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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49039 Based on medical record review and staff interview, the facility failed to ensure all resident Pre-Admission Screening and Resident Review (PASARR) documents were accurate to resident current conditions and diagnoses. This affected two (#25 and #7) of three residents reviewed for PASARR documents. The census was 40. Findings include: 1. Review of Resident #25's medical record revealed an admitted [DATE]. Her diagnoses were chronic respiratory failure, asthma, chronic obstructive pulmonary disease, osteoarthritis, heart failure, anemia, hypertension, congestive heart failure, anxiety disorder, panic disorder, psychosis, psychotic disorder with delusions, major depressive disorder, and sciatica. Review of her Minimum Data Set (MDS) assessment, dated 10/26/22, revealed she was cognitively intact. Review of Resident #25's PASARR document, dated 12/08/20, revealed under Section D, the diagnoses listed were mood disorder, panic or other severe anxiety disorder, depression, and insomnia. But review of her diagnoses list, she also had the following diagnoses that should have been indicated/updated on her PASARR document: unspecified psychosis, which was added on 07/27/22, and psychotic disorders, which was added on 04/26/22. Dementia should have been added on the original PASARR screening. Review of physician order start date of 03/15/23 revealed Resident #25 receives Prozac oral capsule for depression and on 05/07/24 Invega oral tablet was prescribed for bipolar type schizoaffective disorder. Review of the care plan dated 08/03/21 revealed that Resident #25 takes psychotropic medication for antidepressant and antipsychotic purposes due to diagnoses of depression, schizoaffective disorder, and psychosis. The care plan from 02/09/22 indicated impaired cognition linked to cognitive impairment and dementia. Most recently, the care plan dated 07/23/24 highlighted that Resident #25 is experiences changes in mood, behavior, and psychosocial well-being related to anxiety and depression. Interview with MDS Nurse #167 on 09/19/24 at 9:23 A.M., confirmed the PASARR documents provided were the most up to date. She confirmed through review on 09/18/24 of Resident #25's diagnoses of dementia, anxiety, depression and insomnia were not included in an updated PASARR document. 37100 (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of Resident #7's medical record revealed an admitted [DATE]. Her diagnoses were nausea, schizoaffective disorder, generalized anxiety disorder, primary insomnia, major depressive disorder, heart failure, atrial fibrillation, bradycardia, polyneuropathy, osteoarthritis, peripheral vascular disease, spinal stenosis, mood disorder, anorexia, hallucinations, bipolar disorder, anemia, altered mental status, hypertension, hyperlipidemia, and hypothyroidism. Review of her Minimum Data Set (MDS) assessment, dated 07/02/24, revealed she was cognitively intact. Review of Resident #7 PASARR document, dated 11/11/16, revealed under Section D, the document indicated she had the following mental health diagnoses documented: Mood disorder and panic or other anxiety disorder. But review of her diagnoses list, she had the following diagnoses that should have been indicated/updated on her PASRR document: schizoaffective disorder, which was added on 07/13/17, hallucinations and bipolar disorder, which were added on 05/27/16, and altered mental status, which was added on 11/16/15. Interview with MDS Coordinator #167 on 09/19/24 at 9:28 A.M. and 12:34 P.M., confirmed the PASARR documents provided were the most up to date. She confirmed Resident #7 PASARR was not up to date with the most current mental health diagnoses. She confirmed PASRR documents are to be updated when there are new mental health diagnoses added.

