

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Tuscany Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE  7400 Hazelton Etna Road SW Pataskala, OH 43062	

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 0558</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>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41266</b></p> <p>Based on medical record review, resident interview, and staff interview, the facility failed to ensure residents were provided with necessary transportation to attend outside appointments as scheduled. This affected one (Resident #150) of three residents reviewed for transportation to outside appointments. The facility census was 112 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #150 revealed an admitted [DATE] and a readmitted [DATE] with diagnoses including unspecified injury at T2-T6 level of thoracic spinal cord, morbid obesity due to excess calories, bipolar disorder, anxiety disorder, paraplegia, unspecified mood (affective) disorder, and depression.</p> <p>Review of the care plan for Resident #150 initiated 11/30/22 revealed the care plan did not address the resident's need for transportation to outside appointments.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #150 dated 10/09/24 revealed the resident had intact cognition and required staff assistance with activities of daily living (ADLs).</p> <p>Interview on 12/12/24 at 4:23 P.M. with Resident #150 confirmed she had missed several scheduled outside medical appointments with different physicians due to the facility not making arrangements for needed transportation to the appointments. The resident stated she was supposed to receive Botox injections in her legs every three months to treat leg spasms. Resident #150 stated she last received the injections on 06/12/24. The resident missed her scheduled appointment in September 2024 due to the facility not being able to secure bariatric transportation. Resident #150 stated her neurologist had ordered outpatient neurological rehabilitation for the resident back in June or July 2024. The resident had not been able to attend any scheduled therapy appointments due to not having transportation. Resident #150 stated the outpatient rehabilitation facility dropped her as a patient due to excessively missing appointments. Resident #150 also reported she had missed two scheduled gynecologist appointments as well due to not having transportation. Resident #150 stated her legs hurt badly because she hadn't had the Botox injections.</p> <p>Interview on 12/12/24 at 4:37 P.M. with Scheduler #455 confirmed Resident #150 had missed multiple scheduled outside medical appointments due to not being able to secure needed transportation for the resident.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0558</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>Interview on 12/12/24 at 4:45 P.M. with the Administrator confirmed Resident #150 had missed multiple scheduled outside medical appointments due to not being able to secure the transportation needed for the resident. The Administrator stated he had been trying to find another provider who was able to accommodate Resident #150's need for bariatric transportation as well as the ability to provide additional people to assist the resident but had not been able to find a provider yet.</p> <p>A facility policy was requested at the time of the survey. The Director of Nursing (DON) confirmed the facility did not have a policy that addressed providing transportation for outside appointments when needed.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00160217.</p>		