| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366303 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Highbanks Care Center | 111 Lazelle Road East<br>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) |
|---|---|
| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>**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 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<br>(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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366303 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Highbanks Care Center | 111 Lazelle Road East<br>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) |
|---|---|
| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366303 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Highbanks Care Center | 111 Lazelle Road East<br>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) |
|---|---|
| F 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>Based on record review and staff interview, the facility failed to ensure the advanced directive matched in the electronic medical record and physical hard chart for one (Resident #10) out of 19 reviewed for the sample. The facility census was 53.Review of the medical record for Resident #10 revealed an admission date of 01/29/26. Diagnoses included unspecified mood (affective) disorder, obstructive and reflux uropathy, hyperlipidemia, and dementia of unspecified severity with mood disturbance.Review of the admission Minimum Data Set (MDS) 3.0 assessment for Resident #10, dated 02/05/26, revealed the resident was rarely/never understood.Review of the advanced directive documentation in the electronic medical record revealed a signed Do Not Resuscitate-Comfort Care Arrest (DNR-CCA) order dated 01/14/26.Review of physician orders for Resident #10 revealed an order for Do Not Resuscitate-Comfort Care Arrest (DNR-CCA) status.Review of the hard chart on 02/19/26 at 10:20 A.M. revealed a code status face sheet indicating Full Code.Interview on 02/17/26 at 3:00 P.M. with Registered Nurse (RN) #307 confirmed the advanced directive documentation inside the hard chart did not match the directive documented in the electronic medical record.Interview on 02/19/26 at 1:30 P.M. with the Director of Nursing (DON) revealed the resident had a signed Do Not Resuscitate-Comfort Care Arrest (DNR-CCA) order dated 01/14/26, however, the electronic medical record and hard chart had not been updated to reflect the resident's current code status. The DON acknowledged the discrepancy and stated the expectation was that code status information remained consistent and accurate across all documentation systems to ensure resident wishes were honored. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366303 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Highbanks Care Center | 111 Lazelle Road East<br>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) |
|---|---|
| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide activities to meet all resident's needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure Resident #8, on the secured memory care unit, was specifically provided activities to meet their interests and meet their psychosocial needs. This affected one Resident #8 of the two residents reviewed for activities. The facility census was 52.Findings include: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. Review of the care plan for Resident #8 dated 05/05/25 revealed Resident #8 was a sociable person, willing to interact with others and participate in activities that relate to her interests and as her condition will allow. The following activities are important to the resident: pet visits, reading, and watching television and movies. The interventions included give the resident the opportunity to express an opinion of the activities attended, give resident verbal reminders of activity before commencement of the activity, introduce resident to other residents with similar interests, disabilities, and or limitations, invite resident to scheduled activities, offer activity program directed towards specific interests/needs of the resident, offer the resident books, newspapers, and magazines to read.Observation on 02/17/26 at 10:22 A.M. revealed Resident #8 lying on her bed in her room.Observations on 02/17/26 from 10:22 A.M. to 3:55 P.M. revealed no activities being offered to Resident #8.Observation on 02/18/26 at 11:31 A.M. revealed Resident #8 sitting in her wheelchair in the hallway outside of her room.Observation on 02/18/26 at 2:22 P.M. revealed Resident #8 sitting in a chair in the common room on the memory care unit.Observation on 02/18/26 at 3:00 P.M. of the dining room and common area of the memory care unit revealed no activities taking place. Interview on 02/18/26 at 2:57 P.M. with Registered Nurse (RN) #319 revealed there were no activities provided today on the memory care unit.Interview on 02/18/26 at 2:58 P.M. with Certified Nursing Assistant (CNA) #230 revealed Resident #8 watches television a lot and listens to music. CNA #230 stated she had never seen Resident #8 participate in any activities other than balloon volley.Interview on 02/18/2026 at 3:30 P.M. with RN #319 revealed the screen on the wall was supposed to show the activities for the week for the residents, but stated the screen was blank and there were no activities listed for this week.Interview on 02/19/26 at 8:10 A.M. with CNA #327 revealed she had not seen Resident #8 participate in any activities since she has worked here. Interview on 02/19/26 at 8:26 A.M. with Activities Director #509 revealed Resident #8 likes music, arts and crafts, and likes to read, but had to be read to now because it is harder for Resident #8 to read. Activities Director #509 verified the Mardi