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the appropriate authorities when residents with MD or ID services has a significant change in condition. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49039 Based on medical record review and staff interview, the facility failed to ensure all significant mental health changes were communicated to the state mental health agency. This affected two (Resident #25 and Resident #7) of three residents reviewed for PASARR documents. The census was 40. Findings include: 1. Review of Resident #25's medical record revealed a admitted [DATE]. Her diagnoses were chronic respiratory failure, asthma, chronic obstructive pulmonary disease, osteoarthritis, heart failure, anemia, hypertension, congestive heart failure, anxiety disorder, panic disorder, psychosis, psychotic disorder with delusions, major depressive disorder, and sciatica. Review of her Minimum Data Set (MDS) assessment, dated 10/26/22, revealed she was cognitively intact. Review of Resident #25 PASARR document, dated 12/08/20, revealed under Section D, the diagnoses listed were mood disorder, panic or other severe anxiety disorder, depression, and insomnia. But review of her diagnoses list, she also had the following diagnoses that should have been indicated/updated on her PASARR document: unspecified psychosis, which was added on 07/27/22, and psychotic disorders, which was added on 04/26/22. Dementia should have been added on the original PASARR screening. There was no documentation to support these significant mental health changes were communicated to the state mental health agency. Review of physician order start date of 03/15/23 revealed Resident #25 receives Prozac oral capsule for depression and on 05/07/24 Invega oral tablet was prescribed for bipolar type schizoaffective disorder. Review of the care plan dated 08/03/21 revealed that Resident #25 takes psychotropic medication for antidepressant and antipsychotic purposes due to diagnoses of depression, schizoaffective disorder, and psychosis. The care plan from 02/09/22 indicated impaired cognition linked to cognitive impairment and dementia. Most recently, the care plan dated 07/23/24 highlighted that Resident #25 is experiences changes in mood, behavior, and psychosocial well-being related to anxiety and depression. Interview with MDS nurse #167 on 09/19/24 at 9:23 A.M. confirmed the PASARR documents provided were the most up to date. She Resident #25 diagnoses of dementia, anxiety, depression and insomnia were not included in an updated PASARR document. She also communicated she did not notify the state mental health agency when the significant mental health changes were identified. 37100 2. Review of Resident #7's medical record revealed an admitted [DATE]. Her diagnoses were nausea, schizoaffective disorder, generalized anxiety disorder, primary insomnia, major depressive disorder, heart failure, atrial fibrillation, bradycardia, polyneuropathy, osteoarthritis, peripheral vascular disease, spinal stenosis, mood disorder, anorexia, hallucinations, bipolar disorder, anemia, altered mental status, hypertension, hyperlipidemia, and hypothyroidism. Review of her Minimum Data Set (MDS) assessment, dated 07/02/24, revealed she was cognitively intact. (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #7 PASARR document, dated 11/11/16, revealed under Section D, the document indicated she had the following mental health diagnoses documented: Mood disorder and panic or other anxiety disorder. But review of her diagnoses list, she had the following diagnoses that should have been indicated/updated on her PASARR document: schizoaffective disorder, which was added on 07/13/17, hallucinations and bipolar disorder, which were added on 05/27/16, and altered mental status, which was added on 11/16/15. There was no documentation to support these significant mental health changes were communicated to the state mental health agency. Interview with MDS Coordinator #167 on 09/19/24 at 9:28 A.M. and 12:34 P.M. confirmed the PASARR documents provided were the most up to date. She confirmed Resident #7 PASARR was not up to date with the most current mental health diagnoses. She confirmed PASARR documents are to be updated when there are new mental health diagnoses added. She also communicated she did not notify the state mental health agency when the significant mental health changes were identified.

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35031 Based on observation, medical record review, personnel file review, activity calendar review, staff and resident interviews, and review of the policy, the facility failed to ensure activities met the needs of the residents. This affected three (#13, #17, and #22) residents reviewed for individualized activities and affected all 40 residents residing in the facility when planned group activities were not offered. The faciliy census was 40. Findings include: Review of the September 2024 activity calendar revealed on 09/16/24 at 1:00 P.M., listed an activity called 1, 2, 3, A, B, C; on 09/18/24 at 9:00 A.M., listed Coffee activity; and on 09/19/24 at 1:00 P.M., listed Tic Tac Toe. Observation on 09/16/24 from 1:00 P.M. to 1:30 P.M., revealed no organized group activities were occurring on the unit or out in the main facility Observation on 09/18/24 from 9:00 A.M. to 9:30 A.M., revealed no organized group activities were occurring on the unit or out in the main facility Observation on 09/19/24 from 1:00 P.M. to 1:30 P.M., revealed no organized group activities were occurring on the unit or out in the main facility Interview on 09/19/24 at 10:15 A.M., with Activity Assistant (AA) #135 revealed no one had offered the coffee activity for the day. A few residents had been offered coffee but not all. AA #135 described the news activity as the residents watching the news on television. AA #135 stated if a resident is noted to be in the therapy room, that is counted as an activity. AA #135 stated the department does not indicate anywhere if the activity deviates from the schedule. AA #135 stated he talks with residents on a daily basis to determine their preferences of activities. 