

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review, observations, staff interview, and facility policy review, the facility failed to monitor and determine Resident #39's ability to safely self administer all acquired medications. This affected one (Resident #39) of the five residents reviewed for unnecessary medication.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #39 revealed an admitted [DATE]. Diagnosis included multiple sclerosis, chronic pain syndrome, adult failure to thrive and cocaine abuse.</p> <p>Review of Resident #39's annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating resident had an intact cognition for daily decision making abilities. Resident #39 was noted to require extensive assistance from one staff member for eating and was noted to experience impairment to one upper and one lower extremity.</p> <p>Review of Resident #39's Medication Self-Administration Safety Screen dated 08/01/23 revealed medication that was being considered for resident to self-administer included over the counter Senna (treat constipation), Folic Acid (supplement), and Simethicone (gas relief). Safety concerns and recommendations revealed for Resident to make staff aware when purchasing over the counter via on-line for storage or medication not on medication list. It was noted on 08/01/23 that Resident #39 agreed to the noted terms.</p> <p>Observation on 09/11/23 at 11:42 A.M. of Resident #39's room revealed two bottles of Tylenol 500 milligram (mg), 500 tablet each, two bottles of Neuriva (a brain health supplement), one bottle of Tussin DM max cough syrup, one bottle of Robitussin Therapy cough and congestion and one bottle of Tums.</p> <p>Review of Resident #39's current physician order for September 2023 revealed no orders for the medication observed in the residents room.</p> <p>Interview on 09/11/23 at 11:55 A.M. with [NAME] President (VP) of Operations #200 confirmed the observed containers of medication were noted in Resident #39's room. VP of Operations #200 claimed she was in the process of asking the nursing staff if there was a care plan for him to self administer any medication and why these were in his room.</p> <p>(continued on next page)</p>		

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.

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview on 09/11/23 at 12:04 P.M. with the Director of Nursing (DON) revealed Resident #39 had a self-administration assessment completed and that he will order medication online and failed to tell the nursing staff when something such as medication has been delivered.</p> <p>Interview on 09/11/23 at 2:30 P.M. with the DON confirmed the medication observed in Resident #39's room was not listed on the Self-Administration assessment dated [DATE] nor had Resident #39 informed a staff member that he had ordered medications that were not listed on his medication list.</p> <p>Review of facility policy titled Self-Administration of Medication, dated 12/2016 revealed 8. Self-administered medication must be stored and secure place, which is not acceptable by other residents. 9. Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration, for return to the family or responsible party. 10. The facility will reorder self-administered medications in the same manner as other medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on observation, record review, and interview, the facility failed to complete a comprehensive resident centered care plan for the use of a positioning splint device. This deficient practice affected one resident (Resident #45) out of one resident reviewed for a positioning splint device. The facility census was 58.</p> <p>Findings include:</p> <p>Review of Resident #45's medical record revealed Resident #45 was admitted to the facility on [DATE] with diagnoses including cardiomyopathy, stroke, metabolic encephalopathy, diabetes mellitus type 2, depression, high blood pressure, and chronic obstructive pulmonary disease.</p> <p>Review of Resident #45's Minimum Data Set (MDS) revealed Resident #45 was cognitively intact and required extensive assistance from staff for activities of daily living (ADL) tasks. Resident #45 was also frequently incontinent of bowel and bladder.</p> <p>Review of Resident #45's physician orders revealed an order dated 01/19/23 for the placement of a roll hand splint to the right hand for up to six hours as Resident #45 tolerated. Placement of roll splint was scheduled from 9:00 P.M. to 4:00 A.M.