STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365022	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atrium Nursing and Rehabilitation	1301 North Monroe Drive Xenia, OH 45385

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and policy review, the facility failed to document in the medical record the reason for a facility initiated transfer to another facility when the facility temporarily ceased operations. This affected all 16 residents who had resided in the building and were transferred. Additionally, the facility failed to provide sufficient preparation and involvement with the residents and legal guardians prior to transferring residents. This affected three (#17, #18 and #15) out of three records reviewed for transfers. A total of 16 residents were transferred from the facility. The current census was zero. Findings include:Observation and concurrent interview on 05/27/26 at 7:53 A.M. with the Director of Nursing (DON) revealed there were no residents in the facility. 1. Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] and discharged on 05/08/26. Diagnoses included major depressive disorder, dementia, and generalized anxiety disorder. Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #17 had moderately impaired cognition.Review of the care conference dated 04/02/26 for Resident #17 revealed resident was a long term resident.Review of the discharge plan of care dated 05/08/26 for Resident #17 revealed a destination address for the nearby sister facility, signed by DON and Power of Attorney (POA). Review of the nursing progress note dated 05/08/2026 at 5:38 P.M. revealed the Executive Director (ED) spoke to Resident #17's daughter in regard to a transfer. The note revealed the daughter was okay with the resident transferring and Resident #17 will transfer today.Review of the progress notes for Resident #17 revealed no documentation of the reason for the transfer on 05/08/26.Interview on 05/27/26 at 8:21 A.M. with Resident #17's daughter/POA revealed they received the notice of discharge on the day Resident #17 was moved out of the facility. 2. Review of the medical record revealed Resident #18 was admitted to the facility on [DATE] and discharged on 05/08/26. Diagnoses included senile degeneration of brain, anxiety disorder, cognitive communication deficit, and dysthymic disorder. Review of the MDS 3.0 assessment dated [DATE] revealed Resident #18 had severely impaired cognition and had a Legal Guardian.Review of the care conference dated 04/09/26 for Resident #18 revealed was a long term care resident. Review of the discharge plan of care dated 05/13/26, five days after discharge, revealed a discharge date of 05/08/26 to a sister facility with the Guardian notified. Interview on 05/27/26 at 10:42 A.M. with Social Service Director (SSD) #2 revealed the discharge summary for Resident #18 was completed five days after discharge.Review of the nursing progress note dated 05/08/26 at 5:53 P.M. revealed the ED spoke to Resident #18's Legal Guardian. The Guardian was okay with transfer to another facility and doesn't want the resident to go anywhere else. Review of the progress notes for Resident #18 revealed no documentation of the reason for the transfer on 05/08/26. 3. Review of the medical record revealed Resident #15 was admitted to the facility on [DATE] and discharged on 03/31/26. Diagnoses included unspecified psychosis not due to a substance or known physiological condition, generalized anxiety disorder, dementia, and schizoaffective disorder.Review of the MDS 3.0 assessment dated [DATE] revealed Resident #15 had moderately impaired cognition and had a Legal Guardian.Review of the progress notes for Resident #15 dated 03/19/26 revealed the ED left a (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365022	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atrium Nursing and Rehabilitation	1301 North Monroe Drive Xenia, OH 45385

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	voicemail for the Legal Guardian in regard to sending referrals for transfer to other facilities. Review of the progress notes for Resident #15 dated 03/31/26 revealed the resident transferred to another long term care facility with all their belongings.Review of the progress notes for Resident #15 revealed no documentation of the reason for the transfer on 03/31/26. Interview on 05/27/26 at 9:13 A.M., Resident #15's Guardian stated he received an email from the facility on 03/19/26 stating they were going to be doing renovations and needed to transfer the residents. Resident #15's Guardian confirmed this was the first notification he received. Telephone interview on 05/27/26 at 9:17 A.M. with the Administrator revealed the decision was made the beginning of March 2026 to close the building due to renovations. The Administrator notified families and guardians of this via phone calls. The Administrators verified there was no documentation of the phone calls. Interview on 05/27/26 at 10:42 A.M. with SSD #2 revealed the facility started transferring residents on 03/20/26 to the sister facility. Interview on 05/27/26 at 11:22 A.M. with SSD #2 revealed the Administrator started calling Legal Guardians and resident representatives on 03/19/26 to make them aware of the renovations and the need to relocate all residents due to a planned closure. SSD #2 verified the reason for transfer was not identified in the resident records for Resident #17, #18 and #15. Review of discharged list of residents revealed the first resident was transferred on 03/20/26. A total of 16 residents were transferred from the facility with the last two transfers occurring on 05/08/26. Interview on 05/27/26 at 3:41 P.M. with the sister facility DON confirmed the list of 16 residents transferred out of the facility due to closure. Review of the admission Packet for the facility revealed each resident shall have the right to be notified or to have his or her resident representative notified of the transfer or discharge and the reasons therefore at least 30 days before his or her transfer or discharge. Review of the policy titled Discharging the Resident Policy, dated 12/2016, revealed the resident should be consulted about the discharge. Review of the policy titled Temporary Facility Closure Policy, dated 03/15/26, revealed residents and families will be given 30 day written notice and in person meetings. Each resident or their legal representative will receive individualized written notice and discharge/transfer planning assistance. This deficiency represents non-compliance investigated under Complaint Number 3021016.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365022	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atrium Nursing and Rehabilitation	1301 North Monroe Drive Xenia, OH 45385

