

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER The Sanctuary at Tuttle Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 4880 Tuttle Road Dublin, OH 43017	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>35031</p> <p>Based on observation and staff interview, the facility failed to maintain a shower room in a clean and sanitary manner. This affected three (Residents #181, #195, and #208) of three residents reviewed for clean environment and had the potential to effect 34 residents who used the shower room on the 200 hall. The facility censuses was 49.</p> <p>Findings include:</p> <p>Observation on 09/23/24 at 1:00 P.M. of the 200 hall shower room revealed the floor had a large amount of black, stained areas, nearly covering the entire floor. The floor appeared to be a poured coating. The area directly surrounding the center floor drain was loose. When stepped on, water would bubble from underneath it. A small area of tile on the half wall dividing the two shower areas, had a portion of tile missing. The area was approximately three inches long and one inch wide.</p> <p>Interview on 09/23/24 at 1:30 P.M. with the Administrator revealed the facility has begun to locate contractors to get estimates to have the shower fixed, but have nothing definite yet.</p> <p>Interview on 09/23/24 at 1:10 P.M. with State tested Nurse Aide (STNA) #302 revealed the 200-hall shower was a mess. The floors are stained and loose and some residents refuse to enter to room because it was a mess.</p> <p>Interview on 09/23/24 at 1:15 P.M. with Licensed Practical Nurse (LPN) #301 revealed some of the residents refuse to use the shower room on the 200-hall related to the condition of the room. The floor was stained and loose and a small piece of the tile was missing.</p> <p>Interview on 09/23/24 at 1:30 P.M. with Resident #181 revealed the shower room was disgusting. The floor was filthy and the room stinks.</p> <p>Interview on 09/23/24 at 1:40 P.M. with Resident #195 revealed the 200-hall shower room is nasty and refuses to use the shower room until the facility fixes it.</p> <p>Interview on 09/23/24 at 1:45 P.M. with Resident #208 revealed they refuse to use the shower room in the 200-hall because it was filthy and stinks.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158140.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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