Gras activity scheduled on 02/17/26 did not take place. Activities Director #509 stated Resident #8 participated in activities once a week and sometimes three times a week. Activities Director #509 stated Resident #8 participated in balloon volley on 02/18/26. Activity Director #509 stated Resident #8 had completed a puzzle o 02/18/26.Interview on 02/19/26 at 9:03 A.M. with Activity Assistant #520 revealed Resident #8 came to balloon volley on 02/18/26 but did not stay and participate. Activities Assistant #520 stated Resident #8 did not do a puzzle on 02/18/26.Review of the Activities Calendar for 02/17/26 revealed at 10:00 A.M. Daily Chronicle, 11:00 A.M. Virtual Tour of the Museum of African American History, 3:00 P.M. King Cake for Mardi Gras [NAME] Begins and Mardi Gras. Review of the Activities Calendar for 02/18/26 revealed 10:00 A.M Daily Chronicle, 11:00 A.M. Balloon Volley, 3:00 P.M. Let's Paint Traditional African.Review of the facility policy, Provider Services Activity Department Policy/Procedure Manual, dated 03/2007 revealed the activity department is responsible for planning and scheduling an activities program, consisting of stimulating and therapeutic activities, diverse in focus, and consistent with resident's wishes and needs. The calendar will include a balance of large<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366303 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Highbanks Care Center | 111 Lazelle Road East<br>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) |
|---|---|
| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | and small group activities, and one on one programs. The calendar will be implemented as written. When cancellations and changes are avoidable, they will be announced in the morning and afternoon. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366303 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Highbanks Care Center | 111 Lazelle Road East<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>Based on observation, resident interview, and staff interview, the facility failed to ensure the call light was within reach for one (Rresident #3) per fall interventions. This affecpted one of one residnet reviewed for fall interventions. The facility census was 53. Review of the medical record for Resident #3 revealed an admission date of 05/28/24. Diagnoses included primary generalized osteoarthritis, chronic obstructive pulmonary disease, type 2 diabetes mellitus without complications, and cerebral infarction unspecified.Review of the Quarterly Minimum Data Set MDS 3.0 assessment for Resident #3, dated 01/05/26, revealed a Brief Interview for Mental Status score of 07, indicating cognitive impairment. The assessment further revealed the resident required extensive assistance with bed mobility and was dependent for transfers and most activities of daily living, including toileting and dressing, and utilized a wheelchair for mobility.Review of the care plan dated 05/30/24 for falls revealed an intervention dated 05/31/24 to ensure the call light was within reach.Observation on 02/17/26 at 10:07 A.M. revealed the call light was out of reach and tucked under the sheets at the end of the bed near the resident's feet. Resident #3 stated she needed help getting out of bed due to the perimeter mattress and stated it made it difficult to get out of bed. The resident stated she did not know why the call light was out of reach. The resident stated she would have to shout if she needed assistance and stated she had done so in the past due to the same issue.Interview on 02/17/26 at 10:16 A.M. with Registered Nurse (RN) #307 confirmed the call light was located at the end of the bed and out of reach. RN #307, confirmed the resident was not able to reach the call light.Interview on 02/17/26 at 01:42 P.M. with Certified Nursing Assistant (CNA) #311 revealed the resident was able to use her call light when it was within reach and was able to understand how and when to use it. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366303 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Highbanks Care Center | 111 Lazelle Road East<br>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) |
|---|---|
| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>Based on observation, staff interview, and facility policy, the facility failed to ensure Oxygen tubing was maintained in a sanitary manner for one (Resident #3) out of one residents reviewed for respiratory concerns. The facility census was 53. Review of the medical record for Resident #3 revealed an admission date of 05/28/24. Diagnoses included primary generalized osteoarthritis, chronic obstructive pulmonary disease, type 2 diabetes mellitus without complications, and cerebral infarction unspecified.Review of the Quarterly Minimum Data Set MDS 3.0 assessment for Resident #3, dated 01/05/26, revealed a Brief Interview for Mental Status score of 07, indicating cognitive impairment. Further review indicated the resident received oxygen therapy while a resident of the facility.Observation on 02/17/26 at 10:10 A.M. revealed the oxygen tubing was lying on the ground and the nasal cannula was on the floor covered in dust. The oxygen tubing was not dated to indicate when it had been placed or last changed.Interview on 02/17/26 at 10:17 A.M. with Registered Nurse (RN) #307 confirmed the oxygen tubing was not dated and confirmed the nasal cannula was located on the ground in dust.Interview on 02/18/26 at 10:30 A.M. with Regional Nurse #512 revealed it was protocol for the facility to change oxygen tubing weekly. Review of a policy titled, Oxygen Administration, revised 07/30/24, revealed oxygen tubing and mask or cannula were to be changed weekly and as needed if they became soiled or contaminated. |