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview, record review and policy review, the facility failed to provide written notification to residents and the resident's representatives before the transfer of residents to another facility due to a temporary closure, failed notify the State Long-Term Care Ombudsman prior to transferring residents, and failed to notify the State Survey Agency of the plan for the transfers and adequate relocation of the residents. This affected all 16 residents residing in the facility and transferred due to a temporary closure of the facility. The facility census was zero. Findings include:Observation and interview on 05/27/26 at 7:53 A.M. with the Director of Nursing (DON) confirmed there were no residents in the facility. Review of the discharge log revealed the first resident was transferred on 03/20/26. A total of 16 residents were transferred from the facility with the last two transfers occurring on 05/08/26. Interview on 05/27/26 at 8:21 A.M. with Resident #17's Power of Attorney (POA) revealed they received the notice of discharge on the day Resident #17 was moved out of the facility. Resident #17 transferred on 05/08/26. Interview on 05/27/26 at 9:13 A.M., Resident #15's Guardian stated he received an email from the facility on 03/19/26 stating they were going to be doing renovations and needed to transfer the residents. Resident #15's Guardian confirmed this was the first notification he received. Resident #15 was transferred on 03/31/26. Telephone interview on 05/27/26 at 9:17 A.M. with the Administrator revealed the decision was made the beginning of March 2026 to close the building due to renovations. The Administrator notified families and guardians of this via phone calls. The Administrators verified there was no documentation of the phone calls. Interview on 05/27/26 at 9:17 A.M. the Administrator confirmed 30 day written notices were not provided to residents or resident representatives. The Administrator stated she was unaware the notices needed to be given. Interview on 05/27/26 at 9:36 A.M. Regional Administrator #1 stated the policy is to give a 30 day notice if the facility is asking the residents to leave. They did not look at these discharges as a discharge, only a transfer so they didn't think they needed to give the 30 day notice. Review of the Ombudsman notification provided by the facility revealed Ombudsman notification of the closure was made on 04/23/26. Interview on 05/27/26 at 10:42 A.M. with the Social Service Director (SSD) #2 revealed the facility started transferring residents on 03/20/26 to their sister facility. Interview on 05/27/26 at 10:57 A.M. with the DON confirmed the Ombudsman was notified of the closure plans on 04/23/26. Interview on 05/27/26 at 11:06 A.M., the Owner stated residents and/or resident representatives didn't need a 30 day notice because they were given options and it was voluntary. Interview on 05/27/26 at 11:22 A.M. with the SSD #2 revealed all residents who resided in the facility were transferred due to plans for renovation. Review of the submitted documents to the State Agency revealed no receipt of the closure plan for temporary closure of the facility. Review of the admission Packet for the facility revealed each resident shall have the right to be notified or to have his or her resident representative notified of the transfer or discharge and the reasons therefore at least 30 days before his or her transfer or discharge. Review of the policy titled Temporary Facility Closure Policy, dated 03/15/26, revealed the purpose was to establish procedures and guidelines for the temporary closure of the home. Residents and families will be given 30 day written notice and in person meetings. Each resident or their legal representative will receive individualized written notice and discharge/transfer planning assistance. Notification has been or will be submitted to the Ohio Department of Health and the State Long Term Care Ombudsman. This deficiency represents non-compliance investigated under Complaint Number 3021016.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365022	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atrium Nursing and Rehabilitation	1301 North Monroe Drive Xenia, OH 45385

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 0846 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have policies and procedures ensuring the administrator's responsibilities for facility closure are completed successfully. Based on interview, document review, and policy review, the facility failed to submit the appropriate closure plan procedures to the State Agency regarding the temporary closure of the facility and failed to notify the Ombudsman's office prior to the relocation of the residents. This affected all residents previously residing in the facility. The facility census was zero. Findings include-Observation and interview on 05/27/26 at 7:53 A.M. with the Director of Nursing (DON) confirmed there were no residents in the facility. Review of the submitted documents to the State Agency revealed no receipt of the facility's closure plan procedures. Review of the discharge log revealed the first resident was transferred on 03/20/26. A total of 16 residents were transferred from the facility with the last two transfers occurring on 05/08/26.Review of the Ombudsman notification provided by the facility revealed Ombudsman notification of the closure was made on 04/23/26.Interview on 05/27/26 at 10:42 A.M. with the Social Service Director (SSD) #2 revealed the facility started transferring residents on 03/20/26 to their sister facility. Interview on 05/27/26 at 10:57 A.M. with the DON confirmed the Ombudsman was notified of the closure plans on 04/23/26. Interview on 05/27/26 at 11:22 A.M. with the SSD #2 revealed all residents who resided in the facility were transferred due to plans for renovation. Review of the facility policy titled Temporary Facility Closure Policy, dated 03/15/26, revealed the purpose was to establish procedures and guidelines for the temporary closure of the home. Notification has been or will be submitted to the Ohio Department of Health and the State Long Term Care Ombudsman. This deficiency represents non-compliance investigated under Complaint Number 3021016.