

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 09/25/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 50008</p> <p>Based on medical record review, observation, resident and staff interview, and review of facility policy, the facility failed to ensure smoking materials were stored in a safe manner. This affected one (#108) out of 22 residents who smoke in the facility. The facility census was 113.</p> <p>Findings include:</p> <p>Review of Resident #108's medical record revealed the resident was admitted on [DATE] with diagnoses that included bipolar disorder, nicotine dependence, and anxiety disorder.</p> <p>Review of Resident #108's safety evaluation for smoking on 09/19/24 revealed the resident was an independent smoker, which meant that she did not need supervision while she was smoking.</p> <p>Review of Resident #108's current care plan revealed nursing was to keep all smoking materials in a designated area.</p> <p>Observation on 09/25/24 at 5:06 A.M. revealed Resident #108 left her room with a cigarette and a lighter in her right hand. The resident then exited the building into a secured courtyard.</p> <p>Interview on 09/25/24 at 7:00 A.M. with Resident #108 revealed she stored her smoking materials in her room.</p> <p>Observation on 09/25/24 at 7:00 A.M. revealed seven lighters were in Resident #108's room and one pack of cigarettes. One lighter was observed to be a clear purple color and full of a clear liquid.</p> <p>Interview on 09/25/24 at 7:02 A.M. with Licensed Practical Nurse (LPN) #296 confirmed the presence of seven lighters with at least one lighter full of clear fluid and one pack of cigarettes in Resident #108's room.</p> <p>Review of the facility policy titled, Smoking Policy-Residents, revised August 2022, revealed residents who are independent smokers are not permitted to keep cigarettes, tobacco, and other smoking items in their rooms.</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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