STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centerburg Pointe	4531 Columbus Road Centerburg, OH 43011

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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47059 Based on interview and record review the facility failed to ensure fluid restrictions were followed as ordered for two residents (#20 and #34) out of three residents reviewed for conditions that required fluid restrictions. The facility census was 70. Findings include: 1. Resident #34 was admitted on [DATE] with diagnoses that included acute and chronic congestive heart failure, acute and chronic respiratory failure, dependence on respirator [ventilator], fluid overload, hypothyroidism, anxiety disorder, major depressive disorder, chronic catheter for diuresis, dependence on supplemental oxygen, chronic pain syndrome, cognitive communication deficit, chronic kidney disease, depression, hypertension, obstructive sleep apnea, congenital central alveolar hypoventilation syndrome, and heart failure. Review of the minimum data set (MDS) 3.0 dated 01/24/25 revealed Resident #34 was cognitively intact with moderately severe depression and a numeric pain level of six on a scale of 0-10. Resident #34 received anticoagulant, antidepressant, and diuretic medication with indications present. Resident #34 was on a non-invasive mechanical ventilator at night and received oxygen therapy. Review of physician's orders for Resident #34 revealed an order for fluid restriction of 2,000 milliliters (ml) in 24 hours. Fluid restriction for dietary was a total of 1,560 ml per day (breakfast 600 ml, lunch 480 ml, and dinner 480 ml). Nursing to give up to 440 ml per 24 hours broke down into first shift 240 ml and second shift 200 ml per shift. Review of the medication administration record (MAR) for March 2025 revealed Resident #34 received more than 440 ml in 24 hours on 03/03/25, 03/04/25, 03/05/25, 03/06/25, 03/09/25, 3/10/25, 03/11/25, 03/12/25, 03/13/25, 03/17/25, 3/18/25, and 03/19/25 from the nursing. Review of the diet intake records for Resident #34 revealed more than 1,560 ml in 24 hours on 03/03/25, 03/06/25, 03/12/25, 03/13/25, and 03/17/25. Review of total fluid intakes in March 2025 for Resident #34 revealed more than 2,000 ml in 24 hours on 03/03/25, 03/04/25, 03/06/25, 03/12/25, 03/13/25, 03/17/25, and 03/19/25. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Centerburg Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 4531 Columbus Road Centerburg, OH 43011	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Plan of Care dated 01/27/25 for Resident #34 revealed Resident #34 was non-compliant with fluid restrictions and has a history of drinking excessive amounts of fluid. Resident #34 has family bring in fluids from outside sources. Interventions included educating Resident #34 and her family about the need to follow fluid restrictions and the health dangers if fluid restrictions are not followed. Interview on 03/20/25 at 09:39 A.M. with the director of nursing (DON) confirmed the resident had multiple days where the fluid restriction was exceeded. 43064 2. Review of Resident #20's medical record revealed an admitted [DATE] with diagnoses including end stage renal disease with dependence on renal dialysis, contracture of left hand, hepatic encephalopathy, type one diabetes mellitus, chronic diastolic heart failure, liver disease, adjustment disorder with depressed mood, Parkinson's disease, protein calorie malnutrition, epilepsy, anxiety disorder, and cirrhosis of liver. Review of Resident #20's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had intact cognition. Review of Resident #20's plan of care dated 02/21/25 revealed the resident had increased nutrition and hydration risk related to her diagnoses. It was indicated that a 32-ounce (960 ml) fluid restriction was in place. Interventions included providing fluids as ordered. Review of Resident #20's physician order dated 04/29/24 revealed an order for a fluid restriction 1000 ml a day. Dietary to give 700 ml, nursing to give up to 300 ml in 24 hours, morning shift was to give 120 ml, afternoon shift was 120 ml, and evening shift was 60 ml. Review of Resident #20's Medication Administration Record (MAR) for February and March 2025 revealed nursing had exceeded their allotted fluids. On 2/19/25 they provided 390 milliliters (ml), on 02/20/25 they provided 560 ml, on 02/21/25 they provided 380 ml, on 02/22/25 they provided 320 ml, on 02/24/25 they provided 600 ml, on 02/25/25 they provided 600 ml, on 02/26/25 they provided 390 ml, on 02/27/25 they provided 390 ml, on 03/01/25 they provided 480 ml, on 03/02/25 they provided 600 ml, on 03/03/25 they provided 540 ml, on 03/04/25 they provided 360 ml, on 03/05/25 they provided 340 ml, on 03/06/25 they provided 780 ml, on 03/07/25 they provided 600 ml, on 03/08/25 they provided 480 ml, on 03/09/25 they provided 360 ml, on 03/10/25 they provided 830 ml, on 03/11/25 they provided 540 ml, on 03/12/25 they provided 900 ml, on 03/13/25 they provided 360 ml, on 03/15/25 they provided 720 ml, and on 03/16/25 they provided 600 ml. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #20's additional fluid documentation revealed the nurse aides exceeded the allotted fluids. On 02/19/25 she was provided 960 ml (1350 ml total for the day) , on 02/20/25 she was provided 1040 ml (1600 ml total for the day), on 02/21/25 she was provided 1580 ml (1960 ml total for the day), on 02/22/25 she was provided 940 ml (1260 ml total for the day), on 02/24/25 she was provided 1100 ml (1700 ml total for the day), on 02/25/25 she was provided 1080 ml (1680 ml total for the day), on 02/26/25 she was provided 1150 ml (1540 ml total for the day), on 02/2725 she was provided 1350 ml (1740 ml total for the day), on 02/28/25 she was provided 1190 ml (1400 ml total for the day), on 03/01/25 she was provided 1080 ml (1560 ml total for the day), on 03/02/25 she was provided 1320 ml (1920 ml total for the day), on 03/03/25 she was provided 740 ml (1280 ml total for the day), on 03/0425 she was provided 1660 ml (2020 ml total for the day), on 03/05/25 she was provided 1590 ml (1930 ml total for the day), on 03/06/25 she was provided 1210 ml (1990 ml total for the day), on 03/07/25 she was provided 2160 (2760 ml total for the day), on 03/08/25 she was provided 980 ml (1460 ml total for the day), on 03/09/25 she was provided 820 ml (1180 ml total for the day), on 03/10/25 she was provided 960 ml (1790 total for the day), on 03/11/25 she was provided 1430 ml (1970 total for the day), on 03/12/25 she was provided 1860 ml (2760 total for the day), on 03/13/25 she was provided 940 ml (1300 ml total for the day), on 03/14/25 she was provided 1100 ml (1310 ml total for the day), on 03/15/25 she was provided 1680 ml (2400 ml total for the day), on 03/16/25 she was provided 1560 ml (2160 ml total for the day). Review of Resident #20's medical record from 02/19/25 to 03/16/25 revealed no documentation present that she was noncompliant with her fluid restriction. Interview on 03/19/25 at 3:18 P.M. with Licensed Practical Nurse (LPN) #96 revealed the documentation on the MAR was the fluids the nurses provide the resident and the additional fluid documentation is what the aides provided. Interview on 03/19/25 at 4:16 P.M. with the Director of Nursing (DON) verified Resident #20's fluid restriction was not followed by nursing staff. She reported the kitchen had not been aware of the fluid restriction and had been providing more than their allotted fluids.