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	02/06/2025

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39967 Based on staff interviews and record review, the facility failed to convey resident funds within 30 days of residents being discharged from the facility. This affected three Residents (#87, #88 and #89) out of the five residents reviewed for conveyance of personal funds. The facility census was 18. Findings include: 1) Review of the medical record for Resident #87 revealed the resident was admitted to the facility on [DATE]. Diagnoses included gout, congestive heart failure, generalized anxiety disorder, paranoid schizophrenia, major depressive disorder, muscle weakness, and hypothyroidism. Resident #87 discharged from the facility on 08/30/24. Review of a Resident Funds Authorization, for Resident #87 dated 03/20/23, revealed the authorization was signed by Resident #87's responsible party. The authorization was also witnessed by a non-employee. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #87 was cognitively intact. Review of a progress note for Resident #87 dated 08/30/24 at 2:00 P.M., revealed the resident was picked up from the facility by an ambulance service to go to a new facility. Review of a check dated 10/04/24, revealed the check was written to Resident #87 on 10/04/24 for $1,151.00 dollars. Review of a check dated 12/05/24, revealed the check was written to Resident #87 on 12/05/24 for $1,151.00 dollars. Review of the Resident Funds Statement, for Resident #87 dated 12/31/24, revealed the resident had a balance of $1,151.00 on 12/05/24 when the account was closed. (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

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Administrator on 02/05/25 at 2:32 P.M., verified Resident #87 was discharged from the facility on 08/30/24 and Resident #87's funds were not conveyed to the resident until 10/04/24. The Administrator stated a second check was made on 12/05/24 due to the first check on 10/04/24 not being processed. The Administrator confirmed that Resident #87's funds were not conveyed within 30 days of Resident #87 discharging from the facility. 2) Review of the medical record for Resident #88 revealed the resident was admitted to the facility on [DATE] with diagnoses including insomnia, other seizures, vascular dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, acute posthemorrhagic anemia, fistula of vagina to large intestine, anemia, respiratory disorder and bipolar disorder. Resident #88 was discharged from the facility on 04/04/24. Review of the Resident Funds Authorization, for Resident #88 dated 08/24/20, revealed the authorization was signed by Resident #88. The authorization was also witnessed by a non-employee. Review of a progress note for Resident #88 dated 04/04/24 at 8:00 A.M., revealed the resident was discharged home with her medications and personal belongings. Review of the discharge MDS assessment dated [DATE], revealed Resident #88 was cognitively intact. Review of a check dated 10/04/24, revealed the check was written out to Resident #88 on 10/04/24 for the amount of $458.00 dollars. Review of the Resident Funds Statement, dated 12/31/24, revealed Resident #88 had a balance of $458.00 dollars on 11/05/24 when the account was closed. Interview with the Administrator on 02/05/25 at 2:32 P.M., verified Resident #88 was discharged from the facility on 04/04/24 and Resident #88's funds were not conveyed to her within 30 days of Resident #88 discharged from the facility. 3) Review of the medical record for Resident #89 revealed the resident was admitted to the facility on [DATE]. Diagnoses including low back pain, major depressive disorder, vascular dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, hypertension, hypothyroidism and generalized anxiety disorder. Resident #89 discharged from the facility on 11/30/24. Review of the quarterly MDS assessment dated [DATE], revealed Resident #89 was had impaired cognition. Review of a progress note for Resident #89 dated 11/30/24 at 7:45 A.M., revealed the resident's body was released to the funeral home. Resident #89's daughter and hospice were present. Review of the Resident Funds Statement, dated 12/31/24, revealed Resident #89 had a balance of $551.29 dollars on 12/18/24 when the account was closed. (continued on next page)

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Resident Account Information from 10/01/24 to 02/05/25, revealed Resident #89 did not have any checks to show the conveyance of Resident #89's funds in the amount of $551.29 dollars. There was also no documentation that Resident #89 or Resident #89's resident representative signed a resident funds authorization. Interview with the Administrator on 02/05/25 at 2:32 P.M., verified Resident #89 discharged from the facility on 11/30/24 and the facility did not have any proof of a check or Resident #89's funds being conveyed to their estate. Review of email correspondence from the Administrator on 02/06/25 at 8:44 A.M., verified the facility did not have a signed resident funds authorization to manage Resident #89's funds. This deficiency represents non-compliance investigated under Complaint Number OH00161817.