STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366480	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor Springs Health Campus	748 Taylor Road Gahanna, OH 43230

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interviews, policy review, review of the hospital record, and review of information from the Ohio Board of Nursing, the facility failed to ensure pressure ulcer weekly assessments, including staging, were completed per the professional standards of practice. This affected one (Resident #41) out of three residents reviewed for pressure ulcer care. The facility census was 55.Findings Included:Review of the medical record for Resident #41 revealed an admission date of 12/14/21. Diagnoses included sequelae of cerebral infarction, atherosclerotic heart disease of native coronary artery, old myocardial infarction, type two diabetes mellitus, hyperlipidemia, neuromuscular dysfunction of bladder, anxiety disorder, mild cognitive impairment of uncertain or unknow etiology, major depressive disorder, adult failure to thrive, hypertension, and gastro-esophageal reflux disease.Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #41 had no psychosis, no verbal or physical behavior, and no rejection of care. Additionally, the MDS dated [DATE] revealed Resident #41 was dependent on staff for all care to include showering, toileting, and personal hygiene. Furthermore, Resident #41 had limited mobility and required staff assistance to turn in bed or transfer. Resident #41 had no pressure ulcers noted on the MDS and only had moisture associated skin damage (MASD) under skin conditions. Resident #41 had an indwelling catheter and a feeding tube.Review of the medical records for Resident #41 revealed a Braden Scale for Predicting Pressure Sore Risk was not completed from 01/01/26 through 04/16/26.Review of the outside hospital history and physical notes dated 04/15/26 revealed Resident #41 had arrived at the emergency department for low hemoglobin however on arrival there was a concern for sepsis. Resident #41 had a chronic sacral wound and was started on two intravenous antibiotics and a liter of fluids.Review of the outside hospital wound notes dated 04/15/26 revealed Resident #41 had an unstageable pressure ulcer (full-thickness wound where the base is covered by dead tissue (slough or eschar), making it impossible to determine the true depth until cleared) to his sacrum which was bleeding, painful, and red. Resident #41's sacrum wound was irregular with moderate sanguineous drainage (bright red, thin, watery fluid indicating fresh bleeding from a wound. It is abnormal if it increases in volume or is accompanied by signs of infection.) Additionally, the hospital wound note revealed Resident #41 had five additional pressure ulcers to his right anterior thigh, left upper abdomen, penis, left leg, and right leg. Resident #41 had two venous ulcers to left anterior foot and to right anterior foot.Review of the After Visit Summary for Resident #41 dated 04/27/26 revealed Resident #41 had been in the hospital from [DATE] to 04/27/26.Review of the facility Wound Management Detail Report dated 04/29/26 revealed Resident #41's wounds to left buttock, right buttock, and coccyx were documented as unspecified ulcer. The wound to Resident #41's right great toe, right second toe, and right lateral ankle was documented as a diabetic ulcer. Resident #41's left lateral calf was documented as MASD and his left thigh was documented as other-scabbed area. Furthermore, all wound documentation was completed by Licensed Practical Nurse (LPN) #615.Interview on 05/06/26 at 10:01 A.M., with LPN #615 and Regional Nurse #628 revealed LPN #615 was currently the designated wound nurse in the facility and had been assessing resident wounds full time. LPN #615 stated she was not wound certified but reported to the Regional (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse #628. LPN #615 stated we have landed on pressure ulcer for Resident #41. LPN #615 stated Resident #41 had chronic MASD and recently went to the hospital where the hospital had documented the wound as a pressure ulcer. LPN #615 stated she does the weekly documentation for measurements for all wounds to include Resident #41. Regional Nurse #628 stated Resident #41's skin had not been opened to the point it is now or we wound have staged it sooner. Regional Nurse #628 stated he views Resident 41's wound once a month.Interview at 05/06/26 at 10:41 A.M. with Director of Health Services (DHS) revealed LPN #615 assessed Resident #41's wounds weekly. The DHS stated she only assisted LPN #615 if she had questions. The DHS stated a Registered Nurse (RN) should be assessing wounds every week.Review of the facility policy titled Guidelines for General Wound and Skin Care, dated 12/12/25 revealed the purpose of the policy was to provide measures that will promote and maintain good skin integrity.Review of the facility policy titled Pressure/Statis/Arterial/Diabetic Wound Guidelines, dated 04/09/25 revealed the purpose of the policy was to provide weekly documentation guidelines of wound measurements and condition.Review of the Ohio Board of Nursing (OBN) Scopes of Practice: Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) undated revealed the purpose of the document was to provide guidance regarding scopes of practice for RNs and LPNs based on the requirements in the Nurse Practice Act (NPA) and administrative rules. Furthermore, the Ohio Board of Nursing (OBN) Scopes of Practice: Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) undated revealed LPN practice prohibitions include assessing health status for purposes of providing nursing care. The scope of the LPN practice does not include assessing health status for purposes of providing nursing care that is included in the RN scope.This deficiency represents non-compliance investigated under Complaint Number 2685783.