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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366303 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/19/2026 |
| NAME OF PROVIDER OR SUPPLIER Highbanks Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 111 Lazelle Road East Columbus, OH 43235 | |
| 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain a safe, clean, and homelike environment in the memory care unit and in two resident rooms (Residents #6 and #8). This affected two residents (#6 and #8) and had the potential to affect all 25 residents on the memory care unit. The facility census was 52. Findings include: 1. Review of the medical record for Resident #6 revealed an admission date of 10/31/22 with diagnoses to include but not limited to stroke, traumatic brain dysfunction, traumatic spinal cord dysfunction, progressive neurological conditions, amputation, and cardiorespiratory conditions. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of zero, which indicated Resident #6 was rarely or never understood with severely impaired cognition. Furthermore, the MDS revealed Resident #6 was totally dependent on staff for all personal care. Observation on 02/17/26 at 10:20 A.M. of Resident #6 revealed the bed was in lowest position and there was a hole in the wall above the headboard. Observation on 02/18/26 at 2:37 P.M. of Resident #6's room revealed a hole in the wall above Resident #6's bed which was as large as twelve-ounce can. Registered Nurse (RN) #319 confirmed the hole in the wall at the time of the observation. Interview on 02/18/2026 2:50 P.M. with Maintenance Director #506 who stated the hole in the wall above the bed of Resident #6 was from the bed being raised and lowered when the staff were providing personal care for Resident #6. Maintenance Director #506 stated the wall had been repaired multiple times and the dry wall had not been repainted after the wall was repaired. Maintenance Director #506 confirmed there was a hole in the wall above Resident #6's bed which had not been repaired and the dry wall around the hole and the wall to corner of the room behind Resident #6's bed had not been painted and did not reflect a homelike environment. 2. Review of the medical record for Resident #8 revealed an admission date of 12/26/24 with diagnoses to include but not limited to cerebrovascular disease, atherosclerotic heart disease, hemiplegia and hemiparesis, vascular dementia, asthma, unspecified mood affective disorder, anxiety disorder, major depressive disorder, hypertension, chronic pain, and gastro-esophageal reflux disease. Review of the quarterly MDS dated [DATE] revealed a BIMS score of eight which indicated moderate cognitive impairment. Furthermore, the MDS revealed Resident #8 was dependent on staff for toileting hygiene, personal care, and was frequently incontinent with bladder and bowel. Observation on 02/17/26 at 10:22 A.M. of Resident #8's room revealed a brown substance that appeared to be bowel movement on the bathroom door handles-front and back. Observation on 02/18/26 at 2:46 P.M. of Resident #8's room revealed a brown substance that appeared to be bowel movement on the handles of the bathroom door. The brown substance was on the front handle of the bathroom door to enter the bathroom and on the back handle to exit the bathroom. RN #319 confirmed the brown substance appeared to be bowel movement and was on both door handles in Resident #8's bathroom at the time of the observation. Interview on 02/18/26 at 7:10 A.M. with Housekeeping Staff #317 stated she worked on</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>the memory care unit. Housekeeping Staff #317 stated she mopped, cleaned the rooms, and cleaned the bathrooms of the residents weekly and as needed. Housekeeping Staff #317 also stated she cleaned the common areas of the memory care unit. Housekeeping Staff #317 stated she sanitized everything on the memory care unit. Review of the facility policy Housekeeping Guidelines undated revealed doorknobs, handrails, bath rails, sink handles, etc. will be cleaned at least once daily and more often as needed.3.Observation on 02/18/26 at 2:47 P.M. of the common area with a television in it on the memory care unit revealed the wall on the right side of the room by the window had multiple holes in the dry wall from straight back chairs rubbing and scratching along the wall. There were multiple brown marks on the dry wall above the electrical outlet. One of the brown marks was as long as a dollar bill and finger width, five brown marks are the size of a quarter and one brown mark was the size of a half dollar, all the brown marks were near the lowest electrical outlet toward the corner. There was no trim for one foot of the wall in the corner and there was no trim from the corner until one foot of the window. Maintenance Director #506 confirmed all the holes in the wall, brown marks on the wall, and the lack of trim at the time of the observation. This deficiency represents non-compliance investigated under Complaint Number 2710656.</p> | | |