

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 08/28/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on observation, medical record review, resident interview, staff interviews, activity calendar review, facility website review, policy review, and staff job description review, the facility failed to provide activities for residents that were meaningful and of their choice. This affected seven (#3, #6, #16, #31, #33, #41, and #48) of seven residents reviewed for activities. The census was 55.</p> <p>Findings include:</p> <p>Observations on 08/26/24 at 9:15 A.M. and 08/28/24 at 10:00 P.M., revealed residents on the 200 unit, were sitting around the dining tables or in the common area watching the television, with staff sitting and watching them do that as well.</p> <p>1. Observations on 08/26/24 at 9:15 A.M. and 08/28/24 at 10:00 P.M., revealed Resident #3 sitting in her room, not doing any activities.</p> <p>Review of Resident #3's medical record revealed an admitted [DATE]. Resident #3's diagnoses included: dementia, COPD, nicotine dependence, paranoid schizophrenia, anxiety disorder, major depressive disorder, unspecified intellectual disabilities, and dysphagia. Review of her minimum data set (MDS) assessment, dated 08/08/24, revealed she was cognitively intact.</p> <p>Review of Resident #3's activity assessment, dated 03/12/24, revealed she liked the following activities: card games, playing basketball or football, watching western or love story shows, coloring and painting, reading magazines, going to church/praying, interacting with dogs and cats, and interacting with others/socializing.</p> <p>Review of Resident #3's activity logs, dated 02/03/24 to 02/14/24 and 05/01/24 to 05/31/24, revealed she completed a total of 42 activities during the documented times. The list of activities that she was offered and performed included: bingo, movies, painting, two parties, going outside, and pet visits. Of the 42 documented activities, 36 of them were going outside and pet visits. There was no other documentation of activities offered or performed from 02/01/24 to 08/28/24, other than the ones listed above.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of Resident #41's medical record revealed an admitted [DATE]. Resident #41's diagnoses included: encephalopathy, chronic obstructive pulmonary disease, type II diabetes, chronic pancreatitis, atherosclerotic heart disease, hypertension, hyperlipidemia, anemia, adult failure to thrive, anorexia, bipolar disorder, alcoholic dependence, dementia, and mood disorder. Review of her MDS assessment, dated 07/17/24, revealed he had a severe cognitive impairment.</p> <p>Review of Resident #41's activity assessment, dated 04/20/24, revealed the following: Resident prefers to participate in activities of his choice at his own leisure. Resident typically enjoys going outside for air and to smoke. Resident's favorite activity is making his own artwork. He draws them out in pencil, sometimes using a ruler, then he colors each area in. Creating really cool and neat designs. He usually works on them in his room, but he'll sometimes work on them in the TV room.</p> <p>Review of Resident #41's activity logs, dated 02/03/24 to 02/05/24 and 05/01/24 to 06/30/24, revealed he was offered and completed a total of 33 activities. The list of activities offered and performed included: bingo, pet visit, adult coloring, cupcakes, resident council, and father's day cookout. Of the 33 documented activities, nine of them were bingo and 20 of them were pet visits; only one was related to adult coloring.</p> <p>3. Review of Resident #48's medical record revealed an admitted [DATE]. Resident #48's diagnoses included: alcohol dependence with alcohol induced persisting dementia, unspecified focal traumatic brain injury, major depressive disorder, restlessness and agitation, dementia, nicotine dependence, osteoarthritis, hypertension, insomnia, schizophrenia. Review of her MDS assessment, dated 06/12/24, revealed he had a severe cognitive impairment.</p> <p>Review of Resident #48's activity assessment, dated 03/11/24, revealed he prefers one on one activities. His activity preferences were documented as cards, games, watching television, exercise/sports, music/radio, trips/shopping/outings, hobbies, pets, outdoors, and socializing.</p> <p>Review of Resident #48's activity logs, dated 02/03/24 to 02/17/24 and 05/01/24 to 05/31/24, revealed he was offered and completed a total of 51 activities. The list of activities offered and performed included: bingo, popcorn/movie, party, painting, animal documentary (movie), going outside, pet visit, and cupcakes. Of the 51 documented activities, 43 of them were going outside and pet visits.