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43062 Based on record review, and staff interview, the facility failed to ensure residents' advanced directives were updated and accurate in the medical record. This affected one Resident (#30) out of the two residents reviewed for advanced directives. The facility census was 18. Findings include: Review of the medical record for Resident #30 revealed the resident was admitted to the facility on [DATE]. Diagnoses included schizoaffective disorder, hemiplegia, bipolar disorder, gastro-esophageal reflux disease (GERD), bipolar disorder, essential primary hypertension, hyperlipidemia, anxiety disorder, hypothyroidism, diabetes mellitus (DM), insomnia, schizoaffective disorder, anxiety disorder, and chronic obstructive pulmonary disease (COPD). Review of a physician order dated 11/19/24 for Resident #30, revealed the resident was ordered to be Do Not Resuscitate Comfort Care (DNR-CC). Review of an DNR-CC paper form dated 11/19/24 and signed by the physician, revealed Resident #30 was marked as a DNR-CC. Review of the Minimum Data Set (MDS) assessment for Resident #30, dated 11/20/24, revealed the resident was cognitively intact. Review of Resident #30's paper chart at the nurse's desk, revealed a plain white paper with bold print indicating Resident #30 was a full code. Interview with the Director of Nursing (DON) on 02/03/25 at 12:06 P.M., verified Resident #30's advanced directives didn't match in the paper chart and the electronic medical record (EMR). The DON stated she was not aware of Resident #30 having had a change in his advanced directives. The DON stated Resident #30 should be listed as a DNR-CC.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39967 Based on observations, staff interviews, record review, and review of facility policy, the facility failed to provide a comfortable, safe, and homelike environment. This affected three Residents (#25, #30 and #29) of three residents reviewed for environment. The facility census was 18. Findings include: 1) Review of the medical record for Resident #25 revealed the resident was admitted to the facility on [DATE]. Diagnoses included anxiety disorder, anemia, schizoaffective disorder bipolar type, homicidal ideations, auditory hallucinations, psychotic disorder with delusions due to a known physiological condition, hyperlipidemia, hypertension and mood disorder. Review of the annual Minimum Data Set (MDS) assessment for Resident #25 dated 10/26/24, revealed Resident #25 was cognitively intact, and required supervision for activities of daily living (ADLs). Observation of Resident #25's bathroom on 02/03/25 at 9:51 A.M., revealed Resident #25's bathroom had an approximately one foot in length by one foot in width area where the paint was chipping off the tile next to the sink. Interview with Resident #25 at the same time stated the wall had been in that condition since she moved into the room on 01/15/25. Observation of Resident #25's bathroom on 02/05/25 at 10:17 A.M. with the Director of Nursing (DON), revealed Resident #25's bathroom had an approximately one foot in length by one foot in width area where the paint was chipping off the tile next to the sink. Interview with the DON at the same time, verified Resident #25's bathroom had paint chipping off the tile next to the sink. 43062 2) Review of the medical record for Resident #30 revealed the resident was admitted to the facility on [DATE]. Diagnoses included schizoaffective disorder, hemiplegia, bipolar disorder, gastro-esophageal reflux disease (GERD), bipolar disorder, essential primary hypertension, hyperlipidemia, anxiety disorder, hypothyroidism, diabetes mellitus (DM), insomnia, schizoaffective disorder, anxiety disorder, and chronic obstructive pulmonary disease. Review of the MDS assessment for Resident #30, dated 11/20/24, revealed the resident was cognitively intact and required supervision for ADLs. Observation of Resident #30's room on 02/06/25 at 8:08 A.M. with Registered Nurse (RN) #127, revealed the wallpaper was very soiled and peeling from the entire length of the wall. The cove base was chipped and peeling away from the wall. Interview with RN #27 at the same time verified the condition of Resident #30's room. 25908 (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3) Observation of Resident #29's room on 02/03/25 at 10:20 A.M., revealed the floor had food debris scattered throughout the floor, black scuff marks and yellow sticky substance near the door. Interview with Resident #29 at the same time, stated he was not sure when the floor was last cleaned. Interview with Licensed Practical Nurse (LPN) #112 on 02/03/25 at 11:15 A.M., verified the condition of Resident #29's room and stated she had not seen the housekeeper today. LPN #112 stated the floor needed to be cleaned. Review of the facility policy titled, Safe, Clean, Comfortable, Homelike Environment, undated, confirmed the Resident has the right to a safe, clean, comfortable, and homelike environment. This included the physical layout of the facility maximizes resident independence and does not pose a safety risk. Further review of the policy confirmed housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable environment.