1. Review of the medical record of Resident #17 revealed an admitted [DATE]. Diagnoses included malingerer, cerebrovascular disease, bipolar disorder, and psychosis, to name a few. Review of the significant change minimum data set (MDS) assessment dated [DATE] revealed Resident #17 was cognitively intact. The assessment further revealed her to enjoy some games and computer activities. Interview on 09/16/24 at 9:30 A.M., with Resident #17 revealed she would enjoy playing Tic-Tac-Toe and computer games. Review of the Daily Individual Resident Activity document revealed in the months of May 2024 to 09/18/24, Resident #17 participated in four games and the computer documentation was silent. Seven refusals were indicated in the games section in the 141 days reviewed. (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Review of the activity calendars for May 2024 to 09/18/24 revealed Wii games (a computer game) was only offered a total of 18 times. Tic-Tac-Toe was only offered twice. Of the 18 times Wii game was offered Resident #17 refused five times and participated once. The other times were not indicated as participation or refusal. Of the two times Tic-Tac-Toe was offered one refusal and one uninitiated. 2. Review of the medical record of Resident #22 revealed an admitted [DATE]. Diagnoses include personal history of non-suicidal self-harm, psychotic disorder with delusions, major depression, and anxiety disorder. Review of the annual MDS assessment dated [DATE] revealed Resident #22 was cognitively intact and it was very important for her to have choices. The assessment indicated it was very important to Resident #17 to have choices and she enjoys spending time outdoors, to keep up with the news, and to do her favorite activity. Resident #22 stated her favorite activities included gardening, just being outdoors, and keeping up with the news. Interview on 09/16/24 at 9:46 A.M., with Resident #22 revealed her to comment I'm bored, there is nothing to do here. The interview was held in Resident #22's room and no television or radio were noted. When asked to elaborate, Resident #22 stated she would like to go to a local grocery store, two blocks away. She also would like to be able to go outside more often. Review of the Daily Individual Resident Activity document revealed in the months of 05/24, 08/24, and 09/24 (141 days), Resident #22 participated in only one nature/outside/gardening activity, and few news activity. The document indicated minimal participation in the offered activities. Resident #22 had refused cards, games and bingo generally each time it was documented. Review of the activity calendars for May 2024 to 09/18/24 revealed News was offered only 35 times in those 141 days. Gardening/Outdoors was offered only nine days. Interview on 09/16/24 at 3:59 P.M., with Activity Aide #111 revealed some of the residents from the locked unit can come out to the activities in the main area but is not sure of who those all are. Interview on 09/18/24 at 10:20 A.M., with Activity Aide (AA) #168 revealed they go room to room to invite residents to participate in the activities. They have asked the residents, generally twice a month, what other activities they would prefer to do and has gotten little response. AA #168 was unable to verbalize any activities Resident #17 nor Resident #22 particularly enjoys. AA #168 added the television is on most of the day and the staff mark that as an activity. AA #168 stated they do not actually sit and talk with residents about the news. Interview on 09/18/24 at 11:00 A.M., with Resident #22 revealed her to be sitting in a chair in the common area of the secured unit. Resident #22 voiced a desire to go to the local grocery store, two blocks away. Interview on 09/18/24 at 2:24 P.M., with Licensed Practical Nurse #164 revealed Resident #22 goes out every morning, with a staff member, to feed her cat Biscuit. She enjoys sweeping the patio, and gardening. All residents on the secure unit require supervision when out of doors, even in the enclosed patio area as there is a generator there. Resident #22 also enjoys bouncing a large ball with staff and/or other residents. (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Interview on 09/19/24 at 10:15 A.M., with Activity Assistant (AA) #135 revealed no one had offered the coffee activity for the day. A few residents had been offered coffee but not all. AA #135 described the news activity as the residents watching the news on television. AA #135 was evasive to answers and would readily agree with any positive responses offered by surveyor. AA #135 stated if a resident is noted to be in the therapy room, that is counted as an activity. AA #135 stated the department does not indicate anywhere if the activity deviates from the schedule. AA #135 stated he talks with residents on a daily basis to determine their preferences of activities. Interview on 09/25/24 at 8:15 A.M., with Regional Director of Operations #170 revealed the person suspended on 09/13/24 was the Assistant Activity Director. The facility was going to send her for training; however, her performance was substandard and the facility felt it best to end her employment. Interview on 09/25/24 