

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2024
NAME OF PROVIDER OR SUPPLIER  Bella Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1520 Hawthorne Avenue Columbus, OH 43203	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</b></p> <p>Based on medical record review, staff interview, and resident interview, the facility failed to ensure residents who were dependent on staff assistance received baths/showers as scheduled/requested. This affected two (Residents #68 and #73) of three residents reviewed for bathing. The census was 89.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #68 revealed Resident #68 was admitted to the facility on [DATE]. Resident #68's diagnoses included but were not limited to cerebral infarction, hemiplegia, neurologic neglect syndrome, dysarthria and anarthria, aphasia, dysphagia, and cognitive communication deficit.</p> <p>Review of Resident #68's Minimum Data Set (MDS) assessment, dated 02/02/24, revealed he was cognitively intact and required substantial/maximal assistance with baths/showers.</p> <p>Review of Resident #68's active shower schedule revealed he was to receive a bath or shower on Mondays and Thursdays during the day shift.</p> <p>Review of Resident #68's shower logs and documentation, dated 01/01/24 to 04/07/24, revealed he was scheduled to have a total of 28 baths or showers. Review of the shower documentation provided by the facility revealed Resident #68 had a total of 10 baths/showers from 01/01/24 to 04/08/24 and the baths/showers occurred on 01/08/24, 02/01/24, 02/05/24, 02/12/24, 02/29/24, 03/16/24, 03/18/24, 03/25/24, 03/28/24, and 03/30/24.</p> <p>Interview with Administrator on 04/08/24 at 12:15 P.M. confirmed there was no additional documentation to indicate Residents #68 was offered or received baths/showers as scheduled/requested.</p> <p>2. Review of the medical record for Resident #73 revealed Resident #73 was admitted to the facility on [DATE]. Resident #73's diagnoses included but were not limited to spinal stenosis, dysphagia, and major depressive disorder.</p> <p>Review of Resident #73's MDS assessment, dated 01/29/24, revealed she was cognitively intact and required partial/moderate assistance with baths/showers.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #73's active shower schedule revealed she was to receive a bath or shower on Wednesday and Saturdays during the day shift.</p> <p>Review of Resident #73's shower logs and documentation, dated 01/22/24 to 04/07/24, revealed she was scheduled to have a total of 22 baths or showers. Review of the shower documentation provided by the facility revealed Resident #73 had a total of six baths/showers from 01/22/24 to 04/07/24 and the baths/showers occurred on 02/05/24, 02/12/24, 03/09/24, 03/28/24, 03/30/24, and 04/06/24 (refused).</p> <p>Interview with State tested Nursing Aide (STNA) #103 and STNA #104 on 04/08/24 at 10:10: A.M. and 10:15 A.M. revealed they will document a resident bath/shower on a shower document form each time a resident is asked if they want to take a bath/shower. If the resident refuses, they will document that on the form. They will also document any skin issues on the form as well. They confirmed if there was not a shower form filled out, then more than likely the bath/shower was not offered or completed.</p> <p>Interview with Resident #73 on 04/08/24 at 10:15 A.M. revealed she did not receive showers as scheduled/requested.</p> <p>Interview with the Administrator on 04/08/24 at 12:15 P.M. confirmed there was no additional documentation to indicate Residents #73 was offered or received baths/showers as scheduled/requested.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00151832.</p>		