STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365272	A. BUILDING _____ B. WING _____	08/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WHETSTONE GARDENS AND CARE CENTER	3710 OLENTANGY RIVER ROAD COLUMBUS, OH 43214

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 -** Actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, hospital record review, staff interviews, and review of the facility policy the facility failed to provide Resident #20 with adequate assistance and devices to prevent accidents. This resulted in actual harm when Resident #20 was improperly transferred during a therapy session when the therapist did not utilize a gait belt during transfer resulting in Resident #20 being lowered to the floor after her knees buckled resulting in pain and hospitalization with multiple fractures. This affected one (#20) of three residents reviewed for falls. The facility census was 89. Findings include: Review of the medical record for Resident #20 revealed the resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. She was discharged from the facility to the hospital on [DATE]. Review of the physician telephone orders dated 06/30/20 revealed an order for [REDACTED].#20 was at risk for falls. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #20 had no cognitive deficits, required extensive assistance with bed mobility, transfers, and toileting. She did not walk any during the assessment window for the MDS. She has had had one fall since admission with no injury. Review of the restorative program note dated 07/13/20 revealed Resident #20 received restorative care 15 minutes every day. The restorative aide was to provide verbal prompts, hands on support, the use of a gait belt, shoes on securely, and task segmentation. The goal was for Resident #20 to be able to move to and from the bed, move sit to stand, move to and from the wheelchair, with transfer of physical assistance of one person. Review of the physical therapy evaluation dated 07/29/20 revealed Resident #20 was receiving therapy services to address transfers, ambulation, functional activities in sitting and standing. These functional deficits were a result of Resident #20's impaired strength, impaired balance, and pain. Resident #20 was at risk for falls and decreased participation in functional tasks. Resident #20 had a history of [REDACTED]. Resident #20 had physical therapy prior and was discharged a month ago using independent slide board transfers. She required maximum assistance for sit to stand and she had been non-ambulatory for past two years. Review of the occupational therapy evaluation dated 07/29/20 revealed Resident #20 was received therapy to address deficits with bilateral upper extremity strength, dynamic standing balance, and functional activity tolerance, which limits her independence and safety with ADL's and functional transfers. She required maximum assistance with transfers and staff was utilizing stand lift for Resident #20. Review of the occupational therapy visit note dated 07/31/20 revealed during treatment session with Certified Occupation Therapy Assistant (COTA) #89 was working with the resident on static stand using an assist bar from wheelchair level with moderate assistance from a sit to stand transition when Resident #20's knees buckled and she was lowered to the floor by COTA #89 and Occupation Therapist (OT) #90 after COTA #89 called out for OT #90's assistance. OT #90 had a wheelchair behind Resident #20 but Resident #20 refused to be assisted back into chair and asked to be put on the floor and then she was lowered to the ground. Resident #20 complained of bilateral ankle pain and nursing staff was notified. Review of the nurses note dated 07/31/20 at 1:50 P.M. revealed Resident #20 was in the therapy room at the time of the fall as reported by the therapist, Resident #20 was standing at transfer pole when her kneed buckled and with the help of other therapist attempting to put her back into wheel chair and the resident shouted no she wanted lowered to the floor and she was lowered to the floor. She complained of bilateral ankle pain and insisted she on being sent to the emergency room . She refused any physical assessment to be done and did not want to be touched. Review of the facilities summary of incident dated 07/31/20 revealed Resident #20 was having therapy and her knees buckled due to leg weakness and lost her balance, she was sent to emergency room for evaluation. Immediate safety approaches were to have resident be assisted by two therapy staff during treatment. Review of the facilities fall investigative report dated 07/31/20 revealed the time of incident was 11:15 A.M., and the incident occurred in therapy room. Prior to the fall, Resident #20 was sitting in a wheelchair. The physician and family were notified, and she was sent to emergency room for evaluation. Review of the witness statement dated 07/31/20 at 12:30 P.M. written by OT #90 revealed the therapist was sitting at her desk with her back to COTA #89 when COTA #89 requested immediate assistance from OT#90. Resident #20 knees had buckled