at 8:45 A.M. with HRD #183 revealed she was hired as Human Resource Director and was given the responsibility of Activity Director. Her main role at the facility is HRD. HRD #183 stated she had delegated the checks to the Assistant Activity Director (AAD) but had recently discovered those were not being completed. The Former AAD had made out the calendars and the participation logs. HRD #183 stated she had approved them, but now sees the error. HRD #183 stated she is now tasked with reviewing all resident care plans ad ensuring activities meet the needs of residents. HRD #183 stated one on one activities are expected to be completed for 30 to 45 minutes, as long as residents comply. Some one-to-one activities include card games, coloring, word search, or merely conversing with the resident. There is one resident, #33, who does not participate in any activity. There are quite a few on the behavioral unit that it is difficult to entice them to participate. The activities are to be documented on the Daily Activity Log which is reviewed every one to two weeks. Interview on 09/25/24 at 11:30 A.M., with (Human Resource Director) HRD #183 and AA #168 revealed the activity slated for 09/16/24 at 1:00 P.M., was 123-ABC. This activity had been slated by the Ex-AAD and no one knew how to do it. HRD #183 was unaware if AA #135 substituted the activity. The Coffee activity slated for 09/18/24 was not completed as no AA was on the clock at that time. AA #168 stated she came in at 10:00 that morning, as scheduled. HRD #183 stated the activity hours had been cut recently related to low census. Review of the personnel file of Human Resource Director #183 revealed a hire date of 05/22/23. A copy of the job description titled Activity Director was signed by HRD #183 on 05/22/23. The job description included a summary which read The primary purpose of your job is to plan, organize, develop, and supervise the overall operation of the Activities Department in accordance with current federal, state, and local standards, guidelines, and regulations, or establish policies and procedures governing the facility, and as may be directed by the Administrator and/or Activity Consultant to assure that an on-going program of activities is designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. All required background checks were performed. A copy of the Certificate of Completion for National Activity Professional Training Course dated 06/06/24 was included in the file. Review of the personnel file of Activity Assistant (AA) #135 revealed a hire date of 11/28/22. A copy of the job description for Activity Assistant was signed by AA #135 on 11/28/22. The job description included a summary which read The primary purpose of your job is to assist in the planning, implementation, and evaluation of recreational, social, intellectual and spiritual programs, in accordance with the residents' s assessment and care pan, and as may be directed by your supervisor. All required background checks were performed. (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Review of the personnel file of Activity Assistant #168 revealed a hire date of 04/24/24. A copy of the job description for Activity Assistant was signed by AA #168 on 04/24/24. All required background checks were performed. Review of the policy titled Activities, dated August 2019, revealed the faciity will provide an ongoing activity program based on the comprehensive assess and preferences of each resident. 37100 3. Review of Resident #13's medical record revealed an admitted [DATE]. His diagnoses were dry eye syndrome, benign prostatic hyperplasia, hypokalemia, insomnia, major depressive disorder, anxiety disorder, encopresis, congestive heart failure, hyperlipidemia, muscle weakness, hypertension, and anxiety disorder. Review of his MDS assessment, dated 07/01/24, revealed he had no cognitive impairment. Review of Resident #13's current activities care plan revealed he has a potential for activity deficit related to behavior problems, decreased mobility, and mood problems. The interventions for this deficit area included: assist resident to activities as needed, encourage resident to come to group activities, provide resident access to activity calendar, and staff to provide one on one as needed. Review of Resident #13's activity assessment, dated 05/14/24, revealed it was somewhat important to listen to music, keep up with the news, outside and get fresh air. Review of Resident #13's activity logs, dated May 2024 to September 2024, revealed the following activities were offered/attempted: In September 2024, active activities of TV/Video/Movie (15 times), Family/Friend visits (two times), 1:1 visits (seven times), and socializing (10 times). In August 2024, active activities of TV/Movie/Video (31 times), socializing (six times), out of room (once), 1:1 visits (four times), and bingo/bingo store (one time), in July 2024, active activities of refreshments/coffee (nine times), exercise (one time), out of room (four times), socializing (17 times), TV/Movie/Video (30 times), friends/family visit (one time), and bingo (one time), in June 2024, active activities of communicates (27 times), 1:1 bedside (six times), television (26 times), eats in dining room (four times), games (five times), music (two times), leisure walks (six times), and outside (five times), and in May 2024, active activities of 1:1 bedside (22 times), television (29 times), games (five times), leisure walks (three times), and outside (three times). Interview on 09/16/24 at 1:45 P.M., with Resident #13 confirmed the facility does not perform or ask him to participate in any activities; he stays in his bed primarily.

