failed to ensure Resident #82 had appropriate diagnoses for the psychotropic medications he was prescribed. This affected one resident (#82) of five residents reviewed for unnecessary medications. The facility census was 81. Findings include: Review of Resident #82's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, chronic respiratory failure, protein-calorie malnutrition, cognitive communication deficit, dysphagia, anxiety disorder, heart failure, and other psychoactive substance dependence. Review of Resident #82's Comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he had severely impaired cognition. Review of Resident #82's physician order dated 03/02/25 revealed an order for Valproic acid (anticonvulsant that can also be used for bipolar disorder) solution 250 milligrams (mg) twice a day for anxiety. Review of Resident #82's physician order dated 03/02/25 revealed an order for Seroquel (an antipsychotic) 25 mg two tablets by mouth three times a day for agitation and delirium. Review of Resident #82's physician order dated 01/27/25 revealed an order for Trazodone (an antidepressant)75 mg by mouth at bedtime for depression. Interview on 03/05/25 at 4:21 P.M. and on 03/06/25 at 8:15 A.M. with the Director of Nursing (DON) verified Resident #82 did not have a diagnosis of depression, despite him receiving medications for it. Additionally, she verified Resident #82's diagnoses were inappropriate for Seroquel and Valproic acid.

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	03/12/2025

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on staff interview and record review the facility failed to ensure resident laboratory tests (lab/labs) were completed as ordered. This affected two (Resident #63 and #82) of six resident reviewed for lab values. The facility census was 81. Findings include: 1. Record review of Resident #63 revealed an admitted [DATE] with pertinent diagnoses of: hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side, epilepsy, human immunodeficiency virus (HIV), unspecified asthma, muscle wasting and atrophy, abnormalities of gait and mobility, anemia, autoimmune hepatitis, low back pain, congestive heart failure, and personal history of sudden cardiac arrest. Review of the 01/03/25 quarterly Minimum Data Set (MDS) assessment revealed the Resident was cognitively intact and used a wheelchair to aid in mobility. Review of a physician order dated 02/04/25 revealed to draw a complete blood count, complete metabolic panel, human immunodeficiency virus (HIV) viral load, and a lipid panel lab. Review of the 02/07/25 lab results report revealed the Resident had a positive HIV Ag/Ab lab result. Review of the medical record on 03/06/25 at 2:51 P.M. revealed the Resident was admitted as having HIV and the physician lab order was for a HIV1 RNA, Quantitative, real time-PCR test (HIV Viral Load test that measures HIV-1 RNA to monitor affects of antiretroviral therapy) for Resident #63. The lab completed was for a HIV antigen and antibody Ag/Ab test (test to determine if Resident has a HIV infection) instead of the physician ordered test. Interview with the Director of Nursing (DON) on 03/06/25 at 2:33 P.M. verified the physician order was for HIV viral load test and the lab sheet was written to draw a HIV antigen antibody test instead. 43064 2. Review of Resident #82's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, chronic respiratory failure, protein-calorie malnutrition, cognitive communication deficit, dysphagia, anxiety disorder, heart failure, and other psychoactive substance dependence. Review of Resident #82's Comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he had severely impaired cognition. (continued on next page)

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	03/12/2025

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #82's physician assistant note dated 01/27/25 revealed the resident had been experiencing hypersomnolence. The physician recommended adjusting medications and checking urine analysis with culture and sensitivity. Review of Resident #82's physician order dated 01/27/25 revealed an order to obtain a urine analysis with culture and sensitivity related to altered mental status. Review of Resident #82's medical record revealed no evidence the urine analysis was completed. Interview on 03/06/25 at 8:15 A.M. with the Director of Nursing (DON) revealed the urine analysis had not been completed as ordered. She believes the physician put the order in incorrectly. Review of the policy 'Diagnostic Services' dated February 2024, revealed physicians will order diagnostic tests based on resident assessments and clinical needs. Orders should be carried out as they're identified.