</p> <p>Review of Resident #45's Medication Administration Record (MAR) for August 2023 and September 2023 revealed completion of the order for a roll hand splint placed to the right hand of Resident #45.</p> <p>Review of Resident #45's care plan dated 06/09/22 revealed no created or implemented care plan for the use of a roll hand splint for Resident #45's right hand.</p> <p>Observation on 09/11/23 at 2:07 P.M. revealed Resident #45 was laying in bed with bilateral hands and arms uncovered from the bed sheets. Resident #45 right hand was observed laying flat with the palm of the hand against the bed sheet. Resident #45's right hand was flaccid in appearance with the fingers curled up slightly against the bed sheet. On top of the three-drawer nightstand beside Resident #45's bed was observed a rolled hand splint with Velcro straps.</p> <p>Interview on 09/12/23 at 1:35 P.M. with Resident #45 revealed the staff places the hand splint to his right hand at bedtime and removes it early in the morning.</p> <p>Interview on 09/13/23 at 3:30 P.M. with the Director of Nursing (DON) confirmed there was no care plan created or implemented for Resident #45's right hand.</p> <p>Review of the facility policy titled, Care Planning - Interdisciplinary Team dated 09/2013 revealed, The facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review, staff interview, and facility policy review, the facility failed to revise Resident #8's comprehensive care plan after a change in condition. This affected one (Resident #8) of 25 residents reviewed for comprehensive care plans.</p> <p>Findings Include:</p> <p>Resident #8 was admitted to the facility on [DATE]. His diagnoses were type I diabetes, difficulty walking, hereditary and idiopathic neuropathy, acquired absence of right foot, peripheral vascular disease, myasthenia gravis, hypertension, hypothyroidism, bipolar disorder, borderline personality disorder, major depressive disorder, old myocardial infarction, hypo-osmolality and hyponatremia, hypokalemia, and anemia.</p> <p>Review of Resident #8's Minimum Data Set (MDS) assessment, dated 06/13/23, revealed he was cognitively intact.</p> <p>Review of Resident #8 progress notes, dated 08/10/23, revealed he returned to the facility after having surgery to perform a below the knee amputation.</p> <p>Review of Resident #8 care plan revealed no care plan regarding care for Resident #8 below the knee amputation.</p> <p>Interview with Administrator on 09/13/23 at 3:15 P.M. confirmed the facility did not update Resident #8 care plan when he had his right leg amputation.</p> <p>Review of facility Care Planning policy, dated September 2013, revealed the facility's care planning/interdisciplinary team is responsible for development of an individualized comprehensive care plan for each resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on record review, observation, and interview, the facility failed to provide personal hygiene to Resident #1 who dependent on staff for care. This deficient practice affected one resident (Resident #1) out of two residents reviewed for personal hygiene. The facility census was 58.</p> <p>Findings include:</p> <p>Review of Resident #1 medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including epilepsy, congestive heart failure, blindness, depression, anxiety, and high blood pressure.</p> <p>Review of Resident #1 Minimum Data Set (MDS) Quarterly dated 08/18/23 revealed Resident #1 had impaired cognition, was always incontinent of bowel and bladder, required extensive assistance from staff for bed mobility, transfers, dressing, and personal hygiene including fingernail trimming and care. Resident #1 was dependent on the staff for bathing and locomotion off the unit. Further review revealed Resident #1 was receiving hospice services.</p> <p>Review of Resident #1's care plan dated 01/04/22 revealed Resident #1 has an activities of daily living (ADL) self-care deficit requiring staff assistance to complete ADL tasks. Further review revealed Resident #1 has a behavior problem related to non-compliance with his treatment plan and being aggressive and derogatory towards staff. Resident #1 was not easily redirected.</p> <p>Review of Resident #1's nursing notes dated 08/14/23 to 09/14/23 revealed there were no notes entered to reflect if Resident #1 refused or was aggressive with personal care including attempted fingernail trimming and care.</p> <p>Observation on 09/11/23 at 12:31 P.M. revealed Resident #1 was laying in bed with his left hand resting on top of the bed blanket. Resident #1's left fingers were observed with long, untrimmed, and dirty fingernails. Resident #1's right hand was under the bed blanket and was not able to be observed.