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008 Based on record review, observation, resident and staff interviews and review of policy, the facility failed to adequately assess and treat pain for Resident #19. This affected one (#19) of two residents reviewed for pain management. The facility policy was 40. Findings include: Review of Resident #19's medical record revealed an admitted [DATE], with diagnoses included: bipolar disorder with current episode manic, anxiety disorder, malingerer, psychoactive substance abuse, osteomyelitis, peripheral vascular disease, acquired absence right below knee, and depression. Review of Resident #19's care plan initiated on 02/02/24 revealed that Resident #19 was at risk for pain related to Peripheral Vascular Disease. Resident #19's goal was that he would verbalize adequate relief of pain or the ability to cope with incompletely relieved pain through the care plan review date. The interventions included to administer medication as ordered by nursing, and to ask resident if he was having pain using a scale of 1-10 and to notify the physician as needed. Review of Resident #19's medical record revealed there was no active orders for pain relievers orally or topically. Review of Resident #19's July Medication Administration Record (MAR) revealed Resident #19 received Tylenol (Acetaminophen) one gram by mouth two times daily for pain, starting on 07/02/24. On 07/10/24, Tylenol was discontinued because Resident #19 was discharged to the psychiatric hospital. Review of physician visit note on 07/30/24 revealed Resident #19 requested to be sent to the Emergency Department related to pain. At the Emergency Department, he was treated with Norco, Toradol, and Tylenol and returned to facility. The assessment was that there were concerns for drug seeking behaviors. The plan from the physician was to continue the Tylenol; however, Resident #19 did not have active Tylenol orders. Review of physician visit note on 08/06/24 revealed that Resident #19's chief complaint was a complaint of knee to his right stump. The plan included to continue the Tylenol order; however, record review revealed that Tylenol was not an active order for Resident #19 on 08/06/24. Review of Resident #19's August MAR revealed Resident #19 received Voltaren External Gel 1% to his right knee and stump topically two times daily for pain starting on 08/06/24 and discontinued on 08/20/24. Review of the August and September MARs and the vitals for Resident #19 revealed Resident #19 had not been monitored for pain since 08/21/24. Observation on 09/19/24 at 9:10 A.M., revealed Resident #19 was observed telling Assistant Director of Nursing #157, the nursing staff was not doing anything for his pain. Resident #19 was observed telling Assistant Director of Nursing #157, he was in pain. (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 09/17/24 at 9:21 A.M., with Resident #19 revealed he was experiencing right amputation stump pain and he has no pain medications ordered. Interview on 09/17/24 at 9:52 A.M., with Resident #19 revealed he classified his stump pain as an 8 on a scale of 1-10 (10 being the worst pain felt). Interview on 09/18/24 at 2:34 P.M. with Resident #19, revealed that no staff members have asked him about his pain levels, and that his right amputation stump pain was an 8 on a scale of 1-10. Interview on 09/18/24 at 11:39 A.M., with Director of Nursing (DON) revealed Resident #19 used to have orders for Oxycodone, but the physician will not prescribe him narcotics any longer due to Resident #19's history of drug-seeking behaviors. Interview on 09/18/24 at 1:51 P.M., with DON verified Resident #19 has not been on Tylenol since 07/10/24, when Resident #19 was admitted to the psychiatric hospital. DON confirmed that she could not locate evidence of Resident #19 was being assessed for his pain levels since 08/20/24. Interview on 09/18/24 at 2:47 P.M., with Licensed Practical Nurse (LPN) #127 revealed if Resident #19 was in pain, LPN #127 would give him a pain medication, if he had one prescribed. LPN #127 stated she would alert the physician if he needed medication. LPN #127 verified Resident #19's record had no evidence of being assessed for his pain levels since 08/20/24. Review of the undated policy titled, Assessment, Intervention of and Management of Pain, stated when assessing, providing intervention and administering a PRN (as needed) medication for effective pain management, you must identify the specific area and type of pain with an assessment to determine if an intervention or medication is indicated, attempt to determine the root cause of the pain, and report assessment findings to the physician to obtain appropriate orders to manage pain such as routine medication, referral to therapy, or referral to pain management.

