STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365673	A. BUILDING _____ B. WING _____	03/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WOODVIEW CARE AND REHABILITATION	2770 CLIME ROAD COLUMBUS, OH 43223

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 0625 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to provide a written bed hold notice to one Resident (#66) of three reviewed for transfers and discharges. The facility census was 69. Findings include Review of the medical record revealed Resident #66 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the progress note dated 12/13/19 revealed Resident #66 complained of flank pain on the right side and increasing pain in the right lower leg stump. Resident #66 wanted to go to the emergency department (ED). The resident's physician and representative were notified, and the resident was sent to the hospital. Resident #66 was readmitted to the facility on [DATE]. There was no evidence the resident received a written bed hold policy notice. Interview on 03/12/20 at 12:53 P.M. with the Regional Director of Clinical Services #92 verified the facility did not provide a bed hold policy notice when Resident #66 was transferred to the hospital on [DATE].
F 0641 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure each resident receives an accurate assessment.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to accurately complete the Minimum Data Set (MDS) assessment. This affected two Residents (#37 and #57) of 17 reviewed for MDS accuracy. The facility census was 69. Findings include 1. Review of the medical record revealed Resident #37 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #37's physician's orders [REDACTED]. Review of the comprehensive assessment dated [DATE] revealed the resident was not receiving [MED]. Interview on 03/12/20 at 8:51 A.M., with the Minimum Data Set (MDS) Coordinator #59 verified Resident #37 was receiving [MED] during the MDS look back period and an error had been made when coding the MDS. 2. Medical record review revealed Resident #57 was admitted to the facility on [DATE] with extreme cognitive deficits, [MEDICAL CONDITION] and [MEDICAL CONDITION] vascular disease ([MEDICAL CONDITION]). Review of Resident #57's physician orders [REDACTED].M., with MDS Coordinator #59 verified Resident #57 was not receiving [MED] during the MDS look back period, and an error had been made when coding the MDS.
F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, and staff interview, the facility failed to ensure a resident with a pressure ulcer received the necessary treatment to promote healing and prevent new ulcers from developing. This affected one Resident (#7) of one reviewed for pressure ulcers. The facility census was 69. Findings include: Review of the medical record for Resident #7 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Further review of the record revealed the resident was admitted with three pressure ulcers as follows: 1. A stage four (Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible on some parts of the wound bed. Epibole (rolled edges), undermining and/or tunneling often occur) on the coccyx measuring 6.0 centimeters (cm) long by 6.8 cm wide by 0.8 cm deep with tunneling. 2. An unstageable (Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar) ulcer on the left lateral heel. (This ulcer healed on 11/05/19). 3. An unstageable ulcer on the left medial heel. (This ulcer healed on 01/27/20). Review of the physician's orders [REDACTED]. A Minimum Data Set (MDS) assessment completed 12/18/19 revealed the resident had severe cognitive impairment, was totally dependent upon staff for Activities of Daily Living (ADLs), and had a stage four pressure ulcer and one unstageable pressure ulcer. Review of Resident #7's Treatment Administration Record (TAR) for January 2020 revealed six of 31 days in which the moon boots were not documented as provided. The TAR for February 2020 revealed eight of 29 days in which the moon boots were not documented as provided. The TAR for March 2020 revealed eight of 11 days in which the moon boots were not documented as provided. A pressure ulcer risk assessment completed on 02/10/20 indicated Resident #7 was at a high risk for the development of pressure ulcers. Review of Resident #7's wound measurements on 03/03/20 revealed the resident continued to have a pressure ulcer on the coccyx measuring 1.4 cm long by 0.6 cm wide by 0.1 cm deep. Observation on 03/11/20 at 9:35 A.M. revealed Resident #7 to be in bed with no moon boots on her feet. At 10:45 A.M. Resident #7 was in bed with no moon boots on her feet. The resident's left heel was resting on the mattress and the right leg was bent backwards with the right heel touching her buttock. Interview with Licensed Practical Nurse #28 on 03/11/20 at 10:45 A.M. confirmed Resident #7 did not have the moon boots on and should have. She stated she was not aware the resident did not have them on. Interview with State tested Nursing Assistant (STNA) #51 on 03/11/20 at 10:50 A.M. confirmed Resident #7 had not had the moon boots on that day. She revealed she did not know where the boots were, as they were not in the resident's room. Interview with the Director of Nursing (DON) on 03/11/20 at 11:17 A.M. confirmed multiple days on the TAR there was no evidence interventions were completed. She confirmed Resident #7 should have had the moon boots on due to her previous history of pressure ulcers on the heels. She confirmed the resident was at high risk for the development of additional pressure ulcers.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** Based on observation, staff interview, and review of facility policy, the facility failed to date [MED] pens when they were opened. This affected three Residents (#37, #56, and #67) of seven [MED] pens observed. The facility census was 69. Findings include Observation on 03/12/20 at 6:30 A.M. revealed three [MED] pens were identified as being open and used for Resident #37, #56, and #67. None of the tree pens had an open date identified on the pens. Interview on 03/12/20 at 6:30 A.M. with Registered Nurse (RN) #93 verified the [MED] pens for Residents #37, #67, and Resident #56 did not indicated the date the pens were opened. Review of the facility's policy titled Medication Storage, dated 01/1/14, under the heading of Multi-Dose Vials, revealed vials must be dated upon opening and discarded within 30 days unless otherwise specified by manufacturer.
F 0791 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide or obtain dental services for each resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