</p> <p>Observation on 09/12/23 at 12:00 P.M. revealed Resident #1 was sitting up in bed with his left fingers resting up against his chin and lower lip. Resident #1's left fingers were observed with long, untrimmed, and dirty fingernails.</p> <p>Observation on 09/13/23 at 1:00 P.M. revealed Resident #1 was out of bed and sitting in his wheelchair with a bed sheet covering his lap. Resident #1's hand was uncovered and visible revealing the left fingers with long, untrimmed, and dirty fingernails. Resident #1's right was also uncovered and visible revealing curled fingers with the fingernails laying against the palm of the hand.</p> <p>Observation on 09/14/23 at 07:39 A.M. revealed Resident #1 was sitting in bed with his left hand uncovered and resting on top of the bed blanket. Resident #1's left fingers continued to have long, untrimmed, and dirty fingernails.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/12/23 at 12:15 P.M. with Licensed Practical Nurse (LPN) #366 revealed the State tested Nursing Assistants (STNAs) will perform fingernail care on residents that are not diabetic and that can't complete the task independently.</p> <p>Interview on 09/13/23 at 2:30 P.M. with the Director of Nursing (DON) revealed either the facility staff or the hospice staff will perform personal hygiene for Resident #1 including the trimming and care of his fingernails. Resident #1 allows for the left hand and fingernails to be cared for but becomes aggressive with the staff when the right hand and fingernail care is attempted. The Director of Nursing confirmed Resident #1 had long, untrimmed, and dirty fingernails on his left hand.</p> <p>Review of the facility policy titled, Assisting the Nurse in Examining and Assessing the Resident dated 08/2010 revealed, As staff provides the resident with personal care needs, they should note the assistance needed with bathing, hair and nail care, dressing and undressing and mouth care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on interview and record review the facility failed to follow physician orders to notify the physician of an abnormal blood glucose level. These deficient practice affected one resident (Resident #21) out of two residents reviewed for blood glucose levels.</p> <p>Findings Include:</p> <p>41271</p> <p>Reviewed of the medical record for Resident #21 revealed an admitted [DATE]. Diagnosis included type two diabetes mellitus, severe protein calorie malnutrition, and chronic pancreatitis.</p> <p>Review of Resident #21 quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating an intact cognition for daily decision making abilities. Resident #21 was noted to be 69 inches tall, weighted 133 pounds and was receiving insulin and diuretics daily.</p> <p>Review of Resident #21's plan of care, no date noted, revealed the resident has type 2 diabetes mellitus with hyperglycemia and diabetic neuropathy. Interventions include administering diabetic medication as ordered by physician and monitoring and documenting side effects and effectiveness. Monitor, document, and report as needed any signs and/or symptoms of hyperglycemia.</p> <p>Review of the progress note dated 08/30/23 at 5:30 P.M. created by Registered Nurse (RN) #395 revealed the resident's blood sugar read HI on the glucometer and 5 units of insulin Lispro was given. The resident was noted to be asymptomatic.</p> <p>Review of the progress note dated 08/30/23 at 6:03 P.M. created by RN #95 revealed the resident's blood sugar was rechecked and still showing HI on the glucometer and the certified nurse practitioner (CNP) was notified. The resident received a one time order for 5 units of insulin Lispro, recheck blood sugar after two hours and notify physician if the blood sugar was below 100 or above 300 milligram per deciliter (mg/dl). It was noted to keep monitoring the resident.</p> <p>Review of the progress note dated 08/30/23 at 7:06 P.M. created by RN #395 revealed Resident #21's blood sugar was rechecked and it was 595 mg/dl. The resident was noted to be asymptomatic. There was no evidence the resident's physician or CNP was notified to further treat the high blood sugar.</p> <p>Interview on 09/14/23 at 11:30 A.M. with the Director of Nursing (DON) confirmed Resident #21 had a high glucose reading on 08/30/23 with orders provided by the physician to administer 5 units of insulin Lispro now and then to recheck the residents blood glucose in two hours. The DON verified Resident #21's blood glucose was rechecked with a reading of 595 mg/dl and found no evidence to indicate the physician was notified that Resident #21's blood glucose reading was above 300 mg/dl.