

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Canal Winchester Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 Gender Road Canal Winchester, OH 43110	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review, interview and policy review the facility failed to ensure residents were free of significant medication errors This affected one resident (Resident #111) of three residents reviewed for medications. Findings include:Review of the medical record for Resident #111 revealed an admission date of 04/03/26 and a discharge date of 04/05/26 with diagnoses including secondary malignant neoplasm of bone, aplastic anemia, multiple myeloma not having achieved remission, need for assistance with personal care and adult failure to thrive. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Brief Interview for Mental Status (BIMS) was not assessed. The resident was assessed to require supervision or touching for eating, dependent on staff for toileting hygiene, shower/bathing, dressing and bed mobility.Review of the physician's order dated 04/06/26 revealed Resident #111 had an order for Pomalyst (anti-cancer medication) 2 milligrams (mg) by mouth in the morning until 04/13/26.Review of the Medication Administration Record (MAR) for April 2026 revealed Resident #111 did not receive the scheduled Pomalyst 2 mg on 04/04/26 and 04/05/26 at 9:00 A.M.Review of the nursing progress notes for Resident #111 revealed on 04/05/26 at 9:01 A.M. the nurse was unable to give Pomalyst due to the medication not being available in the medication cart.Interview on 04/22/26 at 3:48 P.M. with Registered Nurse (RN) #66 revealed she worked the day Resident #111 was admitted . The family brought in his medicine and it was in the top drawer of the medication cart and verified it was there. RN #66 entered the order in the MAR, and it stated the medication was in the top drawer of the medication cart. RN #66 verified Resident #111 did not receive the ordered medication. There was no medication error report despite the medication not being provided, yet available, for Resident #111.Review of the facility policy titled, Medication Administration, reviewed 02/03/26, revealed to safely and accurately prepare and administer medication according to physician order, professional standards of practice, and resident needs. This deficiency represents non-compliance investigated under Complaint Number 2975640.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, record review, Food Committee Minute review, interviews, and facility policy review, the facility failed to ensure food temperatures were monitored to prevent food borne illness. This had the potential to affect all residents residing in the facility. The facility census was 110. Findings include: Review of dietary food temperature logs for March 2026 revealed missing meal temps on 03/18/26 and 03/23/26 for breakfast and lunch; 03/19/26 and 03/31/26 for breakfast, lunch and dinner; 03/12/26 for lunch and dinner; and 03/14/26, 03/15/26, 03/17/26, 03/26/26, 03/27/26, 03/28/26, 03/29/26 and 03/30/26 for dinner. Review of dietary food temperature logs for April 2026 revealed missing meal temps on 04/06/26, 04/08/26, 04/11/26, 04/12/26, 04/15/26, 04/17/26 and 04/18/26 for breakfast and lunch; 04/01/26, 04/03/26, 04/16/26, and 04/19/26 for breakfast, lunch and dinner; 04/02/26, 04/05/26 and 04/09/26 for dinner; and 04/14/26 for lunch. Review of the food committee meeting minutes for March 2026 revealed residents stated fries, baked potatoes and tenders were undercooked, pork loin was overcooked and broccoli and other vegetables were overcooked and undercooked at times, baked potatoes undercooked and eggs were served cold. Observation on 04/20/26 from 11:15 A.M. to 11:26 A.M. of lunch meal preparation and meal temperatures with Dietary Manager #46 and Dietary [NAME] #49 revealed the meal temperature log for March 2026 and April 2026 had missing meal temperatures. Interview on 04/20/26 at 11:26 A.M. with Dietary Manager #46 and Dietary [NAME] #49 verified the missing documentation prior to serving meals. Review of facility policy titled Food temperature Monitoring and Recording, dated 01/01/12, revealed It is the Center's policy to adhere to the temperatures for food set forth by the Ohio Uniform Food Safety Code. Temperatures of TCS food will be taken and properly recorded for each meal. This deficiency represents non-compliance investigated under Complaint Number 2961159.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review, interview, and review of facility policy the facility failed to ensure meal intakes were documented for one resident (#111) of three residents reviewed for nutrition. The facility census was 110. Findings include: Review of the medical record for Resident #111 revealed an admission date of 04/03/26 and a discharge date of 04/05/26 with diagnoses including secondary malignant neoplasm of bone, aplastic anemia, multiple myeloma not having achieved remission, need for assistance with personal care, and adult failure to thrive. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was not assessed. The resident was assessed to require supervision or touching for eating. Review of Resident #111's meal intakes from 04/03/26 through 04/05/26 revealed one documented meal for breakfast on 04/05/26. Further review of meal intakes revealed no intakes recorded for breakfast, lunch or dinner on 04/04/26; no documented intake recorded for lunch on 04/05/26. Interview on 04/22/26 at 3:32 P.M. with Regional Director of Nursing #204 verified the missing meal intake documentation for Resident #111. Review of facility policy titled Food and Nutrition Services, dated 09/20/17, revealed It is the Centers policy to provide each resident a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each patient/resident. Residents will be provided with three meals daily at regular times comparable to the normal mealtimes in the community or in accordance with resident needs, preferences, requests and plan of care This deficiency is an incidental finding discovered during the course of the complaint investigation.</p>		