</p> <p>Interview on 08/27/24 10:25 A.M., with State tested Nursing Aide (STNA) #249 revealed there is not an activities calendar in the 200 unit of the facility at this time. STNA #249 stated she doesn't know what activities will be performed daily. STNA #249 stated the activities director will come out of her office and perform an activity with the residents. STNA #249 stated waits until the activities director come out to assist with performing activities. STNA stated most of the time, the residents are in their room, watching television, or going outside to sit.</p> <p>34298</p> <p>4. Review of Resident #6's medical record revealed an admitted [DATE]. Resident #6's diagnoses included: type 2 diabetes mellitus, pseudobulbar affect, insomnia, and schizoaffective disorder.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 08/25/24 at 2:04 P.M., 08/26/24 at 10:01 A.M., 08/26/24 at 3:47 P.M., 08/27/24 at 9:14 A.M., and 08/27/24 at 11:33 A.M., revealed Resident #16 was either in bed or sitting in wheelchair in the common area with the television on. Resident #16 was not observed in any structured activities.</p> <p>Interview on 08/27/24 at 1:42 P.M., with AD #223 stated Resident #16 had a recent decline and had anger issues before but Resident #16 did like to talk to people.</p> <p>6. Review of Resident #31's medical record revealed an admitted [DATE]. Resident #31's diagnoses included: hemiplegia and hemiparesis, vascular dementia, and contracture of left hand.</p> <p>Review of the activity log from 02/03/24 to 08/19/24 revealed Resident #31 attended bingo three times, participated in watching a movie once, and painted once. Resident #31 refused a manicure that was offered one time and observed the library activity. Resident #31 had 17 pet visits.</p> <p>Review of the Activities assessment note dated 02/06/24 at 10:16 A.M., revealed Resident #31 comes to almost all of the activities. Resident #31 does a really good job, but needs extra help most of the time. Resident #31 particularly likes bingo, doing jigsaw puzzles, reading the paper and eating snacks.</p> <p>Review of the plan of care dated 04/14/24 revealed Resident #31 is a sociable person and comes to majority of the activities. Interventions included to invite Resident #31 to scheduled activities, offer books, newspapers and magazines to read, and provide with leisure supplies for self directed pursuits,</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #31 had severe cognitive impairment. The MDS also revealed Resident #31 had functional impairment on one side to the upper and lower extremity.</p> <p>Observations on 08/25/24 at 8:23 A.M., 08/25/24 at 2:01 P.M., 08/26/24 at 10:07 A.M., and 08/27/24 at 9:13 A.M., revealed Resident #31 was sitting in a wheelchair in the common area with the television on. Resident #31 was not observed in any structured activities.</p> <p>Interview on 08/27/24 at 1:42 P.M., with AD #223 stated Resident #31 used to like bingo but mainly doing one-on-one visits with Resident #31.</p> <p>49039</p> <p>7. Review of Resident #33's medical record revealed an admitted [DATE]. Resident #33's diagnoses included: major depressive disorder, type two diabetes mellitus, tobacco use, schizoaffective disorder, bipolar disorder, anxiety and insomnia. Review of MDS assessment completed 07/17/24, revealed he was cognitively intact, exhibited no behaviors, it was somewhat important to do things with groups of people and participate in his favorite activities. Resident #33 said it was very important to spend time outside.</p> <p>Review of activity assessment completed 07/28/24 revealed Resident #33 enjoys chess, Jenga, bingo, music, arts and crafts, outings, and socializing with residents and staff.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #33's undated care plan revealed he is a sociable person who enjoys various activities. Key activities include arts and crafts, bingo, reading, spending time outside, and watching television and movies. Goals were set for him to express satisfaction with self-directed activities and offer suggestions for group activities if he feels dissatisfied.</p> <p>Review of activity log from August 2024 revealed Resident #33 participated in one social/party event for the month of August 2024.</p> <p>Interview on 08/27/24 at 11:15 A.M., with Resident #33 confirmed he participated in a smoke break activity; after smoking his cigarettes, he returned to his room due to lack of activities.</p> <p>Interview on 07/27/24 at 2:08 P.M., with Resident #33 confirmed that the only activities offered are bingo and coloring. He mentioned these activities seemed more suited for a younger age, and as they do not meet his interests and he spends most of his time in his room. Resident #33 suggested increasing outings and social events due to limited time spent in the surrounding areas around the facility.</p> <p>Interview on 08/28/24 at 8:41 A.M., with AD #223 and Activity Personnel #265 confirmed Resident #33 is very sociable, making it challenging to find suitable activities due to the patient population and restrictions.