

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 03/26/2026
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interview and record review, the facility failed to ensure Resident #35's continuity of care from the hospital to the facility was thoroughly reviewed and implemented. This affected one (Resident #35) of three residents reviewed for infections. The facility census was 53. Findings include: Review of the medical record for Resident #35 revealed an admission date of 06/16/25. Diagnoses included vascular dementia, disorder of kidney and ureter, cyst of kidney, and a history of urinary tract infections (UTIs). Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #35 was moderately cognitively impaired, exhibited no behaviors of refusal of care, required substantial/maximal assistance with toileting and was frequently incontinent of urine and bowel. Review of the hospital after visit summary (AVS) dated 03/19/26 revealed Resident #35 had diagnoses of kidney stone, kidney cyst, and acute UTI. Instructions included to follow up with urologic surgery outpatient and initiate cephalexin (antibiotic) 500 milligrams (mg) by mouth four times a day for seven days. The hospital record noted a left renal calculus with partial obstruction measuring 1.7 centimeters with mild left hydronephrosis. Urinalysis noted small blood, large leukocyte esterase and 30 white blood cells. Resident #35 was given one dose of Rocephin (antibiotic) and instructed to continue Keflex (cephalexin) for one week. The progress note dated 03/19/26 at 10:04 P.M. revealed Resident #35 returned from the hospital. From 03/19/26 to 03/22/26, there was no documentation of refusal of care or the resident's refusal to provide the hospital AVS to staff. Review of the physician order created two days after re-admission on [DATE] at 9:10 P.M. revealed an order for cephalexin 500 mg by mouth four times a day for UTI for seven days with a start date of 03/22/26. Review of Resident #35's medication administration record (MAR) for March 2026 revealed cephalexin 500 mg by mouth four times a day for UTI was initiated on 03/22/26, with the first dose administered upon rising. Interview on 03/26/26 at 8:45 A.M. with Registered Nurse #76 revealed the nurse denied knowledge of Resident #35's UTI and the need for antibiotic therapy upon readmission. Interview on 03/26/26 at 8:55 A.M. with the Director of Nursing (DON) revealed Resident #35 refused to provide staff with the hospital AVS. The DON confirmed the medical record did not contain evidence of this and confirmed no documentation showing staff attempted to obtain the AVS from the hospital or contact the resident's power of attorney, who was present at the time of the hospital admission. The DON further confirmed Resident #35 returned from the hospital on [DATE] with a diagnosis of acute UTI with an order to start cephalexin 500 mg four times a day, which was not initiated until 03/22/26 upon the resident rising. The DON was unsure if the antibiotic was available in the emergency box. Interview on 03/26/26 at 9:08 A.M. with Resident #35 revealed the resident was welcoming and denied refusing to give facility staff the hospital AVS. This deficiency represents non-compliance investigated under Complaint Numbers 2802892 and 2800377.</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
---	-------	-----------