

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365421</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COLUMBUS COLONY ELDERLY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1150 COLONY DRIVE WESTERVILLE, OH 43081</b>	
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 0558  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Reasonably accommodate the needs and preferences of each resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review and staff interview the facility failed to ensure Resident #47's call light was within reach and accessible to accommodate the resident's ability to call for staff assistance. This affected one resident (#47) of three residents reviewed for call light placement. Findings include: Review of Resident #47's medical record revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 02/10/20 revealed the resident had clear speech, usually understood others, usually made herself understood and had severe cognitive deficit as indicated by a Brief Interview for Mental Status (BIMS) score of three. The resident required extensive assistance of one staff for bed mobility, transfers and ambulation. Review of the care conference note dated 02/04/20 and timed 11:10 A.M. revealed the resident's guardian had shared that the resident's call light was under the resident's blanket when she arrived that morning. The Director of Nursing (DON) explained the resident sleeps on her stomach with the call light in her hand and the resident's bed had not been made yet. On 03/03/20 at 10:30 A.M. observation of the resident's call light revealed the resident's bed was made with the call light under the resident's covers and cloth incontinence cloth pad and not within the resident's reach. The observation was verified by Licensed Practical Nurse (LPN) #275 at the time of the discovery. This deficiency substantiates Complaint Number OH 308.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.