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39967 Based on record reviews, staff interviews, and review of facility policy, the facility failed to ensure residents, and their representatives were offered and received care conferences or the ability to participate in care planning. This affected two Residents (#18 and #19) out of the two residents reviewed for participation in care planning and care conferences. The facility census was 18. Findings include: 1) Review of the medical record for Resident #18 revealed the resident was admitted to the facility on [DATE]. Diagnoses included psychotic disorder with delusions due to known physiological condition, major depressive disorder, generalized anxiety disorder, schizoaffective disorder and insomnia. Review of medical record from 08/22/24 to 02/04/25 revealed there was no documentation that Resident #18 or her guardian were offered or received a care conference. Review of the annual Minimum Data Set (MDS) assessment dated [DATE]. revealed Resident #18 was cognitively intact and required supervision for Activities of Daily Living (ADLs). Interview with Resident #18 on 02/03/25 at 10:01 A.M., revealed the resident had not been offered a care conference or the opportunity to participate in her care planning. Interview with the Administrator on 02/04/25 at 9:19 A.M., verified there was no documentation that Resident #18 or her guardian were offered or received a care conference from 08/22/24 to 02/04/25. The Administrator stated care conferences should be held upon admission and quarterly. 2) Review of the medical record for Resident #19 revealed the resident was admitted to the facility on [DATE]. Diagnoses included Bechet's disease, cerebral infarction, insomnia, paranoid schizophrenia, generalized anxiety disorder, muscle weakness, bipolar disorder and major depressive disorder. Review of the medical record for Resident #19's from 12/16/24 to 02/04/25, revealed there was no documentation that Resident #18 or her guardian were offered or received a care conferences. Review of the admission MDS assessment dated [DATE], revealed Resident #19 was cognitively intact, and required supervision for ADLs. Interview with Resident #19 on 02/03/25 at 10:57 A.M., revealed Resident #19 had not been offered a care conference or opportunity to participate in care planning. Interview with the Administrator on 02/04/25 at 3:19 P.M., verified there was no documentation that Resident #19 or her guardian were offered or received a care conference from 12/16/24 to 02/04/25. The Administrator stated care conferences should be held upon admission and quarterly. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy titled Resident Participation in Resident Assessments and Care Plans dated December 2016, revealed the resident and his or her representative are encouraged to participate in the resident's assessment and in the development and implementation of the resident's care plan. The Social Services Director (SSD) or designee is responsible for notifying the residents and representatives and for maintaining records of such notices.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 43062 Based on record review, staff interview, review of the Legionella Environmental Risk Assessment, review of the Water Management Plan, review of the Legionella Control measures and Monitoring, review of water temperature logs, review of weekly monitoring logs, review of the online resources from the Centers for Disease Control and Prevention (CDC), and review of facility policy, the facility failed to follow their Water Management Plan and Legionella Risk Assessment. This had the potential to affect all 18 residents who resided in the facility. The facility census was 18. Findings include: Review of the Water Management Plan-Legionella, dated 11/2021, revealed the facility would establish water management plans for reducing the risk of Legionella and other opportunistic pathogens in the facility's water system by having proactive endeavors to establish and maintain a healthy, infection free environment for the residents, staff and visitors. The facility would develop, implement and maintain an infection prevention and control program in order to prevent, recognize, and control the spread of infections within the facility by performing surveillance, investigation to prevent, prevent and control outbreaks, and use records to improve its infection control procedures. The facility will use a standard approach to risk assessment, implement mechanical, operation and chemical control measures that originate from the Legionella Risk Assessment Review of a facility document titled Legionella Environmental Assessment of Water Systems dated 10/09/24, revealed the facility developed a risk assessment and plan to aid in the prevention of Legionella. The assessment noted areas of concern such as the hot/cold water storage tanks, pipes, valves, shower heads, faucets, water filters, ice machines, and medical devices such as a Continuous Positive Airway Pressure (CPAP) machine. The assessment revealed the facility would complete the following control measures, monitoring and interventions: 1) For rooms taken out of service or resident occupancy changes, water and showers will be turned on for five minutes in each room, and toilets flushed. 2) Hot water temperatures will be measured. 