

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Laurels of West Columbus, The		STREET ADDRESS, CITY, STATE, ZIP CODE 441 Norton Road Columbus, OH 43228	

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** 50536</p> <p>Based on observations, staff and resident interviews, policy review, and record review, the facility failed to ensure medications were administered to the residents without significant medication errors. This affected one (Resident #15) of three residents reviewed for medication administration. The facility census was 89.</p> <p>Findings include:</p> <p>Review of Resident #15's medical record revealed the resident was admitted on [DATE]. Diagnoses included surgical aftercare following surgery of the skin and subcutaneous tissue, fournier gangrene, and type II diabetes mellitus.</p> <p>Review of Resident #15's medication administration record (MAR) for March 2025 revealed an order dated 03/12/25 for Cefepime (antibiotic) HCL solution, one gram/50 milliliters, use one gram IV every six hours for MDRO (multi-drug resistant organisms) for 14 days. The administration times were 12:00 A.M., 6:00 A.M., 12:00 P.M., and 6:00 P.M. On 03/26/25, the 12:00 P.M. dose was documented as administered by Licensed Practical Nurse (LPN) #22.</p> <p>Observations and interviews on 03/26/25 at 11:45 A.M., 12:32 P.M., 1:15 P.M., and 2:26 P.M. revealed no IV antibiotic infusing for Resident #15. Resident #15 stated the 12:00 P.M. dose of Cefepime had not been received. At 2:26 P.M., Resident #15's dose of IV Cefepime was seen laying on top of LPN #22's medication cart.</p> <p>Interview on 03/26/25 at 2:26 P.M. with LPN #22 confirmed Resident #15's 12:00 P.M. dose of IV Cefepime was laying on top of the medication cart and had not been administered yet, and LPN #22 had documented the Cefepime dose on the MAR as administered at 12:00 P.M. LPN #22 stated she knew the antibiotic was really late and the antibiotic shouldn't be documented as administered on the MAR until it was administered.</p> <p>Interviews on 03/26/25 at 2:48 P.M. with the Director of Nursing (DON) and Regional Clinical Coordinator (RCC) #500 confirmed the IV antibiotic for Resident #15 was not administered timely and was documented as administered on the MAR prior to being administered by LPN #22, which was not in accordance with professional standards of practice. RCC #500 stated the Nurse Practitioner (NP) would be notified, the antibiotic administration times would be adjusted per order, and licensed staff education on medication administration would be completed.</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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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy titled Medication Administration dated 10/17/23 revealed medications are administered in accordance with written orders of the attending physician. Record the dose, route, and time of medication on the medication/treatment administration record. Administer medications within 60 minutes of the scheduled time. Unless otherwise specified by the physician, routine medications are administered according to the established medication administration schedule for the facility. For example, if the medication is ordered for 8:00 A.M., it must be given between 7:00 A.M. and 9:00 A.M. in order to be considered timely.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162767.</p>		