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. 50008 Based on record review, resident and staff interviews, and policy review, the facility failed to identify post-traumatic stress disorder (PTSD) triggers and develop a trauma care plan for Resident #19. This affected one (#19) resident of two residents reviewed for behaviors. The facility census was 40. Findings include: Review of the medical record for Resident #19 revealed an admitted on 02/01/24 with diagnoses that included bipolar disorder with current episode manic, post-traumatic stress disorder, anxiety disorder, malingerer, psychoactive substance abuse, osteomyelitis, peripheral vascular disease, acquired absence right below knee, and depression. Review of the Resident #19's admission comprehensive Minimum Data Set (MDS) assessment on 02/08/24 indicated Resident #19 had a diagnosis of PTSD. Review of Resident #19's psychiatric practitioner notes dated 05/06/24, 06/10/24, 07/22/24, and 08/23/24 documented Resident #19 had a diagnosis of PTSD. No triggers for PTSD were identified. Review of the care plans for Resident #19 revealed there was no trauma informed care plan. Interview on 09/19/24 at 12:02 P.M., with Assistant Director of Nursing (ADON) #157 revealed she was unable to identify PTSD triggers for Resident #19 and verified Resident #19 did not have a care plan for trauma informed care. Interview on 09/19/24 at 12:20 P.M., with Licensed Practical Nurse (LPN) #14 revealed she was unable to identify PTSD triggers for Resident #19. Interview on 09/19/24 at 12:31 P.M., with Director of Nursing (DON) verified Resident #19 does not have a trauma informed care plan. Interview on 09/19/24 at 2:04 P.M., with DON revealed the facility does not have a screening tool or assessment to identify newly identified residents for past trauma history. Review of the policy titled, Trauma Informed Care Policy, dated revision March 2019, revealed nursing staff are trained on screening tools, trauma assessment and how to identify triggers associated with re-traumatize. The nursing staff will implement universal screening of residents for trauma. As part of the comprehensive assessment, identify history of trauma or interpersonal violence when possible. Identifying past trauma or adverse experiences may involve record review or the use of screening tools.

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100 Based on medical record review and staff interview, the facility failed to follow medication parameters prior to administering medications. This affected one (#41) of five residents reviewed for unnecessary medications. The census was 40. Findings Include: Review of Resident #41's medical record revealed an admitted [DATE]. Her diagnoses were major depressive disorder, hypertension, myalgia, atrial fibrillation, and dementia. Review of the Minimum Data Set (MDS) assessment, dated 08/30/24, revealed she had a severe cognitive impairment. Review of Resident #41's current physician orders revealed an order for Metoprolol Tartrate Oral Tablet 25 milligrams to be given twice daily. The medication also had the following parameters: hold for systolic blood pressure less than 110 and/or heart rate less than 50. Review of Resident #41's Medication Administration Records (MAR), dated July 2024, revealed Metoprolol was administered when her vital signs were outside the parameters on 07/14/24 and 07/28/24 in the evening and on 07/31/24 in the morning. Review of Resident #41's MAR, dated June 2024, revealed Metoprolol was administered when her vital signs were outside the parameters on 06/26/24 and 06/29/24 in the evening and on 06/03/24, 06/10/24, and 06/29/24 in the morning. Review of Resident #41's MAR, dated May 2024, revealed Metoprolol was administered when her vital signs were outside the parameters on 05/01/24 and 05/10/24 in the evening and on 05/01/24 in the morning. Interview with Director of Nursing (DON) on 09/19/24 at 1:30 P.M., verified the medications should have been held, given Resident #41 vital signs were outside the ordered parameters. DON verified the medications were given when they should not have been.

