

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Scioto Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 433 Obetz Road Columbus, OH 43207	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49039</p> <p>Based on observation, record review, review of facility policy, and resident and staff interviews, the facility failed to maintain a safe accident free environment and prevent a fall with injury for Resident #20.</p> <p>Actual Harm occurred on 05/03/24 when Resident #20 sustained a fracture of metatarsal bone and talus as a result of a fall sustained when the resident stepped from the transportation bus onto an unstable milk crate placed by facility staff, when exiting the transportation bus. Following the incident, Resident #20 complained of left knee and right foot pain and bruising was noted on her right ankle. Nursing noted Resident #20 had right extremity swelling, bruising, and uncontrolled pain, rating her pain an eight on a scale of one to 10 prior to her being sent to the hospital for evaluation and treatment. This affected one resident (#20) of three residents reviewed for accidents. The facility census was 108.</p> <p>Findings include:</p> <p>Record review for Resident #20 revealed the resident was admitted to the facility on [DATE] with diagnoses including age-related osteoporosis, anemia, pain in left hip, history of falls, and stroke.</p> <p>Review of the physical therapy (PT) treatment notes dated 02/05/24 revealed Resident #20 was discharged from physical therapy (PT) with safe functional mobility throughout facility with and without an assistive device. Resident #20 could safely ambulate unlimited distances using a front wheeled walker on uneven surfaces with modified independence.</p> <p>Review of the care plan dated 02/22/24 revealed Resident #20 was at risk for fall related to injury due to history of falls and medication use. Interventions included keeping the call light within reach and observe medication use for side effects that may increase fall risk, therapy screens, and update physician as indicated regarding change in condition/treatment needs.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #20 had intact cognition. The assessment revealed Resident #20 required partial assistance from staff with mobility and sit-to-stand.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Fall Risk evaluation assessment dated [DATE] revealed Resident #20 was at low risk of falls. The assessment revealed Resident #20 was ambulatory, had normal balance, and had no reported falls within the past three months.</p> <p>Review of a progress notes dated 05/03/24 revealed the facility received a call from the dialysis center regarding a fall Resident #20 encountered during transfer off the bus. Resident #20 complained of left knee pain and bruising was noted on her right ankle. This resident was sent to the hospital after returning from dialysis for further evaluation related to injuries.</p> <p>Review of an incident report dated 05/03/24 revealed Resident #20 was complaining of pain to her right foot. Predisposing factors revealed uneven surface and lost balance. Nursing noted Resident #20 had right extremity swelling, bruising, and uncontrolled pain. The resident was sent to hospital for x-rays related to injury. Pain was noted at eight out of ten (with 10 being the most severe pain).</p> <p>Review of the hospital records dated 05/03/24 for Resident #20 revealed the resident was admitted due to complaint of right ankle injury from fall. This injury was sustained after stepping out of facility transportation bus onto a milk carton placed by their bus driver. This milk carton was unstable and flipped over under Resident #20's feet. The hospital records noted Resident #20 complained of pain rated a 10 out of 10. The physical exam revealed right ankle swelling present, tenderness over lateral malleolus, base of fifth metatarsal, and anterior [NAME]-fibular ligament. The x-ray report dated 05/03/24, revealed partially visualized fractures at the fifth metatarsal base, fourth metatarsal, third metatarsal, and second metatarsal. Probable avulsion type fracture arising from the anterior process of the talus. Resident #20 was hospitalized until 05/07/24 when she was discharged back to the facility.</p> <p>Review of the physician order dated 05/08/24, revealed Resident #20 was ordered non-weight bearing to right leg due to fracture of right foot. There was also a dressing order for the right foot/leg dressing to be changed every shift.</p> <p>Interview on 06/18/24 at 7:36 A.M. with Resident #20 revealed prior to the incident (on 05/03/24), she had no issues getting off the bus. On 05/03/24, she was stepping down off the bus, the facility transport assistant placed a milk crate under her to help with the step. After placing her second foot on the crate it flipped out from underneath her. When she fell, she was assisted up, and she stated she had refused to go to the hospital until after she received dialysis. When finished with dialysis, she was transported to the facility where nursing staff sent her out to the hospital. Resident #20 stated she was in tremendous pain due to the fall.</p> <p>Interview on 06/18/24 at 8:48 A.M. with Transport Driver #328 confirmed Resident #20 fell due to an unstable crate that he had placed at the steps of the transport bus. Transport Driver #328 indicated the milk crate had not been used previously as a transfer aide, and he confirmed the milk crate was not an appropriate transfer device.</p> <p>Interview on 06/18/24 at 10:38 P.M. with Licensed Practical Nurse (LPN) #252 confirmed prior to Resident #20's fall, she was independent with ambulation and required no assistance with getting on and off the bus. LPN #252 confirmed the dialysis center called the facility on 05/03/24 due to the reported incident of fall. LPN #252 stated Resident #20 told her she fell when stepping off the bus onto an unstable milk crate.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 06/18/24 at 11:32 A.M. with Director of Nursing (DON) #224 confirmed Resident #20 fell due to stepping onto an unstable milk crate.</p> <p>Interview on 06/18/24 at 11:20 A.M. with the Administrator revealed he was notified of Resident #20's fall. The Administrator stated he spoke with Transportation Driver #328 about the incident, where he was informed to never use inappropriate transfer devices for ambulation. The Administrator confirmed the crate should not have been placed to use as a step for the resident.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154301.</p>		

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<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>49039</p> <p>Based on observations, review of facility policy, and staff interviews, the facility failed to ensure garbage and food waste was disposed of in a timely manner. This had the potential to affect all 108 residents residing at the facility.</p> <p>Findings include:</p> <p>Observation on 06/17/24 at 5:36 A.M. of the main dining room revealed ten soiled trays with uncovered food from the 06/16/24 dinner meal. Table one had four trays with the following uncovered foods: salad with Italian dressing, potatoes with gnats present and a magic cup. Table two had two trays with the following uncovered foods: banana peel, apple juice, biscuit, and ginger ale. Table three contained four trays containing the following uncovered foods: macaroni and cheese, sausages, green beans, bread, ketchup, and an unidentified chewed food substance.</p> <p>Observation on 06/17/24 at 5:40 A.M. of the kitchen area found 23 soiled trays of food dated 06/16/24. The following uncovered foods found were hot dogs, salads, magic cups, potatoes and hamburgers.</p> <p>Interview on 06/17/24 at 5:45 A.M. with Dietary Staff #329 confirmed numerous uncovered soiled trays were present in the dining room and in the kitchen. Dietary Staff #329 confirmed the trays were from dinner service conducted on 06/16/24.</p> <p>Interview on 06/18/24 at 5:57 A.M. with Dietary Manager (DM) #330 confirmed dinner trays were always left out overnight. DM #330 stated trays were left out because dietary staff was not present in the kitchen after the final soiled trays were returned. DM #330 confirmed trays should not be left open overnight due to risk of pest issue.</p> <p>Interview on 06/18/24 at 3:18 P.M. with Director of Maintenance #259 confirmed trays left out overnight could cause the risk of pest issues.</p> <p>Interview on 06/18/24 at 3:25 P.M. with the Administrator confirmed trays should be covered and disposed of properly after meal service.</p> <p>Review of the facility's undated Kitchen Cleanliness Policy revealed waste disposal requires disposing of food waste and garbage in sealed containers. In order to maintain a pest free, kitchen staff are required to maintain cleanliness and proper waste disposal. Daily tasks found staff are required to clean and sanitize food preparation surfaces and wash dishes.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153231.</p>		