STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365278	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Rehabilitation and Healthcare Center	512 Crescent Drive Troy, OH 45373

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** 35031 Based on observation, medical record review, staff interview, and policy review, the facility failed to ensure medications were stored in a safe manner. This directly affected one (#137) of one random resident observed. The facility census was 138. Findings include: Observation on 07/30/24 at 11:05 A.M., revealed two medications in a small, plastic medication cup, sitting on the overbed table of Resident #137. Resident #137's roommate was observed in the room but was not independently mobile. No other residents were observed in the area. Interview at the time of the observation, with Licensed Practical Nurse (LPN) #241, verified the findings and identified the two pills as a Flomax 0.4 milligram (mg) capsule, and a gemfibrozil 600 mg tablet. LPN #137 removed the pills from the room and discarded them. Review of the medical record of Resident #137 revealed an admitted [DATE]. Diagnoses include hyperlipidemia and benign prostatic hyperplasia without lower urinary tract symptoms. Review of the physician orders dated 06/04/24 revealed Flomax 0.4 milligrams (mg) to be administered by mouth at bedtime. An order dated 06/18/24 for gemfibrozil 600 mg to be administered by mouth twice daily. Review of the medication administration record for Resident #137 revealed the medications were signed off as having been administered on 07/29/24 at 7:00 P.M. to 11:00 P.M., by LPN #210. Review of the undated policy titled Storage of Medications, revealed the facility shall store all drugs in a safe, secure, and orderly manner. This deficiency represents non-compliance investigated under Complaint Number OH00155990.

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: 365278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Rehabilitation and Healthcare Center	512 Crescent Drive Troy, OH 45373

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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 - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 35031 Based on observation, staff interview, and policy review, the facility failed to ensure resident's rooms were maintained in a clean and sanitary manner. This affected two (#39 and #68) of 138 resident's rooms that were observed. The facility census was 138. Findings include: Observation on 07/30/24 at 11:05 A.M., of the oxygen concentrator beside the bed of Resident #39, with oxygen tubing attached to the machine and the oxygen in the nares of Resident #39, had a large amount of a dried white substance on the top and the front of the concentrator. Interview on 07/30/24 at 11:20 A.M., with Registered Nurse #319 provided verification the concentrator had the large amount of a dried white substance on the top and front. Observation on 07/30/24 at 11:10 A.M., of Resident #68's room revealed a large number of debris on the floor near where a room mate's bed had been. The debris included: sunflower seeds, empty water bottle, an empty can of chewing tobacco, a plastic grocery items with various items, a grabber tool, and various food particles. On the floor under the windows revealed French fries were noted. Resident #68 continued to reside in the room but was not present at the time of the observation. Interview on 07/30/24 at 11:25 A.M., with Housekeeping Aide #325 verified the condition of the room. Review of the undated policy titled Housekeeping/Environmental Services, revealed each area of the facility is maintained in a safe, clean, and comfortable manner. This deficiency represents non-compliance investigated under Complaint Number OH00155564.