

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365671	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2020
NAME OF PROVIDER OF SUPPLIER WORTHINGTON CHRISTIAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 165 HIGHBLUFFS BLVD COLUMBUS, OH 43235	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to complete a thorough investigation for Resident who had a fall. This affected one Resident (#110) of three reviewed for falls. The facility census was 31. Findings include: Medical record review revealed Resident #110 was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. The resident had severe cognitive deficits. She required a two person assist for turning in the bed, utilized a wheelchair for locomotion and required one person assist for activities of daily living (ADLs). Review of Resident #110's care plan, last updated on 01/02/20, revealed Resident #110 was to have a low bed, against the wall, with a perimeter mattress, and her call light within reach. Review of nurse's notes dated 01/30/20, revealed State tested Nursing Assistant (STNA) #80 walked into Resident #110's room and found her on the floor, beside her bed. It was reported to Registered Nurse (RN) #70 who completed an incident report at 2:31 A.M. Resident #110 could not explain what had happened. Nurse #70 and STNA #80 presumed Resident #110 fell out of her bed. Review of the incident report and nurses' progress notes dated 01/30/20, revealed Resident #110 was found on the floor beside her bed. The incident report did not contain any additional information to determine if fall precautions were in place when she was found on the floor. Furthermore, there was no witness statement completed by STNA #80. On 09/29/20, at 4:00 P.M. interview with the Director of Nursing (DON) revealed the only documentation they had of Resident #110's fall was the incident report RN #70 completed, and the documentation of the incident in Resident #110's nurses' progress notes. The DON confirmed it was unknown and not included in the incident report or the resident's nursing notes if the bed was in low position, against the wall, with a perimeter mattress. The DON confirmed STNA #80 did not complete a witness statement or submit a report regarding the resident's fall. RN #70 was off and out of state and could not be contacted for an interview. STNA #80 was no longer employed with the facility and could not be contacted for an interview. Review of the facility's policy titled, Accidents Policy, dated 05/2013 revealed nursing staff should document accidents in the clinical record. A report of this accident will be generated. In the case of a fall, an STNA report will also be completed. A designated committee will review the incident in a timely manner and try to determine the cause or contributing factors when the accident occurred. Documentation, including the STNA Fall Report, Accident Report, and the Committee Review of Accident form will be maintained. This deficiency substantiates Complaint Number OH 845</p>		
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.