</p> <p>Review of facility activity calendars, dated June 2024 to August 2024, revealed the following activities were scheduled on a daily basis: smoke breaks (five times daily), outside (once daily), snack cart, lunch, and dinner. Other than these activities on a daily basis, there was no more than two other activities scheduled each day.</p> <p>Review of the facility website at https://www.highbanks-care.net revealed under the About Us tab the facility is a 56 bed secured, skilled nursing facility and specializes in mental health services. At Highbanks Care Center we believe in providing a supportive and nurturing environment for adults requiring skilled nursing services and mental health assistance. Our highly trained staff focuses activities related to each individual's life and interests along with a calming environment, which reduces behavioral disturbances.</p> <p>Review of the job description for Activities Director #223 revealed responsibilities and major duties included implementing programs of individual and group activities based on residents needs. Schedule and implement room visits and in room activities for residents not able to leave their rooms. Schedule and implement indoor and outdoor activity programs.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298</p> <p>Based on observation, record review, family interview, and staff interview, the facility failed to apply a physician ordered resting hand splint. This affected one (#31) of one resident reviewed for positioning. The facility census was 55.</p> <p>Findings include:</p> <p>Review of Resident #31's medical record revealed an admitted [DATE], with diagnoses including: hemiplegia and hemiparesis, vascular dementia, and contracture of left hand.</p> <p>Review of a physician order dated 11/30/23 revealed Resident #31 was ordered a left resting hand splint per patient tolerance.</p> <p>Review of the plan of care dated 05/02/24 revealed Resident #31 had a left resting hand splint and was worn per Resident #31's tolerance level. Interventions included left resting hand splint as tolerated, with frequent skin checks for redness and monitoring pain or discomfort. A visual reminder was located in Resident #31's room.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #31 had severe cognitive impairment. The MDS also revealed Resident #31 had functional impairment on one side to the upper and lower extremity.</p> <p>Observation on 08/25/24 at 8:07 A.M., revealed Resident #31 had a sign hanging next to the bed that read Nursing: Mrs. (Resident #31) splint schedule least 8 hours daily. Please wrap brace on patient after breakfast and remove after dinner.</p> <p>Observation on 08/25/24 at 8:23 A.M. and 2:01 P.M., and on 08/26/24 at 10:07 A.M., revealed Resident #31 was not wearing a splint to left hand.</p> <p>Interview on 08/26/24 at 3:34 P.M., with Resident #31's son revealed when they visited Resident #31, they have not observed Resident #31 wearing a splint to the left hand.</p> <p>Observation on 08/26/24 at 3:44 P.M. and on 08/27/24 at 9:13 A.M., revealed Resident #31 was not wearing a splint to the left hand.</p> <p>Interview on 08/27/24 at 11:01 A.M., State tested Nursing Assistant (STNA) #244 verified Resident #31 was not wearing a splint to the left hand. STNA #244 stated they did not know Resident #31 was supposed to wear a splint to the left hand. STNA #244 did locate a splint in the second drawer of the nightstand next to Resident #31's bed.</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>37100</p> <p>Based on medical record review, financial record review, family interview, and staff interview, the facility failed to ensure residents and/or resident representative was provided assistance in financial matters ensuring resident does not lose eligibility of Supplemental Security Income (SSI) or Medicaid services. This affected four (#27, #30, #31, and #35) of eight resident financial records reviewed. The census was 55.</p> <p>Findings include:</p> <p>1. Review of Resident #27's medical record revealed an admission on 03/02/22. Resident #27's diagnoses included: Alzheimer's disease, hypertension, dementia, aphasia, mood disorder, anxiety disorder, and psychosis. Review of her minimum data set (MDS) assessment, dated 06/05/24, revealed she had a severe cognitive impairment.</p> <p>Review of Resident #27 's financial records, dated 08/15/23 to 08/06/24, revealed her resident funds account varied between \$2,336.04 to \$5,693.35.</p> <p>Review of Resident #27's notice for spend down revealed the notices were sent to her representative, dated 08/01/23 to 08/01/24, revealed one was sent each month, indicating that she was over the allowed Medicaid limit of \$2,000. Part of the letter stated, due to the fact this balance is over \$1,500, please take the necessary steps to spend down the money on anything that the resident may need. Should you have any questions, or concerns, please contact the business office or your Medicaid caseworkers.