3) The recirculation system for the hot water (a system which water flows continuously through the piping to ensure hot water to all endpoints) would have delivery temperatures at 115 degrees Fahrenheit to 120 degrees Fahrenheit and the return temperatures would be 104 degrees Fahrenheit to 110 degrees Fahrenheit. The hot water temperatures will be monitored regularly. There was no documented evidence that the facility was following their Legionella Risk Assessment Pan for the prevention of Legionella. Review of an undated facility document titled Control Measures and Monitoring, revealed the facility would complete the following procedures: 1) The incoming water supply will be tested as necessary. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2) The hot water tanks, circulating pumps, and tempering valves will be tested weekly throughout all areas of the facility to ensure proper hot water temperatures are maintained. 3) The facility will disinfect sinks and basins at hot and cold-water outlets. 4) All water outlets in vacant resident rooms, resident shower rooms and any other water distribution outlets in areas not in use, will have the hot and cold water ran in all water outlets for five minutes once weekly and flush all toilets. 5) The facility will disinfect all showers and shower heads weekly. 6) The ice machines will be cleaned every six months and visually inspected monthly. 7) Resident medical equipment including oxygen concentrators, Bilevel Positive Airway Pressure (BIPAP) and CPAP machines will be inspected during resident use. The masks and tubing must be disinfected and thoroughly dried and stored in a clean environment when not in use. 8) The air conditioning and air handling units will be routinely serviced, have semi-annual inspections and regular maintenance. Review of an undated facility document titled Legionella Areas of Concerns revealed the following were listed as areas of concern: 1) Hot and cold-water storage tanks. 2) Water heaters. 3) Pipes, valves and fittings. 4) Water filters. 5) Electrical and manual faucets. 6) Faucets and flow restrictors. 7) Showerheads and hoses. 8) Non-steam aerosol humidifiers. 9) Eye wash stations. 10) Ice machines. 11) Medical devices (CPAP, BIPAP, ventilators and humidifiers). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility documents titled Water Temps - A Unit Audit, revealed a purpose of the document was to confirm that water temperatures in resident's room and showers met the requirements. Numerous rooms were checked on 11/16/24 and 12/09/24. There was no additional documented evidence A unit had any additional water temperatures checked after 12/09/24. Review of facility documents titled Water Temps - B Unit Audit revealed a purpose of the document was to confirm that water temperatures in resident room and showers met the requirements. Numerous rooms were checked on 11/25/24 and 12/02/24. There was no additional documented evidence B unit had any additional water temperatures checked after 12/02/24. Review of the facility document titled, Legionella Program Weekly Report, revealed various rooms were marked as being completed for running water in the sinks and flushing the toilet. The last documentation on the report was dated 11/20/24. There was no documented evidence of the weekly program being followed after 11/20/24. Interview with the Maintenance Supervisor (MS) #150 on 02/05/25 at 1:49 P.M., revealed he had only been working in the facility for approximately three weeks and since being hired, he hasn't done anything with the Legionella policies or procedures or familiar with them. Maintenance Supervisor (MS) #150 stated the only occupied portion of the building is Unit -B which is the secured behavioral unit. Maintenance Supervisor (MS) #150 stated Unit-A is not being utilized by residents and the last left the unit on the 01/20/25. Maintenance Supervisor (MS) #150 verified the facility wasn't following their Legionella Risk Assessment and Water Management Plan. Maintenance Supervisor (MS) #150 verified the last water temperatures were completed on 12/09/24 and the last room checks for running water were completed on 11/20/24. Maintenance Supervisor (MS) #150 stated he wasn't aware of any documentation related to the Legionella procedures. Interview with the Administrator on 02/06/25 at 11:56 A.M., verified the facility wasn't following their Legionella Risk Assessment and Water Management Plan. Review of the online resources from the CDC titled, Water Management in Healthcare Facilities, dated 03/15/24, recommends that healthcare facilities develop and implement comprehensive water management programs to reduce the risk of Legionella growth and transmission. Review of the facility titled, Policy and Procedure: Water Management Plan-Legionella, dated November 2021, revealed the facility establish a water management plan for reducing the risk for Legionella and other opportunistic pathogens in the facility's water system. The facility shall do the following procedures: Complete a facility risk assessment conducted by the water management team to identify where Legionella could grow and spread in the facility' water systems, have a water system schematic/description, complete a Legionella environmental assessment, have rounding observation data , and maintain water temperature logs.