while standing at the transfer pole in the gym. OT #90 tried to get Resident #20 in the wheelchair, and she refused and stated she wanted down on the floor and they lowered her to floor. Resident #20 complained of ankle pain and OT#90 notified the unit manager. Review of the witness statement dated 07/31/20 at 12:50 P.M. written by COTA #89 revealed she was having Resident #20 stand at transfer pole when her knees buckled. COTA #89 called for assistance from OT #90 and OT #90 tried to assist her back into the wheelchair and she yelled no that she wanted to go to the floor. Resident #20 complained of ankle pain and nursing staff was notified. Review of Resident #20's plan of care revealed alteration in comfort related to arthritis. Resident #20 was at risk for falls due to medications, pain, decreased mobility, lack of safety awareness, history of left hip dislocation and interventions included to anticipate needs, assess for fall risk, call light within reach, monitor for pain, keep items in reach, remind to use call light to assist with transfers, and therapy. Resident #20 refused care and to accept treatment, take medications, and comply with safety measures. Resident #20 had self-care deficit due to impaired vision, decreased mobility and weakness. Interventions included to use stand lift for transfers and pivot transfers as able. Review of the hospital emergency room note dated 07/31/20 at 4:28 P.M. revealed Resident #20 presented with back and bilateral ankle pain. She was at the extended care facility doing therapy when they were getting her up from a chair to a standing position, she was holding a pole when her knees gave out. She was helped to the ground and did not actually fall. Resident #20 stated they twisted her ankle awkwardly and complained of bilateral ankle pain. Resident #20 rated her pain eight out ten. Her right and left ankle had decreased range of motion, swelling, and lateral malleolus tenderness. Final X-ray results were minimally displaced lateral malleolar fracture (a broken ankle which usually occurs when the fibula just above the ankle bone fractures) extending to ankle mortise, non-displaced medial malleolar fracture, and diffuse demineralization. Review of hospital consult report dated 07/31/20 revealed displaced Maisonneuve fracture (a spiral [MEDICAL CONDITION] third of the fibula (the smaller bone in the lower leg)) to the right lower extremity. Imaging revealed right ankle fracture, proximal fibula fracture, and chronic anterior cruciate ligament (ACL) tear. Order for strict non weight bearing to right lower extremity with ice and elevation. Closed extra-articular fracture of right distal tibia with plan for nonoperative treatment, strict ice and elevation, and pain control. Interview on 08/05/20 at 3:05 P.M. with OT #90 stated she was sitting at her desk in therapy room with her back to COTA #89 and Resident #20. She stated COTA #89 yelled for help and when OT turned around COTA #89 had Resident #20 at transfer pole and her knees were buckled. She stated she tried to place Resident #20 back into the wheelchair that was right behind her and she refused so they lowered her to the floor. She stated COTA #89 did not have a gait belt around Resident #20 and verified she should have had one in place. OT #90 stated gait belts should be used with all transfers. She stated the facility had enough gait belts and denied any trouble getting them. Interview on 08/05/20 at 3:35 P.M. with the DON stated they had no policies on transfers and the use of gait belts. Phone interview on 08/06/20 at

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365272	A. BUILDING _____ B. WING _____	**08/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WHETSTONE GARDENS AND CARE CENTER	**3710 OLENTANGY RIVER ROAD COLUMBUS, OH 43214**

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 -** Actual harm **Residents Affected -** Few	(continued... from page 1) 10:39 A.M. with COTA #89 stated she was working with Resident #20 on 07/31/20 with sit to stand transfers with the transfer pole in therapy gym. She stated she had Resident #20's wheelchair locked and right behind her but Resident #20's knees buckled while she was still holding onto the pole. She stated this was the first time she had tried transfers at this pole with Resident #20. She stated it was only her second time working with Resident #20. She stated Resident #20 would not sit back into the wheelchair and she then yelled for OT #90's assistance and they lowered her to the floor. COTA #89 verified she did not use a gait belt with Resident #20 and stated she should have. Interview 08/06/20 at 1:00 P.M. with the DON verified COTA #89 did not use a gait belt with Resident #20 and COTA #89 was no longer at the facility. Review of facility policy titled Accident and Incident Prevention and Fall Risk undated revealed the policy is to provide guidance regarding assessment of a resident's fall risk and to provide a safe, secure environment regarding all incidents and accidents. This deficiency substantiated allegations in Complaint Master Control Number OH 624.