STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366424	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein New Albany	6690 Liberation Way New Albany, OH 43054

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview, medical record review and facility policy review the facility failed to ensure Resident #2 was free from misappropriation. This affected one resident of one reviewed for misappropriation. The facility census was 54.Findings include:Review of Resident #2's medical record revealed an admission date of 05/18/26. Medical diagnoses include chronic obstructive pulmonary disease, Type II Diabetes without complications, and encounter for surgical aftercare following surgery of the skin and subcutaneous tissue.Review of Resident #2's Minimum Data Set (MDS) 3.0 dated 05/22/26 revealed a Brief Interview for Mental Status (BIMS) score of 15.Interview with Resident #2 on 06/23/26 at 10:53 A.M. revealed he would pursuade the CNA who transported him to an appointment to take him to a fast food restaurant and he would buy them food.Review of the facility's transportation log with the Administrator on 06/23/26 at 4:04 P.M. confirmed Resident #2 had been taken to the external appointments by facility staff.Interview with CNA #19 on 06/23/26 at 4:05 P.M. confirmed Resident #2 bought them a sandwich when they transported him to an external appointment.Review of the facility's Abuse, Mistreatment, Neglect, Exploitation, and Misappropriation of Resident property dated 06/22/1999, confirms residents have the right to be free from abuse, neglect, exploitation, and misappropriation of resident property.

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility policy review the facility failed to ensure Resident #58 was provided with sufficient incontinence care. This affected one of three residents reviewed for incontinence care. The facility census was 54.Findings include:Review of Resident #58's medical record revealed an admission date of 07/27/2020. Medical diagnoses include unspecified dementia, hypertensive heart disease without heart failure, unspecified psychosis, contracture right hip, functional urinary incontinence, and bilateral nonexudative age-related macular degeneration bilateral early dry stage. Review of Resident #58's care plan dated revealed 07/31/23 confirms Resident #58 requires assistance to complete Activities of Daily Living (ADL's). Review of Resident #58's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #58 had a Brief Interview for Mental Status (BIMS) score of 00 indicating severe cognitive impairment. Resident #58 was frequently incontinent of urine and bowel. Review of Resident #58's functional abilities revealed Resident #58 was dependent on staff for toileting hygiene. Observation and interview on 06/23/26 at 9:30 A.M. of incontinence care for Resident #58 revealed Certified Nursing AssistNT (CNA) # 19 did not dry Resident #58's peri area with towel after cleansing and rinsing the area. CNA #19 stated, I used to the wipes to dry, and they are not sopping wet. Interview on 06/23/26 at 9:35 A.M. with CNA#19 confirmed she did not use a towel to dry Resident #58's peri-area. Interview on 06/23/26 at 5:00 P.M. with the DIrector of Nursing (DON) confirmed she expected staff dry Residents after providing incontinence care. This deficiency represents non-compliance investigated under Complaint Number 3030544.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility policy review the facility failed to ensure Resident #58 was provided with a safe transfer using a hoyer lift. This affected one of three residents reviewed for Hoyer lift transfer. The facility census was 54.Findings include:Review of Resident #58's medical record revealed an admission date of 07/27/2020. Medical diagnoses include unspecified dementia, hypertensive heart disease without heart failure, unspecified psychosis, contracture right hip, functional urinary incontinence, and bilateral nonexudative age-related macular degeneration bilateral early dry stage. Review of Resident #58's care plan dated revealed 07/31/23 confirms Resident #58 required assistance to complete Activities of Daily Living (ADL's). Review of Resident #58's physician orders revealed an order for transfer with Hoyer lift dated 07/09/25. Review of Resident #58's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #58 had a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. Resident 58's functional abilities revealed Resident #58 had impairment to both lower extremities and was dependent for transfers. Observation on 06/23/26 at 9:40 A.M. revealed Certified Nursing Assistant (CNA) #15 and CAN #19 did not inspect the Hoyer lift sling prior to use to ensure it was safe to use during the transfer. Once Resident #15 was positioned in the sling above her wheelchair, the CNA's did not lock the wheels on the Hoyer lift. CNA #15 was controlling the remote for the Hoyer lift during the transfer for Resident #58, when CNA #15 lowered Resident #58 into her wheelchair it was observed Resident #58's buttock hit the wheelchair head rest and the resident was yelling stop and ow. The CNA did not stop the transfer and lowered the resident onto the headrest of her wheelchair causing it to go forward. During the transfer it was also observed when Resident #58 was being lowered the left leg of the Hoyer lift was not flat on the ground but was rising in the air off the floor. Interview on 06/23/26 at 9:50 A.M. with CNA #15 and CNA #19 neither aide could verbalize the need to assess the Hoyer transfer sling prior to use for a transfer, and the CNA's confirmed they did not ensure the Hoyer lift transfer was completed safely stating, our transfers are never that bad. Interview on 06/23/26 at 5:00 P.M. with the Director of Nursing (DON) confirmed she expected staff to ensure the sling was safe to use prior to each use. Review of the manual for the Maxi 500 floor lift (Hoyer) dated 05/2022 confirmed the expected life for other consumable items such as batteries, fuses, slings, straps, and cords is dependent upon the care and usage of the product. This deficiency represents non-compliance investigated under Complaint Number 3030544 and 3003838.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and facility record review the facility failed to ensure temperatures were checked prior to serving food and failed to ensure food properly stored and labeled. This had the potential to affect 52 residents. The facility provided a list of two residents who receive nothing by mouth. The facility census was 54.Findings include:Review of the 300 building food log temperatures revealed temperatures were not documented on 06/17/26 for the lunch meal. Further review of the food temperature logs revealed temperatures were not completed 06/02/26, 06/03/16, 06/05/16, 06/06/16, 06/07/26, 06/09/26, and 06/10/26. The log revealed only dinner meal temperatures were checked for 06/11/26, 06/12/26, 06/13/26, and 06/14/26.Review of May 2026 food temperature logs, revealed temperatures were documented for only the dinner meal on 05/02/26, 05/03/26, 05/04/26, and 05/07/26. There were no documentated temperatures on 05/05/26 and 05/06/26.Interview with the Administrator on 06/17/26 at 3:15 P.M. confirmed Certified Nursing Assistants (CNA)'s should be checking meal temperatures prior to service for every meal.Observation on 06/17/26 at 5:00 P.M. revealed temperatures were not documented in the log for the dinner meal and the thermometer was not working properly. Observation on 06/17/26 at 5:00 P.M. of the refrigerator revealed a gallon of milk with no open date label, and sour cream with no open date label.Observation on 06/17/26 at 5:00 P.M. of the dry storage revealed a loaf of bread with an expiration date of 05/25/2), and an open can of fruit cocktail in the cabinet.Interview on 06/17/25 at 5:05 P.M. with the Administrator confirmed the items in the refrigerator should be labeled including an opened date. The Administrator also verified the the dry storage items that were expired and opened should have been disposed of.Review of the facility's policy titled Food temperatures- hot and cold policy and procedure dated 05/2013, confirmed staff should check temperature of food before serving. This deficiency represents non-compliance investigated under Complaint Number 3030544 and 3003838.