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008 Based on resident record review, observations, staff interviews, and policy review, the facility failed to ensure medications were stored properly for Resident #7. This affected one (#7) of five residents reviewed for medication storage. The facility census was 40. Findings include: Review of Resident #7's medical record revealed an admitted [DATE], with diagnoses that included: chronic obstructive pulmonary disease (COPD) with acute exacerbation, major depressive disorder, schizoaffective disorder, paroxysmal atrial fibrillation, and presence of a cardiac pacemaker. Review of Resident #7's active physician orders included: Anoro Ellipta Enhalation Aerosol Powder Activated 62.5-25 micrograms per actuation (MCG/ACT) one puff orally one time daily, Albuterol Sulfate HFA Inhalation Solution two puffs inhale orally every four hours as needed for shortness of breath, and Flonase Allergy Relief Suspension 50 MCG/ACT two sprays in each nostril one time a day for allergies- may keep at bedside and self-administer. Review of Resident #7's assessments revealed no assessment for self-administration of medications. Review of Resident #7's care plan, initiated on 04/17/20 and updated on 06/27/24, stated that Resident #7 was at risk for altered respiratory status related to COPD. Resident #7's care plan intervention was to administer medications as ordered by nursing. Observations on 09/16/24 at 9:40 A.M. and on 09/16/24 at 12:00 P.M., revealed that Anoro Ellipta, Flonase, Albuterol, and Calcium Carbonate were left at Resident #7's bedside on her bedside table. Interview on 09/16/24 at 12:00 P.M., with Registered Nurse (RN) #148 verified Anoro Ellipta, Flonase, Albuterol, and Calcium Carbonate were left unattended by a nurse on Resident #7's bedside table. RN #148 verified Resident #7 does not have an active order for Calcium Carbonate. Interview on 09/16/24 at 12:53 P.M., with the Director of Nursing (DON) verified Resident #7 does not have active orders for Calcium Carbonate, and that there were no orders for the Albuterol nor the Anoro Ellipta to be kept at bedside for self-administration. Interview on 09/16/24 at 12:54 P.M., with Clinical Manager #400 confirmed Resident #7 does not have a medication self-administration assessment in her medical chart. Review of the policy titled, Medication Storage in the Facility, dated with revision of January 2018, stated that only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medication are permitted to access medications. Medications labeled for individual residents are stored separately from floor stock medication when not in the medication cart.

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008 Based on observations, staff interviews and policy review, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner. This had the potential to affect 39 of 39 residents who receive food from the kitchen. (Resident #23 was nothing by mouth) The facility census was 40 residents. Findings include: Observation of the kitchen on [DATE] at 8:23 A.M. to 8:37 A.M., revealed a clear square container containing a yellow liquid was unlabeled and undated, and a clear square container containing light brown granules was unlabeled and undated; a fifty pound bag of white sugar was two thirds empty was opened and undated in the food preparation area; the vent behind the ice machine had a thick fuzzy gray substance build-up; and the reach in cooler had two chocolate milks, expired on [DATE] and three chocolate milks expired on [DATE] stored in the same milk crate with unexpired chocolate milks. Interview on [DATE] during the observation, with Dietary Aide #175 verified the two clear square containers were unlabeled and undated, and contained cooking oil and brown sugar; the fifty pound bag of white sugar did not have an open date or a use-by date on the bag; the thick fuzzy gray substance was on the vent; and the expired milks were stored in the same crate as the unexpired milks. Observation on [DATE] at 11:08 A.M. and on [DATE] at 9:41 A.M., of the sprinkler head above the food preparation area revealed a string was hanging down off of the sprinkler head and over the area where macaroni salad was being prepared for the lunch meal on [DATE]. Interview on [DATE] at 11:08 A.M., with District Manager #171 and Dietary Manager #172 verified the presence of a thick fuzzy gray substance on the vent and verified the presence of a string hanging down off of the sprinkler head and onto the area where food was being prepared. Interview on [DATE]/24 at 12:11 P.M., verified the presence of the string remained on the sprinkler head. Observation on [DATE] at 12:11 P.M. and [DATE] at 9:41 A.M., revealed the hood lights above the stove have a gray fuzzy substance on them, over the food preparation area. Interview with District Manager #172 on [DATE] at 12:11 P.M. verified the presence of a gray fuzzy substance on the hood lights over the stove. Review of a policy titled, Sanitation, revised [DATE], revealed all kitchens, kitchen areas and dining areas shall be kept clean. For fixed equipment, equipment will be disassembled as necessary to allow access of the detergent/ solution to all parts. Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime. (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	This deficiency is an example of the continued non compliance from the complaint survey completed on [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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Provide and implement an infection prevention and control program. 