</p> <p>Further review of the medical record revealed no documented evidence of the facility following up on the notices of spend down to ensure the resident does not lose Medicaid or SSI eligibility.</p> <p>Interview on 08/28/24 at 2:25 P.M., with Resident #27's family/representative revealed he had received one spend down notice letter in the last 12 months. He stated he knew Resident #27 was over the spending limit by receiving that letter, but he didn't know what to do about that from this point forward. He stated he would call the facility to find out what he needed to do.</p> <p>2. Review of Resident #30's medical record revealed an admission on 11/16/22. Resident #30's diagnoses included: dementia, Parkinsonism, paranoid schizophrenia, adult failure to thrive, dysphagia, depression, and muscle weakness. Review of his minimum data set (MDS) assessment, dated 08/08/24, revealed he had a severe cognitive impairment.</p> <p>Review of Resident #30's financial records, dated 09/21/23 to 08/06/24, revealed his resident funds account varied between \$2,591.85 to \$15,864.99.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #30's notice for spend down revealed the notices were sent to his representative, dated 10/25/23 to 08/01/24, revealed one was sent each month, indicating that he was over the allowed Medicaid limit of \$2,000. Part of the letter stated, due to the fact this balance is over \$1,500, please take the necessary steps to spend down the money on anything that the resident may need. Should you have any questions, or concerns, please contact the business office or your Medicaid caseworkers.</p> <p>Further review of the medical record revealed no documented evidence of the facility following up on the notices of spend down to ensure the resident does not lose Medicaid or SSI eligibility.</p> <p>3. Review of Resident #31's medical record revealed an admission on 11/09/20. Resident #31's diagnoses included: hemiplegia and hemiparesis, respiratory disorders, type II diabetes, vascular dementia, hyperlipidemia, anxiety disorder, major depressive disorder, dysphagia, . Review of her minimum data set (MDS) assessment, dated 06/19/24, revealed she had a severe cognitive impairment.</p> <p>Review of Resident #31's financial records, dated 08/02/23 to 08/06/24, revealed her resident funds account varied between \$997.97 to \$3,929.24. Review of her financial statements revealed she was under the spending limit from 11/17/23 to 01/02/24; but all the other entries were above the spending limit.</p> <p>Review of Resident #31's notice for spend down revealed the notices were sent to her representative, dated 08/01/23 to 08/01/24, revealed one was sent each month, indicating that she was over the allowed Medicaid limit of \$2,000. Part of the letter stated, due to the fact this balance is over \$1,500, please take the necessary steps to spend down the money on anything that the resident may need. Should you have any questions, or concerns, please contact the business office or your Medicaid caseworkers.</p> <p>Further review of the medical record revealed no documented evidence of the facility following up on the notices of spend down to ensure the resident does not lose Medicaid or SSI eligibility.</p> <p>4. Review of Resident #35's medical record revealed an admission on 10/29/20. Resident #35's diagnoses included: Huntington's disease, dementia, respiratory disorders, nicotine dependence, psychosis, hyperparathyroidism, vitamin D deficiency, major depressive disorder, anxiety disorder, insomnia, and adult failure to thrive. Review of her minimum data set (MDS) assessment, dated 08/15/24, revealed she had a severe cognitive impairment.</p> <p>Review of Resident #35's financial records, dated 11/08/23 to 08/06/24, revealed her resident funds account varied between \$2,492.05 to \$9,373.09.</p> <p>Review of Resident #35's notice for spend down revealed the notices were sent to her representative, dated 11/01/23 to 08/01/24, revealed one was sent each month, indicating that she was over the allowed Medicaid limit of \$2,000. Part of the letter stated, due to the fact this balance is over \$1,500, please take the necessary steps to spend down the money on anything that the resident may need. Should you have any questions, or concerns, please contact the business office or your Medicaid caseworkers.</p> <p>Further review of the medical record revealed no documented evidence of the facility following up on the notices of spend down to ensure the resident does not lose Medicaid or SSI eligibility.</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298</p> <p>Based on record review and staff interview, the facility failed to ensure a resident was not receiving an unnecessary amount of an antipsychotic medication. This affected one (#6) of five residents reviewed for unnecessary medication. Facility census was 55.