

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  03/11/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41271</b></p> <p>Based on medical record review, staff interview and internet resource, the facility failed to ensure residents who received nutritional support through a Nasogastric (NG) Tube received the proper care including ensuring the proper placement of tubing prior to administration of fluids and/or medication. This affected one (Resident #111) of the five resident reviewed for care with a feeding tube. The facility census was 106.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #111 revealed an initial admitted [DATE] with a re-entry date of [DATE] and a discharge date of [DATE]. Diagnoses included heart failure, hemiplegia and hemiparesis following infarction affecting the left non-dominant side, dysphasia, and gastrostomy status.</p> <p>Review of Resident #111's significant change Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed resident experienced long and short term memory problems as well as a moderately impaired cognition for daily decision making abilities. Resident #111 was noted to experience impairment to one upper extremity and required the use of a wheelchair for mobility. During this assessment review, Resident #111 was noted to require set up or clean up assistance for eating, substantial to maximal assistance for dressing, and dependent on staff for toilet and personal hygiene, bathing and dressing. Resident #111 was noted with no noted weight loss and was ordered an mechanically altered diet.</p> <p>Review of the progress note dated [DATE] 11:15 A.M. revealed, Writer at the nurses station observed resident sitting in the wheelchair at the TV lounge leaning to the right, rushed to check on him, resident unresponsive, checked for pulse, blood pressure, respiration; called for help from Nurse and STNA ,CPR initiated and Squad called. continued with CPR until the arrival of squad who took over, resident transported by Squad to hospital, Certified Nurse Practitioner (CNP) on call notified, on call manager informed.</p> <p>Continued review of nursing progress notes from [DATE] through [DATE] revealed Resident #111 was readmitted to the facility with a nasogastric tube (NG) tube for nutritional support, as well as a code status of Do Not Resuscitate, Comfort Care Arrest (DNRCCA). On [DATE], resident's NG tube appeared to be clogged resulting in a hospital trip. On [DATE] Resident #111 was noted to have an elevated blood glucose reading which the physician had to be contacted due to no current orders related to hyperglycemia.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of physician orders for Resident #111 for the month of ,d+[DATE] revealed the following:</p> <p>-Check nasogastric tube placement before initiation of formula, medication administration, and flushing tube or at least every 8 hours. This order was noted to have been discontinued on [DATE] when Resident #111 was admitted to the hospital and never re-ordered on [DATE] when Resident #111 was readmitted to the facility with the NG tube.</p> <p>Interview on [DATE] at 2:30 P.M. with the Director of Nursing (DON) confirmed that placement of a feeding tube or nasogastric tube should be confirmed prior to administration or any medication or fluids. The DON confirmed Resident #111's medication administration record (MAR) or treatment administration records (TAR) did not reflect this order after Resident #111 readmitted to the facility from his most recent hospital stay.</p> <p>Review of an internet resource from the National Library of Medicine <a href="https://www.ncbi.nlm.nih.gov/books/NBK593215/">https://www.ncbi.nlm.nih.gov/books/NBK593215/</a> revealed,</p> <p>Prior to medication administration, verify tube placement. Placement is initially verified immediately after the tube is placed with an X-ray, and the nurse should verify these results. Additionally, bedside placement is verified by the nurse before every medication pass. There are multiple evidence-based methods used to check placement. One method includes aspirating tube contents with a 60-milliliter ( ) syringe and observing the fluid. Fasting gastric secretions appear grassy-green, brown, or clear and colorless, whereas secretions from a tube that has perforated the pleural space typically have a pale yellow serous appearance. A second method used to verify placement is to measure the pH of aspirate from the tube. Fasting gastric pH is usually 5 or less, even in patients receiving gastric acid inhibitors. Fluid aspirated from a tube in the pleural space typically has a pH of 7 or higher.[37],[38] Note that installation of air into the tube while listening over the stomach with a stethoscope is no longer considered a safe method to check tube placement according to evidence-based practices.[39]</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>51068</p> <p>Based on observation, resident interview, staff interview, and policy review, the facility failed to ensure residents received meals as ordered/needed. This had the potential to affect 105 out of 110 residents residing in the facility. The facility census was 110.</p> <p>Findings include:</p> <p>Observation of the kitchen on 03/05/25 from 10:56 A.M. to 11:29 A.M. revealed the following meal temperatures: Hamburger - 200 degrees Fahrenheit ( F), mashed potatoes - 188 F, brown gravy - 195 F, coleslaw - 38 F, mechanical texture ham sandwich - 58 F, and regular texture ham sandwich - 54 F.</p> <p>Observation on 03/05/25 at 11:20 A.M. at [NAME] #310 revealed they served the sandwiches that were above 41 F.</p> <p>Interview with [NAME] #310 on 03/05/25 at 11:25 A.M. confirmed that cold foods should be served at or below 41 F.</p> <p>Further observation and interviews on 03/05/25 from 12:04 P.M. to 12:30 P.M. revealed the following:</p> <p>Meal tickets for lunch indicated the featured meal was a turkey sandwich, tomato soup, creamy coleslaw, crackers, and sherbet. A secondary choice of meatloaf home style, peas &amp; carrots, soup of the day, and select sandwich was also available.</p> <p>Residents #64, #54, #87, #36, #49, #58, #35, and #107 all had meal tickets for the featured meal but did not receive the tomato soup or crackers. None of the residents received a substitution of macaroni salad, either. Resident #58 stated he did not receive what he ordered today and typically does not receive the food he requests on the meal tickets, including yesterday when he ordered fish but received hot dogs instead. Resident #35 received chocolate ice cream instead of sherbet and stated she does not like ice cream and will not eat it when it is substituted. Resident #107 stated she did not receive the coleslaw for today ' s meal, which was the only thing she was looking forward to.</p> <p>Review of the weekly menu revealed that for lunch on 03/05/25, residents should have received tomato soup with crackers.</p> <p>Interview with Kitchen Manager #30 on 03/05/25 at 2:41 P.M. revealed the facility tracks substitutions on a progress tracking note. The last note for substitutions was dated 03/02/25, with no indication that tomato soup was to be substituted.</p> <p>Interview with [NAME] #310 on 03/05/25 at 3:00 P.M. revealed that macaroni salad was substituted for the tomato soup due to a delay in the food truck delivery.</p> <p>Interview with Kitchen Manager #30 on 03/05/25 at 3:07 P.M. verified that macaroni salad was not an appropriate substitution for tomato soup.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 3:41 P.M., Kitchen Manager #30 provided copies of all meal tickets but had changed the featured item of tomato soup to macaroni salad prior to providing the meal tickets. She also confirmed that the meal truck was late and did not deliver items until lunch was being served.</p> <p>Review of the facility policy titled, Menu Substitutions, revealed kitchen staff will consult with the director of food and nutrition services or designee on any needed menu substitution. Additionally, all changes to the menu will be recorded on a Sample Menu Substitution Sheet, including the date, menu item substitution, and reason for the substitution. The policy further specifies that staff should refer to the Menu Substitution Lists to select appropriate substitutes within the same food category when an item is unavailable, and the Registered Dietitian Nutritionist (RDN) or designee will periodically evaluate menu changes to ensure compliance with resident needs.</p> <p>Review of the Food and Nutrition Services Policy Statement also indicated that reasonable efforts must be made to accommodate resident choices and preferences, and a multidisciplinary assessment of each resident ' s nutritional needs, food likes, dislikes, and eating habits should guide meal planning and substitutions.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00163165 and Complaint Number OH00162862.</p>		