</p> <p>Review of facility policy titled Obtaining a Fingerstick Glucose Level, dated 10/2011 revealed 1. Report results promptly to the supervisor and the Attending Physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on observation, interview and record review the facility failed to verify placement of a percutaneous endoscopic gastrostomy (PEG) tube prior to medication administration. These deficient practices affected one resident (Resident #5) out one resident reviewed for PEG tube.</p> <p>Findings Include:</p> <p>Review of Resident #5 medical record revealed Resident #5 was admitted to the facility on [DATE] with admitting diagnoses including Chronic Obstructive Pulmonary Disease (COPD), hemiplegia affecting left non-dominant side, dysphagia, adult failure to thrive and gastrostomy status. Further review revealed Resident #5 received medications via the PEG tube.</p> <p>Review of Resident #5 Minimum Data Set (MDS) Quarterly dated 07/04/23 revealed Resident #5 requires extensive assistance for activities of daily living (ADL) tasks and dependent assistance from staff for feeding and medication administration.</p> <p>Review of Resident #5 physician orders revealed Resident #5 receives Enteral Feed of Jevity 1.5 at 325 milliliters every four hours [NAME] PEG tube, Pro-Stat protein liquid supplement 30 milliliters three times per day via PEG tube, Keppra 500 milligrams per 5 milliliters give 15 milliliters twice daily via PEG tube, Aspirin 81 milligrams daily via PEG tube, and Vitamin D 1000 units daily via PEG tube.</p> <p>Observation on 09/13/23 at 8:25 A.M. revealed Licensed Practical Nurse (LPN) #342 was administering morning medications on the 200 Hallway. LPN #342 prepared Resident #5 medications per order and entered Resident #5's room. LPN #342 turned off the enteral feeding pump and detached the tubing from the PEG tube. LPN #342 then placed the syringe in the PEG tube, flushed with 30 milliliters of free water, and then began to administer Resident #5 morning medications. Following the completion of medication administration, LPN #342 flushed the PEG tube with another 30 milliliters of free water. LPN #342 did not check for placement of the PEG tube prior to flushing and administering the medications.</p> <p>Interview on 09/13/23 at 8:30 A.M. with LPN #342 confirmed she did not check for placement of the PEG tube, as she forgot to do this step.</p> <p>Review of the facility policy titled, Administering Medications through an Enteral Tube dated 03/2015 revealed steps in the procedure includes #18, Confirm placement of the feeding tube.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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 0730 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Observe each nurse aide's job performance and give regular training.</p> <p>47569</p> <p>Based on observation, interview and record review, the facility failed to complete annual performance evaluations for all State Testing Nursing Assistants (STNAs) as required. This had the potential to affect all 58 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of STNA #363's personnel record revealed a hire date was 05/03/13 with previous annual evaluations completed from 05/03/14 to 05/03/19, but no annual performance evaluations completed since 05/03/2019.</p> <p>Review of STNA #377's personnel record revealed a hire date was 10/20/21, and no annual performance evaluations were completed for 10/20/22.</p> <p>Interview on 09/14/23 at 9:15 A.M. with Human Resource (HR) staff #424 confirmed the incomplete annual performance evaluations for STNA #363 and #377.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review, resident interview, and staff interview, the facility failed to provide adequate social services oversight and assistance to Resident #54 related to benefit(s)/continued placement in the facility. This affected one resident (#54) of one resident reviewed for insurance benefits. The census was 58.</p> <p>Findings Include:</p> <p>Resident #54 was admitted to the facility on [DATE]. His diagnoses were encephalitis, chronic obstructive pulmonary disease, nontoxic goiter, mood disorder, anxiety disorder, alcohol abuse, hypertension, difficulty walking, and cognitive communication deficit.</p> <p>Review of his Minimum Data Set (MDS) 3.0 assessment, dated [DATE], revealed the resident was cognitively intact.