</p> <p>Findings include:</p> <p>Review of Resident #6's medical record revealed an admitted [DATE], with diagnoses including: type 2 diabetes mellitus, pseudobulbar affect, insomnia, and schizoaffective disorder.</p> <p>Review of a progress note by psychiatric physician dated 11/08/23 revealed Resident #6's Invega (antipsychotic) was to be increased from 1.5 milligrams (mg) to three (3) mg at bedtime.</p> <p>Review of the medication administration record (MAR) from 11/08/23 through 12/07/23 revealed Resident #6 was administered Invega 1.5 mg and Invega three (3) mg for a total of 4.5 mg at bedtime.</p> <p>Review of a pharmacy recommendation dated 12/01/23 revealed it was difficult to assess the proper dose for Invega. Was the dose to be increased from 1.5 mg for a total of 4.5 mg daily on 11/08/23? Pharmacy requested the total dose be clarified.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 05, which indicated severe cognitive impairment. The MDS also revealed Resident #6 received antipsychotic medication and antipsychotic's were received on a routine basis.</p> <p>Review of the plan of care dated 07/11/24 revealed Resident #6 was at risk for adverse effects related to psychoactive medication use. Interventions included to administer medications as ordered, report changes in behavior or mood state, and if continued drug use proves unavoidable use minimum effective dose.</p> <p>Interview on 08/27/24 at 8:59 A.M., with the Director of Nursing (DON) verified Invega was to be increased from 1.5 mg daily to three (3) mg daily instead of 4.5 mg daily. DON verified Resident #6 received the incorrect dose of Invega from 11/08/23 through 12/07/23.</p>		

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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Highbanks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Lazelle Road East Columbus, OH 43235	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298</p> <p>Based on observation and staff interview, the facility failed to provide a homelike environment. This affected two (#31 and #44) of four residents reviewed for a homelike environment. The facility census was 55.</p> <p>Findings include:</p> <p>1. Review of Resident #31's medical record revealed an admitted [DATE], with diagnoses including: hemiplegia and hemiparesis, vascular dementia, and contracture of left hand.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #31 had severe cognitive impairment.</p> <p>Review of a behavior note dated 08/07/24 at 8:08 P.M. revealed Resident #31 was peeling the wall by the bed.</p> <p>Observation on 08/26/24 at 3:44 P.M., revealed Resident #31 was lying in bed. An area of peeling drywall/paint was observed on the wall next to Resident #31's head.</p> <p>Interview on 08/27/24 at 3:11 P.M., with Maintenance Director #245 verified the wall next to Resident #31's bed needed repaired. Maintenance Director #245 stated the area was going to be fixed the week of 08/25/24. Maintenance Director #245 verified the area had not been repaired at this time.</p> <p>Interview on 08/27/24 at 3:44 P.M., with Licensed Nursing Home Administrator (LNHA) revealed a State tested Nursing Assistant reported on 08/23/24 the wall needed repaired next to Resident #31's bed. LNHA provided a receipt that supplies to fix the wall were purchased on 08/25/24. LNHA verified the wall had not been repaired at this time.</p> <p>2. Review of Resident #44's medical record revealed an admitted [DATE], with diagnoses including: psychological development disorder, type 2 diabetes mellitus, schizophrenia, and depression.</p> <p>Review of the annual MDS dated [DATE] revealed Resident #44 had a BIMS score of 15, which indicated Resident #44 was cognitively intact.</p> <p>Observation on 08/26/24 at 8:36 A.M., of Resident #44's room revealed multiple filled holes in the wall and the walls needed painted. Interview with Resident #44, at the time of the observation, revealed the holes had been filled a long time ago and Resident #44 had not been provided any updates on when the walls would be painted.</p> <p>Interview on 08/27/24 at 3:11 P.M., with Maintenance Director #245 revealed Resident #44's room was supposed to be painted the week of 08/25/24. Maintenance Director #245 verified the room was not painted to cover the patched areas.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Highbanks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Lazelle Road East Columbus, OH 43235	

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Maintenance Director #245 and LNHA were both asked on 08/27/24 and 08/28/24 for information on when the holes were patched in Resident #44's room. No information was provided to indicate how long Resident #44 had been waiting to have the room painted.</p>