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	03/12/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and review of the menu, the facility failed to ensure Resident #194 and Resident #196 received food according to the planned menu. This affected two residents (#194 and #196) of 79 residents who consumed food from the kitchen. The facility identified two residents (#69 and #80) who consumed nothing from the kitchen. The facility census was 81. Findings include: Review of Resident #196's medical record revealed an admitted [DATE] with diagnoses including metabolic encephalopathy, protein-calorie malnutrition, chronic respiratory failure, dysphagia, hypertension, chronic kidney disease stage four, and heart failure. Review of Resident #196's physician order dated 03/09/25 revealed an order for mechanical soft diet. Review of Resident #194's medical record revealed an admitted [DATE] with diagnoses including type two diabetes mellitus, dysphagia, dementia, chronic kidney disease, and protein calorie malnutrition. Review of Resident #194's physician order dated 03/07/25 revealed she was on a mechanical soft and no added salt diet. Review of the menu for 03/05/25 revealed residents on a mechanical soft diet were to receive ground barbeque chicken, mashed sweet potato, baked beans, cornbread, and peanut butter cookies. Observation on 03/05/25 of the lunch meal beginning at 11:00 A.M. revealed they had run out of baked beans prior to the end of meal service. Dietary Manager #115 told the [NAME] #196 that he had mixed vegetables as a substitute for baked beans. [NAME] #196 served the last two regular trays with mashed potatoes instead of baked beans or mixed vegetables. Resident #194 and Resident #196 received barbeque chicken, corn bread, sweet potatoes, and mashed potatoes. Interview with [NAME] #196 at the end of meal service verified she did not use the mixed vegetables that were available Interview on 03/05/25 at 12:40 P.M. with Dietary Manager #115 verified [NAME] #196 should not have substituted baked beans for mashed potatoes.

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	03/12/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 43064 Based on observation, interview, and review of facility policy the facility failed to ensure foods that did not meet hot holding temperature were reheated. This had the potential to affect 79 of 79 residents who consumed food from the kitchen. The facility identified two residents (#69 and #80) who consumed nothing from the kitchen. The facility census was 81. Findings include: Observation on 03/05/25 beginning at 11:00 A.M. of the lunch meal revealed [NAME] #196 taking the temperature of food on the hot holding unit. The ground chicken for residents on a mechanical soft diet was 122 degrees Fahrenheit (F) and the gravy was 102 degrees F. [NAME] #196 noted that these items needed heated back up, but began tray line anyway. [NAME] #196 noted the gravy was for residents who did not like sweet potatoes and received mashed potatoes instead. At the end of meal service [NAME] #196 verified she had not reheated the food items. Interview on 03/05/25 at 12:40 P.M. with Dietary Manager #115 revealed he expected foods on the steamtable to be 160 degrees F, and if they did not reach that temperature they needed reheated. Review of the policy 'Safe Food Temperatures' undated, revealed hot foods were to be held at 140 degrees F or higher during meal service. Food temperatures were to be checked before each meal, if the food temperature was not within appropriate parameters the food was to be reheated to 165 degrees F.

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	03/12/2025

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 43064 Based on interview and review of documents the facility failed to ensure the arbitration agreement allowed the resident/responsible party to communicate with federal, state, or local officials . This had the potential to affect 23 residents (#2, #6, #8, #17, #26, #40, #45, #49, #72, #76, #78, #80, #82, #83, #84, #188, #189, #190, #191, #192, #193, #194, #196) who had admitted since 08/01/24. The total facility census was 81. Findings include: Review of the 'Voluntary Arbitration Agreement' undated, revealed it did not address the resident/responsible party's right to communicate with federal, state, or local officials. Interview on 03/10/25 at 10:04 A.M. and 12:42 P.M. with the Administrator revealed he was unable to find evidence the arbitration agreement allowed for communication with officials. Interview on 03/10/25 at 12:42 P.M. with the Administrator revealed the current company took over in August 2024, and all residents admitted since then had signed the arbitration agreement.

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	03/12/2025

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 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. 43064 Based on interview and review of documents the facility failed to ensure the arbitration agreement allowed for a convenient venue and neutral arbitrator. This had the potential to affect 23 residents (#2, #6, #8, #17, #26, #40, #45, #49, #72, #76, #78, #80, #82, #83, #84, #188, #189, #190, #191, #192, #193, #194, #196) who had admitted since 08/01/24. The total facility census was 81. Findings include: Review of the 'Voluntary Arbitration Agreement' undated, revealed it did not address the venue for arbitration. It additionally did not allow for a neutral arbitrator. It indicated the arbitration would be administered by the American Arbitrators Associations (AAA). If the AAA does not enforce pre-dispute arbitration agreements than any other reasonably comparable arbitration association would be chosen by the facility. Interview on 03/10/25 at 10:04 A.M. and 12:42 P.M. with the Administrator revealed he was unable to find evidence the arbitration agreement allowed for a convenient venue or neutral arbitrator. Interview on 03/10/25 at 12:42 P.M. with the Administrator revealed the current company took over in August 2024, and all residents admitted since then had signed the arbitration agreement.