</p> <p>Review of Resident #54's progress notes, dated [DATE] and [DATE], revealed the resident told facility social services he had no apartment to go back to since he was in the nursing home. She documented they would continue a safe discharge process and appeal an insurance discontinuation. On [DATE], social services documented she helped Resident #54 with an expedited appeal, which was sent the same day.</p> <p>Review of Resident #54 progress note, dated [DATE], revealed social services spoke with Resident #54 and the Director of Nursing (DON) about the resident's insurance appeal being denied. She mentioned this was the third time she had told Resident #54 this information. The resident asked for another peer to peer review with the insurance physician and his personal physician to make another determination. Social services stated the peer to peer was not available due to the appeal being denied in [DATE]. It was documented Resident #54 was upset and asked for the phone number to the insurance company so he could speak with them directly. There was no documentation the facility or social service staff provided the number to the resident continue this process.</p> <p>Interview with Resident #54 on [DATE] at 9:15 A.M. and [DATE] at 12:42 P.M. revealed he was not confident the facility ever filed his appeal. The resident stated he had since talked to the insurance company and they confirmed with him that an appeal had never been filed. The resident stated he was now being asked to leave the facility (related to payment issues) and stated he didn't feel he should have to privately pay for his stay.</p> <p>Interview with the Administrator on [DATE] at 3:11 P.M. confirmed Resident #54 indicated he was not paying for skilled nursing care. The Administrator indicated the resident's insurance had not been paying since [DATE], and that his bill has been accumulating since then because he had not paid. The facility had not issued the resident a 30 day discharge letter due to non-payment, but stated they had tried to assist him in finding another place to live that could be more affordable.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview with Insurance Agent on [DATE] at 12:55 P.M. confirmed Resident #54 had authorization for his skilled nursing stay from [DATE] to [DATE]. During the interview, she confirmed no appeal for services had been filed for or on behalf of the resident. She also stated no appeal would be filed because his authorization had been expired; the facility or resident needed to provide more medical documentation to determine if he could be re-authorized. She confirmed this information was provided to facility staff on [DATE], that the facility needed to provide more medical documentation to make a redetermination. She confirmed there was no other documentation to support the facility had provided that documentation for Resident #54 or any other communication documented to support a reauthorization.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00146136.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review, staff interview, and facility policy review, the facility failed provide evidence all pharmacy recommendations were addressed for Resident 349 in a timely and thorough manner. This affected one (Resident #49) of five residents reviewed for unnecessary medications. The census was 58.</p> <p>Findings Include:</p> <p>Resident #49 was admitted to the facility on [DATE]. Her diagnoses were chronic obstructive pulmonary disease, emphysema, morbid obesity, myopia, tracheostomy status, anoxic brain injury, hypertension, anemia, personal history of transient ischemic attack, major depressive disorder, anxiety disorder, and opioid dependence.</p> <p>Review of her Minimum Data Set (MDS) assessment, dated 07/03/23, revealed she was cognitively intact.</p> <p>Review of Resident #49 census documentation revealed she was discharged to the hospital on 08/04/23 with an anticipation of return.</p> <p>Review of Resident #49 pharmacy recommendations signed 08/10/23 revealed the recommendation to clarify the diagnosis of Amantadine and to add labs due to her use of Valproic Acid (anticonvulsant medication). The recommendation forms were not addressed due to Resident #49 being in the hospital.</p> <p>Review of Resident #49 census documentation revealed she returned to the facility on [DATE].</p> <p>Review of Resident #49 current physician orders revealed no order for labs to be completed, even though she continued to be receive Valproic Acid medication.