	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBE 2072R		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 10/07/2014	
	OVIDER OR SUPPLIER S AT EASTLAND THE			2469	ET ADDRESS, CITY, STATE, ZIP CODE KIMBERLY PARKWAY EAST JMBUS OH, 43232		
(X4) ID PREFIX TAG	(EACH DEFICICIENCY M	ENT OF DEFICIENCIES UST BEPRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETION DATE
R 0000	Initial Comments Total Capacity: 75 Total Census: 59 County: Franklin Administrator: Stella Survey type: Compl OH00072446 Completed by: 3394	aint Number	R 00	000			
R 0100	of an administrator w (1) Meet the applical rule 3701-17-55 of th Code; (2) Be responsible for of the residential car but not limited to, as ongoing or changing identified in the resident and services ordered care professional are appropriate staff med does not provide for shall be discussed w required by paragrap 3701-17-58 of the Administration of the facility week during the housix p.m. If the administration of the same content of the sa	A) Each residential ange for the services who shall: ble requirements of the Administrative or the daily operation the facility including, suring that residents' service needs, as then assessments, the day a licensed health the acted upon by the mber. If the facility the needed service, it with the resident as the highest of the diministrative Code; than twenty hours of during each calendar is of eight a.m. and instrator is unable to the hours of service in acility in a given	R 01	00			

Ohio Department of Health

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

(X6) DATE

TITLE

-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE 2072R				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	COM	TE SURVEY MPLETED 0/07/2014
	OVIDER OR SUPPLIER S AT EASTLAND THE			STRE 2469 COLU			
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R 0100	not present at the re A residential care far same building as a r the same lot as a nu which are owned an same entity, shall be met this requirement has a full-time admir under Chapter 4751	corary situation, the esignate a staff not be less than age and who meets paragraphs (D) and 55 of the to serve as acting administrator at all other times when sidential care facility. Cility located in the nursing home, or on rsing home, both of doperated by the econsidered to have to the nursing home histrator licensed to the Revised Code or both the residential sing home. For the agraph, "full-time"	R 01	00			
	by: Based on observation facility failed to arrant administrator to provitwenty hours in the f week during the hour 6:00 P.M. This had	nge for an ride no less than acility each calendar					

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R 0100	Continued From pag	e 2	R 0	100			
	going to be in the buthe week. On 10/02/14 at 12:49 interview with the preserve aled the ombuds facility at least once the administrator was ombudsman further facility often function administrator in the butter of the second	o conduct the on. The of present in the e surveyor entered. A.M. interview with revealed the of town and was not ilding until the end of of p.M., telephone evious ombudsman sman was in the a week and stated is never there. The voiced concerns the ed without an ouilding. P.M., telephone ministrator revealed and would not return the evening. The ated she functioned or of nursing (DON) as nurse during the night the interview, the ed she was a salaried of punch in and out on the what hours she was ne facility. The keeping any log of					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMB 2072R				(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING	CTION		SURVEY LETED 07/2014
	VIDER OR SUPPLIER S AT EASTLAND THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2469 KIMBERLY PARKWAY EAST COLUMBUS OH, 43232				
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R 0100	Continued From pag	je 3	R 0	100				
	it could not be detern administrator provide hours in the facility eduring the hours of 8 P.M.	ed no less than twenty each calendar week 3:00 A.M. and 6:00						
	This violation is an in Complaint Number (
R 0409	or unless authorized by statute director of health, the administrator of resident in writing, and the resid writing by certified	ept in an emergency e or by rules of the a home shall notify a dent's sponsor in equested, in advance discharge from the ded at least thirty er or discharge,	R 04	409				
	(b) The resident has less than thirty	resided in the home						