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43062 Based on medical record review, staff interview, and policy review, the facility failed to obtain signed refusal forms for vaccinations and failed to obtain any information related to prior immunizations and vaccinations for newly admitted residents. This affected two Residents (#08, and #13) out of five Residents reviewed for immunizations and vaccinations. The facility census was 18. Findings Include: 1) Review of the medical record for Resident #08 revealed the resident was admitted to the facility on [DATE]. Diagnoses included schizoaffective disorder, schizophrenia, hyperlipidemia, diabetes mellitus (DM), gastro-esophageal reflux disease (GERD), and anxiety disorder. Review of the Minimum Data Set (MDS) assessment, dated 01/09/25, revealed Resident #08 had impaired cognition. Review of Resident #08's vaccination record, revealed the resident was documented as refusing an influenza vaccine on 11/07/24, the respiratory syncytial virus (RSV) vaccination on 03/07/24 and the pneumococcal bacteria vaccination on 10/02/24. Review of the Vaccination Authorization Forms for Resident #08, revealed the facility failed to obtain Resident #08's signature for the refusals of the influenza vaccine, RSV vaccine, and the pneumococcal bacteria vaccine. Interview with the Registered Nurse (RN) #127 on 02/05/25 at 2:32 P.M., verified the facility did not obtain Resident #08's refusal for an influenza vaccine, RSV vaccine, and the pneumococcal bacteria vaccination. RN #127 stated it was a resident's right to refuse vaccinations, however, the facility still needed to obtain a refusal consent signed by the resident or their authorized representative. 2) Review of the medical record for Resident #13 revealed he was admitted to the facility on [DATE]. Diagnoses included Diabetes Mellitus (DM), heart failure, anemia, hypothyroidism, hyperlipidemia, dementia, schizoaffective disorder, anxiety disorder, insomnia, essential primary hypertension, congestive heart failure, chronic kidney disease, and respiratory failure. Review of the MDS assessment for Resident #13 dated 12/16/24, revealed the resident had mild cognitive impairment. Review of Resident #13's immunization and vaccinations records in the electronic medical record (EMR) were blank. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the RN #127 on 02/05/25 at 2:32 P.M., verified the facility failed to obtain any information related to Resident #13's prior immunizations and vaccinations. RN #127 stated Resident #13 was a newly admitted resident on 12/16/24 which was why the facility had not obtained the immunizations and vaccinations records. RN #127 stated the facility reviewed the residents' vaccinations and immunizations status when the residents were newly admitted . RN #127 stated the facility would educate the residents on vaccinations and immunizations and obtain consent to provide the residents with immunizations and vaccinations upon admission. Review of the facility policy titled, Vaccination of Resident, undated, confirmed all Residents will be offered vaccines that aid in the prevention of infectious disease. Further review of the policy confirmed prior to receiving the vaccinations, the resident or legal representative will be provided with information and education regarding the benefits and potential side effects of the vaccinations. Provisions of such education shall be documented on the residents' medical chart. All new admissions shall be assessed for current vacations upon admission.

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	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospitality Center for Rehabilitation and Healing	1301 North Monroe Drive Xenia, OH 45385

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 43062 Based on observation, staff interview, and review of facility policy, the facility failed to provide a clean and homelike environment. This had the potential to affect all 18 residents residing on the secured behavioral unit. The facility census was 18. Findings included: Observation of the common areas of the secured behavioral unit on 02/03/25 at 10:15 A.M., revealed a fur like material and dirt hanging off of the large heat register/vents affixed to the walls. The floors throughout the unit were soiled and appeared dirty. Observation of the secured behavioral unit on 02/05/25 at 8:22 A.M. with the Registered Nurse (RN) #127, revealed an unlocked, unoccupied resident room with multiple stacks of supplies that ran the entire length of the room and numerous boxes were stacked to the ceiling. There were multiple trash bags of unopened incontinence briefs, trash and various debris scattered throughout the floor, and large metal rails leaned up against the walls. Interview with RN #127 at same time, verified the condition of the room. RN #127 stated the unoccupied, resident's room was being used as a storage room and should be secured since it was on a behavioral unit. Observation of the common areas of the secured behavioral unit on 02/05/25 at 8:57 A.M. with RN #127, revealed a fur like material and dirt hanging from the large heat register/vents affixed to the walls. The floors throughout the unit were soiled and appeared dirty. Interview with RN #127 at the same time verified the conditions of the common areas of the secured unit. Review of the facility policy titled, Safe, Clean, Comfortable, Homelike Environment, undated, confirmed the Resident has the right to a safe, clean, comfortable, and homelike environment. This included the physical layout of the facility maximizes resident independence and does not pose a safety risk. Further review of the policy confirmed housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable environment.