

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Allbridge Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 East Broad Street Columbus, OH 43213	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404</p> <p>Based on staff interview, and record review the facility failed to ensure Residents received the treatment and care in accordance with professional standards when Resident #27 did not have timely follow up on Erivedge (a cancer drug) from the dermatologist office. This affected one (Resident #27) of three reviewed for quality of care. The facility census was 34.</p> <p>Findings include:</p> <p>Record review of Resident #27 revealed an admitted [DATE] and a discharge to the hospital on 09/02/24. The resident had pertinent diagnoses of: non pressure chronic ulcer of skin, squamous cell carcinoma of face, protein calories malnutrition, cognitive communication deficit, difficulty in walking, history of pulmonary embolism, hypertension, hyperlipidemia, heart failure, malignant melanoma of face, and vascular dementia without behaviors.</p> <p>Review of the 07/15/24 quarterly five day Minimum Data Set (MDS) assessment revealed Resident #27 is moderately cognitively impaired and used a manual walker and wheelchair to aid in mobility.</p> <p>Review of the 02/08/24 surgical pathology report revealed Resident #27 left sided facial biopsy came back as Basal Cell Carcinoma nodular and infiltrative types.</p> <p>Review of the 03/04/24 Dermatology Visit Note revealed Resident has a large, neglected tumor on left temple/face. Surgery would be incredibly morbid and I don't think is a reasonable option in this case, and patient voices strong desire to avoid any cutting. Radiation is also not ideal here given size of tumor and proximity to the left orbital. Discussed the use of an oral hedgehog inhibitor in this case. Resident #27 has a difficult social family situation as her power of attorney recently had a serious stroke and is apparently incapacitated and currently going through the process of getting a court appointed power of attorney. I think we need to do something about this tumor as it is getting infected recurrently and is painful and will only get worse in the near future. Discussed the risks and benefits of Erivedge and I answered all questions to the best of my ability. I think the potential benefits here outweigh risks. Will look to start Erivedge and check labs.</p> <p>Review of the medical record revealed on 04/01/24 a patient consent form was filled out for assistance with acquiring the Erivedge drug from Genentech.</p> <p>Review of the Progress Notes dated 04/23/24 revealed nurse followed up with dermatologist and now awaiting on application to be filed for assistance for medication.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Allbridge Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 East Broad Street Columbus, OH 43213	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a hospital record dated 07/12/24 revealed the Resident #27 has a chronic left facial ulcer reportedly since 06/2022.</p> <p>Review of the medical record on 09/10/24 revealed no documented follow up about the medication status.</p> <p>Interview with Regional Nurse #100 on 09/10/24 at 1:50 P.M. revealed the Erivedge cancer medication costs about \$14,000 a month and it needs to be used for five months and we have not heard back from them about the medication assistance.</p> <p>Interview with Genentech Worker #50 on 09/10/24 at 3:24 P.M. revealed if a patient is uninsured it usually takes 24 to 48 hours to get an answer about drug assistance and if they have insurance it will usually take 48 to 72 hours for have a response. We require paperwork from the doctors office and the patient.</p> <p>Interview with the Director of Nursing (DON) on 09/10/24 at 3:40 P.M. verified there was nothing in the record if there was a followup about Resident #27 Erivedge cancer medication assistance. The DON was unaware what the status of the medication is but that Resident #27 has not received the medication.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Allbridge Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 East Broad Street Columbus, OH 43213	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404</p> <p>Based on staff interview, record review, observation, and facility policy review, the facility failed to ensure medication error rates were not greater than 5% when they tried to administer another Residents Lantus (insulin medication) to Resident #7 and omitted a probiotic medication for Resident #29. There was 35 opportunities with two errors for a medication error rate of 5.7%. This affected two (Resident #7 and #29) of four Residents reviewed for medication administration. The facility census was 34.</p> <p>Findings include:</p> <p>1. Record review of Resident #7 revealed an admitted [DATE] with pertinent diagnoses of: type two diabetes mellitus, schizoaffective disorder, anxiety disorder, and hypertension.</p> <p>Review of the 08/12/24 annual Minimum Data Set (MDS) assessment revealed Resident #7 was cognitively intact and used a wheelchair to aid in mobility.</p> <p>Record review of a physician order dated 07/10/24 revealed Lantus 100 units/milliliter inject 40 units subcutaneously two times a day for diabetes mellitus.</p> <p>Observation of Registered Nurse #33 (RN) on 09/10/24 at 8:35 A.M. revealed she was administering medication to Resident #7 including Lantus. She drew up Resident #2 Lantus insulin instead of Resident #7 Lantus insulin.</p> <p>Interview with RN #33 on 09/10/24 at 9:43 A.M. revealed when she completed drawing up Resident #2 insulin The surveyor asked her whose insulin she drew up and she acknowledged she drew up Residents #2 insulin for Resident #7. RN #33 had to go pull Resident #7 Lantus insulin out of the stock.</p> <p>2. Record review of Resident #29 revealed an admitted [DATE] with pertinent diagnoses of: adult failure to thrive, anxiety disorder, chronic fatigue, enterocolitis due to clostridium difficile.</p> <p>Review of the 09/02/24 admission Minimum Data Set (MDS) assessment revealed Resident #29 was cognitively intact and did not use any devices to aid in mobility.</p> <p>Review of a Physicians Order dated 08/26/24 revealed an order for probiotic oral capsule (saccharomyces boulardii) give one capsule one time a day for supplements.</p> <p>Observation of Licensed Practical Nurse (LPN) #18 for medication administration on 09/10/24 at 9:20 A.M. revealed LPN #18 administered medications for Resident #29 including: magnesium oxide, oxybutyn, allopurinol, belbuca, eliquis, multivitamin, valacyclovir, and pregabalin. LPN #18 did not administer probiotic oral capsule (saccharomyces boulardii). LPN was asked when he completed pulling the medication if that was all morning medications and they stated yes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Allbridge Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 East Broad Street Columbus, OH 43213	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with LPN #18 on 09/10/24 at 10:27 A.M. verified he did not administer the probiotic oral capsule (saccharomyces boulardii) for Resident #29.</p> <p>Review of the 12/01/12 facility administering medications policy revealed the individual administering the medication must check the label three times to verify the right resident, right medication, right dosage, right time, and right route before giving the medication.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157100.</p>		