35031 Based on record review, observations, staff interview, and policy review, the facility failed to ensure a risk assessment had been completed to identify potential areas of concern related to any waterborne pathogen growth. Furthermore the facility failed to initiate a water management program. This had the potential to affect all 40 residents residing in the facility. The facility failed to completed hand hygiene during medication administration. The affected two (#18 and #35) of three residents observed for medication administration. The facility census was 40. Findings include: 1. Review of the facility Legionella documents revealed the facility had no evidence of a risk assessment or a water management program. Interview on 09/19/24 at 2:00 P.M.,with the Administrator revealed the facility does not have a risk assessment to identify where Legionella and other opportunistic waterborne pathogens could grow and spread. Furthermore, the facility has not implemented any water management programs. Review of the policy titled Water Management Plan-Legionella dated November 2021, revealed the facility will establish a water management plan for reducing the risk of Legionella and other opportunistic pathogens in the facility's water system. 49039 2. Observation of medication administration on 09/17/24 at 8:36 A.M., with Registered Nurse (RN) #148 revealed the nurse began by removing several medication cards for Resident #18, from the cart, and directly popping the pills into a medication cup. No hand hygiene was observed prior to the start of this observation. After placing the pills in a medication cup, she retrieved a bottled liquid medication from the cart but had questions about the dosage. Consequently, she returned the bottled medication to the medication cart, locked it, and took her laptop and the prepared medication cup with pills to the nursing station to seek assistance. During this time, she touched the countertop and Resident #18's binder. Once the dosage issue was resolved, RN #148 returned to the cart to continue preparing medications. She added additional pills to the medication cup. Additionally, RN #148 gathered a stock bottles of two medications and added a pill from each to the cup. After collecting all the medications, RN #148 placed the pills into a plastic sleeve for crushing. The crushed tablets were then mixed with chocolate pudding in the medication cup. She donned gloves and added the contents of four capsules that could not be crushed into the mixture. Following this, she disposed of the used spoon and gloves by touching the top of the trash can with bare hands. (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	RN #148 retrieved a packet of powder oral medication, a transdermal patch, topical medicated powder and the bottle of liquid medication. RN #148 measured 45 milliliters of the liquid medication and placed it into a plastic cup, then dispensed the packet of powdered medication into a spare cup, and added water from a water pitcher. RN #148 closed the laptop and locked the cart, she took a new spoon as she entered Resident #18's room with the medication cup, water cups with medication, transdermal patch, and topical powder medication. Upon entering, RN #148 introduced herself and informed the resident that she would be administering his medications. RN #148 spoon fed Resident #18's medication, he took the liquid medication and powdered medication mixed with water without assistance. RN #148 donned gloves and removed the transdermal medication patch from its packaging and applied it to the resident's right knee. RN #148 then used the topical medicated powder for wound care in the groin and armpit areas, ensuring the resident's privacy was maintained throughout the process by closing the privacy curtain. After completing medication administration RN #148 discarded the medication cups and gloves in the trash, exited the room without performing hand hygiene, and returned to the medication cart. The medication was documented as being provided after administration. 3. Observation on 09/17/24 at 8:52 A.M., with RN #148 revealed after preparing and administering Resident #18's medication, hand hygiene was not performed. RN #148 unlocked the medication cart and started preparing medications for Resident #35. She removed all necessary medication cards for administration from the cart. RN #148 removed a pill form a card and dispensed it directly into a clean medication cup. RN #148 then proceeded to opened the drawer and removed three stock medication bottles from the cart and placed one tablet from each bottle into the cup. RN #148 then removed a bottle of powdered medication from the cart and placed it into a water cup. RN #148 the dispensed three additional pills from medication cards directly into the medication cup. RN #148 put water into the a cup with the powdered medication, returned all medication cards and bottles back to the cart, locked it and entered Resident #18's room. RN #148 handed Resident #18 his medication, which he took without issue. After completing the medication administration RN #148 discarded the medication cup in the trash, exited the room without performing hand hygiene, and returned to the medication cart. The medication was documented as being provided after administration. Interview on 09/17/24 at 8:55 A.M., with RN #148 verified hand hygiene was not conducted before and after preparing and administering Resident #18 and #35 medications. RN #148 verified hand hygiene should have been conducted before and after preparing medication and when coming in contact with residents. Interview on 09/18/24 at 1:22 P.M., with Assistant Director of Nursing #157 verified hand hygiene should be performed before and after medication preparation and administration, as well as when coming into contact with soiled surfaces and interacting with residents. Review of the undated policy titled Hand Washing Guidelines, revealed staff should wash hands before and after providing care for a resident, after contact with residents skin, after contact with inanimate objects, before and after removing gloves, (continued on next page)

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	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Review of the policy titled, Medication Administration, dated November 2018, revealed the person administering medications should maintain good hand hygiene before beginning a medication pass, prior to handling any medication and after coming into direct contact with a resident.