

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 10/22/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to ensure Resident #9 received adequate monitoring as ordered by the physician prior to the administration of a cardiovascular medication to ensure the medication was administered only when necessary. This affected one resident (Resident #9) of two residents reviewed for medication administration. Facility census was 109. Findings include: Review of the medical record for Resident #9 revealed an admission date of 08/02/25 with diagnosis including atherosclerotic heart disease, hypertension and atrial fibrillation. On 10/22/25 from 8:54 A.M. to 9:15 A.M. observation of medication administration with Registered Nurse (RN) #10 revealed the RN administered the resident's Metoprolol medication without first checking the resident's heart rate or blood pressure as ordered. Review of the physician's orders revealed an order for Metoprolol Tartrate 25 milligrams (mg) one time a day for hypertension. The order indicated to hold the medication for systolic blood pressure (SBP) less than 100 or heart rate (HR) less than 60. Interview on 10/22/25 at 9:15 A.M. with RN #10 verified she failed to check the resident's SBP and heart rate as ordered prior to the administration of the medication. Review of the facility policy titled, Administering Medications, revised December 2012 revealed the individual administering the medication must check the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. This deficiency represents non-compliance investigated under Complaint Number 2645120.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, interview, and review of facility policy, the facility failed to follow appropriate transmission-based precautions for a resident on contact precautions. This affected one resident (Resident #41) of three residents reviewed for infection control. The facility census was 109. Review of Resident #41's medical record revealed an admission date of 09/23/25 with diagnosis of osteomyelitis. Findings include: An observation on 10/22/25 at 1:19 P.M. revealed Certified Nursing Assistant (CNA) #3 entering Resident #41's room to prepare for incontinence care. A sign was posted outside of the room door to Resident #41's room indicating he was on contact precautions and a cart containing personal protective equipment (PPE) supplies was noted hanging outside the resident's room door. CNA #3 entered the room without donning a gown or gloves. An interview on 10/22/25 at 1:25 P.M. with Licensed Practical Nurse (LPN) #7 verified the resident had contact precautions in place for infection in his blood and CNA #3 did not apply appropriate PPE consisting of gown and gloves prior to entering the room. Review of facility policy titled Infection Control Prevention Program, revised November 2022 revealed the facility will utilize current CDC (Centers for Disease Control) guidelines for current infection control monitoring and guidance. This deficiency represents non-compliance investigated under Complaint Number 2645120.</p>		