STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365195	A. BUILDING _____ B. WING _____	05/20/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MCNAUGHTEN POINTE NURSING AND REHAB	1425 YORKLAND ROAD COLUMBUS, OH 43232

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 0609 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure a potential incident of sexual abuse/sexual assault was reported timely to the State agency and local police after Resident #1, who was cognitively impaired and dependent on staff for personal care was diagnosed with [REDACTED]. This affected one resident (#1) of three residents reviewed for abuse. Findings include: Review of Resident #1's closed medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident's [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score was not calculated due to the resident's inability to answer the questions. The assessment revealed the resident required extensive to total dependence, with two person physical assistance for all activities of daily living (ADLs). Record review revealed on 04/28/20 the resident was transferred to the emergency room due to having [MEDICAL CONDITION] symptoms. A urinalysis obtained during the course of hospital treatment revealed the resident was positive for a urinary tract infection and also for trichomoniasis, a [MEDICAL CONDITION] (STD). The resident was discharged from the hospital the same day with orders for antibiotic treatment for [REDACTED].#1 was identified to have an STD upon her return from the hospital. Record review revealed on 05/12/20 the Director of Nursing (DON) was contacted by the resident's managed care provider president, vice president and medical director who lodged a formal allegation of sexual abuse involving Resident #1 due to the resident testing positive for trichomonas at the hospital. Information obtained from the managed care physician revealed the resident was a [AGE] year old female who suffered an auto accident in 2018 resulting in a [MEDICAL CONDITION]. The resident had been in a minimally conscious state and had a [MEDICAL CONDITION] since that time. Trichomonas was found on a routine urinalysis. The physician felt sexual assault was the only way the resident would have gotten trichomonas, due to the fact the resident had remained in a minimally conscious state since the auto accident. The physician also provided the results of a urinalysis completed during a hospitalization in 12/2019 which was negative for trichomonas. Interview with the Administrator and Director of Nursing (DON) on 05/14/20 at 4:27 P.M. and 05/18/20 at 7:40 A.M., 7:53 A.M. and 8:05 A.M. verified the facility did not generate a facility self reported incident or contact local police on 04/28/20 following the resident's return from the hospital and testing positive for an STD. The administrative staff revealed it wasn't until 05/12/20 when the managed care staff contacted the facility to question sexual assault as a result of the STD [DIAGNOSES REDACTED]. The facility also provided information that the managed care staff had also notified local police. Review of facility Abuse, Neglect, Exploitation and Misappropriation of Resident Property policy, dated 11/21/16 revealed it defined sexual abuse as non-consensual sexual contact of any type with a resident. The policy revealed the facility would investigate all alleged violations involving abuse, neglect, exploitation, mistreatment of [REDACTED]. Additionally, the facility should immediately report all such allegations to the Ohio Department of Health. In cases where a crime was suspected, staff should also report the same to local law enforcement. When an allegation was made, the facility would ensure the resident was safe, report abuse allegations to the State agency within two hours, report alleged crimes to local law enforcement, and thoroughly investigate the allegation. Also, in the section titled Prevention and Identification, the policy revealed the facility would identify events, such as suspicious bruising of residents, occurrences, patterns and trends which might constitute abuse; and to determine the direction of the investigation. The section titled Report and Investigate revealed all allegations of abuse were to be reported to the State survey agency in accordance with state law. This deficiency substantiates Complaint Number OH 549.
F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Respond appropriately to all alleged violations.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure an investigation related to a potential incident of sexual abuse/sexual assault involving Resident #1 was immediately initiated after the resident, who was cognitively impaired and dependent on staff for personal care was diagnosed with [REDACTED]. This affected one resident (#1) of three residents reviewed for abuse. Findings include: Review of Resident #1's closed medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident's [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score was not calculated due to the resident's inability to answer the questions. The assessment revealed the resident required extensive to total dependence, with two person physical assistance for all activities of daily living (ADLs). Record review revealed on 04/28/20 the resident was transferred to the emergency room due to having [MEDICAL CONDITION] symptoms. A urinalysis obtained during the course of hospital treatment revealed the resident was positive for a urinary tract infection and also for trichomoniasis, a [MEDICAL CONDITION] (STD). The resident was discharged from the hospital the same day with orders for antibiotic treatment for [REDACTED].#1 was identified to have an STD upon her return from the hospital. Record review revealed on 05/12/20 the Director of Nursing (DON) was contacted by the resident's managed care provider president, vice president and medical director who lodged a formal allegation of sexual abuse involving Resident #1 due to the resident testing positive for trichomonas at the hospital. Information obtained from the managed care physician revealed the resident was a [AGE] year old female who suffered an auto accident in 2018 resulting in a [MEDICAL CONDITION]. The resident had been in a minimally conscious state and had a [MEDICAL CONDITION] since that time. Trichomonas was found on a routine urinalysis. The physician felt sexual assault was the only way the resident would have gotten trichomonas, due to the fact the resident had remained in a minimally conscious state since the auto accident. The physician also provided the results of a urinalysis completed during a hospitalization in 12/2019 which was negative for trichomonas. Interview with the Administrator and Director of Nursing (DON) on 05/14/20 at 4:27 P.M. and 05/18/20 at 7:40 A.M., 7:53 A.M. and 8:05 A.M. verified the facility did not immediately begin an investigation on 04/28/20 following the resident's return from the hospital and testing positive for an STD. The administrative staff revealed it wasn't until 05/12/20 when the managed care staff contacted the facility to question sexual assault as a result of the STD [DIAGNOSES REDACTED]. The administrative staff revealed they had notified the medical director of the new STD [DIAGNOSES REDACTED]. The DON stated she had also spoken to the resident's mother on 04/28/20 and the mother stated her aunt also had the [DIAGNOSES REDACTED]. Record review and interview revealed the resident was not symptomatic of the STD at the time she was diagnosed on [DATE]. Review of facility Abuse, Neglect, Exploitation and Misappropriation of Resident Property policy, dated 11/21/16 revealed it defined sexual abuse as non-consensual sexual contact of any type with a resident. The policy revealed the facility would investigate all alleged violations involving abuse, neglect, exploitation, mistreatment of [REDACTED]. Additionally, the facility should immediately report all such allegations to the Ohio Department of Health. In cases where a crime was suspected, staff should also report the same to local law enforcement. When an allegation was made, the facility would

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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