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.

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F 0791 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) Based on medical record review, resident and staff interview, the facility failed to assist a resident with obtaining dental services. This affected (#35) of three reviewed for dental services. The facility census was 69. Findings include: Medical record review revealed Resident #35 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #35's plan of care revealed the resident had natural teeth and was at risk for oral issues related to obvious broken natural teeth. An intervention was to coordinate arrangements for dental care and transportation as needed. Review of Resident #35's nurse progress noted dated 03/26/19 at 3:05 P.M. revealed Resident #35 had returned from a dental appointment and had six lower teeth removed. Review of the nurse progress note dated 04/13/19 at 1:38 P.M. revealed the resident had teeth extracted recently and was scheduled for remaining teeth to be extracted. Review of Resident #35's annual Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had no cognitive deficits and had obvious, or likely cavities, or broken natural teeth. Review of Resident #35's social service progress note dated 12/12/19 at 4:05 P.M. revealed Resident #35 was seen by a dentist that day. The noted revealed the dentist was giving the resident a referral to another dentist. Interview with Resident #35 on 03/11/20 at 9:20 A.M. revealed she currently had six natural teeth on top and one natural tooth on the bottom. She denied having any partials or dentures. She stated she had all of her teeth but one pulled on the bottom while a resident of the facility. She revealed the dentist told her she needed to see an oral surgeon to have the rest of her teeth pulled. She said she wanted to get dentures after the remaining teeth were pulled. She was unaware if the facility had made any arrangements for her to see an oral surgeon to have the remaining teeth pulled. There was no evidence of any follow up by the facility to assist Resident #35 with having her remaining teeth pulled so she could then get dentures. There was no evidence of any consult notes in the medical record from the dentist for the extractions on 03/26/19 or the dental consult on 12/12/19. Interview with Licensed Practical Nurse (LPN) #7 on 03/11/20 at 1:54 P.M. revealed she was aware of Resident #35 having teeth pulled on 03/26/19. She also revealed she was aware the resident was then to see an oral surgeon to have the rest of the teeth pulled. She was unaware if the appointment had ever been scheduled. She confirmed there were no consultation reports available for the extractions on 03/26/19 or the dental visit on 12/12/19. Interview with Corporate Registered Nurse (CRN) #92 on 03/12/20 at 12:53 P.M. confirmed there were no consultation reports available for dental care on 03/26/19 or 12/12/19. She confirmed there was no evidence of any follow up to arrange for Resident #35 to have her remaining teeth pulled.