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL D PLAN OF CORRECTION IDENTIFICATION NUMBE 2072R				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/07/2014		
	NAME OF PROVIDER OR SUPPLIER WOODLANDS AT EASTLAND THE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			2469	ET ADDRESS, CITY, STATE, ZIP CODE KIMBERLY PARKWAY EAST MBUS OH, 43232				
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R 0409	transfer or discharge as is prace (2) The notice require (1) of this section shall include (a) The reasons for the or discharge; (b) Notice of the righth his sponsor to an impartial hearing proposed transfer or manner in which and the time was resident or his sponsor may request division (C) of this section; (c) The address of the office of the department of a representative of the ombudsman program and, if the reason of the discharge of the region of the	a resident described ection, the notice rance of the proposed ticable. ed under division (A) all of the following: the proposed transfer to of the resident and at the home on the discharge, and of the within which the transfer the legal services the legal ser	R 04	109					

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB 2072R				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/07/2014		
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R 0409	Continued From pag service.	e 5	R 04	109				
	by: Based on record rev facility failed to notify guardian in writing p transfer/discharge fra affected one resident three residents revie transfer/discharge. Findings include: Review of Residents revealed the resident facility on 07/06/13 v including dementia, a depression, cerebrow hypertension and dia Record review reveat involved in two incide local police involvem 08/29/13 revealed R stopped by a rental of airport. The resident take the car out on the employee asked for the resident backed attempted to go out spike strip flattened a airport police called to the resident was retuened On 08/01/13, a local revealed Resident #6	#60's medical record t was admitted to the with diagnoses anemia, obesity, wascular accident, abetes mellitus. #led Resident #60 was ents that resulted in hent. An incident, on esident #60 was car employee at the was attempting to he road. The proof of rental and the entrance. The all the tires. The the administrator and urned to the facility.						