</p> <p>Interview with Director of Nursing (DON) on 09/14/23 at 9:15 A.M. confirmed the pharmacy recommendations were not addressed when Resident #49 was in the hospital. She stated they do not address pharmacy recommendations when a resident in the hospital because they don't know if they will return; they are not deemed a current resident. She confirmed the medical documentation supported that she was anticipated to return from the hospital. DON confirmed there was no order for labs to be taken for Valproic Acid, based on pharmacy recommendation that was not addressed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were stored properly and discarded by expiration or use by date. This affected two residents (Resident #39 and Resident #49) out of five residents reviewed for pharmacy medication reviews and had the potential to affect all 58 residents residing in the facility.</p> <p>Findings include:</p> <p>1. Observation on [DATE] at 07:28 A.M. revealed in the facility's main medication storage area had four unopened bottles of Aspirin 325 milligrams with the written date of ,d+[DATE]. Observation of the manufacturer's expiration date revealed date of ,d+[DATE]. Further observation in the facility's main medication storage area revealed two bottles of Docusate Sodium (stool softener) 100 milligrams with written date of ,d+[DATE]. Observation of the manufacturer's expiration date revealed date of ,d+[DATE].</p> <p>Interview on [DATE] at 7:50 A.M. with the Director of Nursing (DON) confirmed the four bottles of expired Aspirin 325 milligrams and the two bottles of expired Docusate Sodium (stool softener) 100 milligrams that were stored in the facility's main medication storage area.</p> <p>Review of the facility's policy titled, Storage of Medications dated ,d+[DATE] revealed The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p> <p>2. Observation on [DATE] at 7:45 A.M. revealed in the facility's main medication storage area medication refrigerator an opened half-filled 5 milliliter multi-dose vial of Tuberculin - Tubersol (TB) solution without a date reflecting when the vial was initially opened for use. Further observation of the Tuberculin storage box revealed no date reflecting when the box was opened to access the vial for use and the expiration date of [DATE]. Observation of the pharmacy label attached to the box revealed a dispensing date of [DATE].</p> <p>Interview on [DATE] at 7:50 A.M. with the DON confirmed the opened, undated, and half-used 5 milliliter multi-dose vial of Tuberculin - Tubersol (TB) solution with the pharmacy label dated [DATE].</p> <p>Review of the manufacturer's information sheet for Tuberculin - Tubersol (TB) solution revealed, A vial of Tubersol which has been entered and in use for 30 days should be discarded. Do not use after the expiration date.</p> <p>41271</p> <p>3. Review of the medical record for Resident #39 revealed an admitted [DATE]. Diagnosis included multiple sclerosis, chronic pain syndrome, adult failure to thrive and cocaine abuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2023
NAME OF PROVIDER OR SUPPLIER Buckeye Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 N State Street Westerville, OH 43081	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #39's annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating resident had an intact cognition for daily decision making abilities. Resident #39 was noted to require extensive assistance from one staff member for eating and was noted to experience impairment to one upper and one lower extremity.</p> <p>Observation on [DATE] at 11:42 A.M. of Resident #39's room revealed two bottles of Tylenol 500 milligram (mg), 500 tablet each, two bottles of Neuriva (a brain health supplement) one bottle of Tussin DM max cough syrup, one bottle of Robitussin Therapy cough and congestion and one bottle of Tums. All observed medication was noted to be sitting on top of the wall heater next to Resident #39's bed and sitting out in the open for any resident to access.</p> <p>Interview on [DATE] at 11:55 A.M. with [NAME] President (VP) of Operations #200 confirmed the observed containers of medication were noted in Resident #39's room and confirmed these medication were sitting out in the open and not properly stored.</p> <p>Review of facility policy titled Self-Administration of Medication, dated ,d+[DATE] revealed 8. Self-administered medication must be stored and secure place, which is not acceptable by other residents. 9. Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration, for return to the family or responsible party. 10. The facility will reorder self-administered medications in the same manner as other medications.</p>		