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER 2072R				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE COMPI		
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R 0409	resident was returned police. On 10/1/13 the reside emergency guardianthe resident leaving unattended. Review including the last nur documented on 10/1 resident was seen by and no complaints we review revealed the discharged from the Record review revealed the discharge from the Record review revealed the discharge notice was resident. There was related to when their resident left with or the resident at the time of the discharge notice was related to when their resident left with or the resident at the time of the discharge notice was resident at the time of the discharge notice was resident at the time of the resident at the time of the resident at the discharge notice with the additive with the additive peritioned the resident end and be facility by local police the resident stole and airport and was brought and was brought and the court of a pointed a legal guinterview, the adminituder must be more additional document.	ent was appointed an due to confusion and the facility of nurse's notes, rese's notes entry, 7/13 revealed the yethe nurse practioner ere voiced. Record resident was facility on 10/23/13. Eled there was no ed to who authorized er, or whether a se provided to the no documentation resident, who the he condition of the of discharge. 5 A.M., telephone ministrator revealed ed the facility was whibited wandering een returned to the ental car at the ght back to the strator the facility and the resident was ardian. During the strator indicated to the record and	R 04	109				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER 2072R				(X2) MULTIPLE CONST A. BUILDING B. WING	RUCTION	_	SURVEY LETED 07/2014
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R 0409	additional informatio available to review ir #60's discharge from This violation substa Number OH0007244	he administrator we someone in the f the record as she P.M. interview with revealed there as no n information n regards to Resident n the facility. Intiates Complaint 16.	R 04					
R 0410	by: Based on record rev facility failed to ensu was recorded in Res record related to the resident's discharge affected one residen three residents revie transfer/discharge. Findings include: Review of Resident:	Transfer or discharge esident's medical edical basis for the edical basis for the not met as evidenced eiew and interview the re documentation ident #60's medical circumstances of the from the facility. This t (Resident #60) of wed for #60's medical record t was admitted to the	R 04	110				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE 2072R				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	СОМ	E SURVEY IPLETED 0/07/2014
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R 0410	involved in two incide local police involvem 08/29/13 revealed R stopped by a rental cairport. The resident take the car out on the employee asked for the resident backed attempted to go out spike strip flattened a airport police called the resident was returned on 10/1/13, a local revealed Resident #4 on the side of the roat The resident was ap and stated he was guresident was returned police. On 10/1/13 the resident emergency guardian the resident leaving sunattended. Review including the last nur documented on 10/1	anemia, obesity, vascular accident, abetes mellitus. Alled Resident #60 was ents that resulted in tent. An incident, on esident #60 was car employee at the was attempting to the road. The proof of rental and the entrance. The all the tires. The the administrator and trined to the facility. Police report 60 was found walking and on a local highway. proached by police oing to buy a car. The dot to the facility by ent was appointed an and the facility of nurse's notes, rise's notes entry, 7/13 revealed the yithe nurse practioner was facility on 10/23/13. Alled there was no end to who authorized	R 04	110			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUME 2072R				(X2) MULTIPLE CO A. BUILDING _ B. WING _	DNSTRUCTION	(x	(3) DATE S COMPLI	
	VIDER OR SUPPLIER S AT EASTLAND THE			2469	T ADDRESS, CITY, S' KIMBERLY PARKW MBUS OH, 43232				
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R 0410	the resident stole a rairport and was broufacility by the adminipetitioned the court appointed a legal guinterview, the adminithere must be more additional document resident's transfer to at another facility. To stated she would happen facility find the rest of was out of town. On 10/02/14 at 3:20 the activities director additional information.	s provided to the ano documentation resident, who the he condition of the of discharge. 5 A.M., telephone ministrator revealed ed the facility was exhibited wandering een returned to the emultiple times. After rental car at the 19th back to the 19th back to the 19th strator the facility and the resident was 19th ardian. During the 19th strator indicated 19th to the record and 19th as secure locked unit 19th administrator 19th and 19th are someone in the 19th freevealed there as no 19th are revealed there as no 19th are gards to Resident 19th are facility.	R 04	10					
R 0661	O.A.C. 3701-17-65 (Maintenance, Equipo O.A.C. 3701-17-65 (residential care facili	ment, Supplies B) Each	R 06	61					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER 2072R				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	CON	TE SURVEY MPLETED 0/07/2014
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R 0661	housekeeping and measures to assure sanitary environmen (2) Providing dual refuse receptacles to wastes. The resident shall store all garbag leakproof containers covers until time of all wastes in a satisfaction (3) Eliminating a and rodents and taking measures to prevent of insects and rodent building used for a refuse or part there of insects and roden such a manner as fire or health hazard. This STANDARD is by: Based on observation facility failed to main sanitary environment potential to affect all in the facility. Findings include:	and implementing naintenance a a clean, safe, t; rable garbage and accommodate tial care facility ge and other refuse in with tight fitting lisposal, and dispose actory manner; any existing insects ng effective the presence ts in or around any esidential care facility of. The extermination ts shall be done in not to create a mot met as evidenced an and interview the tain a clean and t. This had the 59 residents residing	R 06	661			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE 2072R				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	СОМ	E SURVEY PLETED /07/2014
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R 0661	on the carpet on the unit) in front of Roon 20. Also stains were lounge/activity area. frayed in multiple are	veyor observed stains hallway (Elm Valley n 10, 11, 16, 17 and observed in the The carpet was	R 06	661			
	At 4:00 P.M. the sum on the carpet in the light Knoll unit) by Room At 4:11 P.M. the sum multiple dark stains of carpet in Room 17. At 4:17 P.M. the sum in the drywall measure two inches in Room living room area and stained throughout with A pile of dried hard of on the carpet. Appropriately a	veyor observed on the bedroom veyor observed a hole ring two inches by 30. The carpet in the the bedroom was with dark black stains. Seat food was observed oximately one foot ide gouges were vall of the bedroom. ervations were histrator at the time of othoro at the annual o7/24/14, the empleted on 09/27/13 inual and complaint					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE 2072R				A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/07/2014	
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R 0661	Continued From pa	ge 12 ampleted on 06/25/13.	R 06	661			