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 03/24/2025

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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on record review and interviews with staff, hospital staff and medical transport staff, the facility failed to permit a resident to return to the facility after the resident was hospitalized . This affected one (#137) out of three residents reviewed for bed holds. The facility census was 134. Findings include: Review of the medical record revealed an admitted [DATE] with diagnoses of unspecified dementia, unspecified severity, with other behavioral disturbance, epilepsy, unspecified, not intractable, without status epilepticus, and bipolar disorder. Review of the 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #137 had moderate cognitive impairment. Resident #137 had physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) every one to three days. Resident #137 required supervision assistance with eating, oral hygiene, bed mobility, transfers, and ambulation. Resident #137 required substantial assistance with toileting hygiene, bathing, and dressing. Review of the care plan dated 02/24/25 revealed Resident #137 has behaviors related to withdrawn, refused assessments, anxiousness paranoia, delusions/hallucinations, throwing medications, refusing medications, speaking to voices in head, pacing, pushed nurse, refused tuberculosis (TB) testing, exit seeking, removed mattress from bed, refused shower, sprinting up and down hall, attempting to hit staff, hit staff, kicking staff, refused blood draw with interventions of administer medications per physician order. Interventions included to monitor for effectiveness and side-effects. Approach resident in a calm manner to avoid frustration and behavior escalation; If resident becomes agitated and shows signs of escalation, reapproach later. Attempt to redirect resident when exhibiting behaviors; re-approach when resident has deescalated. Review of the progress noted dated 02/24/25 at 12:00 A.M. from Physician #500 revealed Resident #137 with increased behavioral agitation, he is seemingly a threat to himself and others at this time and for this reason he is going to be transferred to a tertiary mental facility for full stabilization. Resident #137 had been pink slipped. Review of Resident #137's Face Sheet revealed resident discharged to the hospital on 02/24/25. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/24/2025
NAME OF PROVIDER OR SUPPLIER Troy Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #137's medical record revealed there was no other documentation regarding the resident returning to the facility. Interview on 03/19/25 at 8:19 A.M. with Hospital Licensed Social Worker (LSW) #504 confirmed on 03/10/25, unsure of time of conversation she spoke with Admissions Coordinator #293 directly and was advised Resident #137 would be returning to the facility on Wednesday, 03/12/25. Interview with Hospital LSW #504 confirmed Admissions Coordinator #293 did not request an update on Resident #137 during the conversation. Hospital LSW #504 confirmed she called Admissions Coordinator #293 on 03/11/25 and left a voice message with the time Resident #137 would be transported back to the facility. Interview on 03/19/25 at 1:47 P.M. with Hospital LSW #504 confirmed she talked to Admissions Coordinator #293 on 03/12/25 around 1:30 P.M. she spoke with Admissions Coordinator #293 and confirmed that Resident #137 was at the facility. Hospital LSW #504 confirmed Admissions Coordinator #293 refused to let Resident #137 remain at the facility. Hospital LSW #504 confirmed she offered to send an update to Admissions Coordinator #293 at the time, and Admissions Coordinator #293 refused and sent Resident #137 back to the hospital. Hospital LSW #504 stated Resident #137 is currently in the hospital. Telephone call on 03/19/25 at 1:51 P.M. with Director of Transport at Medical Transport #501 confirmed the transport report revealed on 03/12/25 around 1:30 P.M. transport was made to [NAME] Rehabilitation and Healthcare Center for non-emergently from Hospital #2. Director of Transport confirmed the transport personnel received the paperwork from the nurse at Hospital #2 to be delivered to the nurse at [NAME] Rehabilitation and Healthcare Center. Resident #137 was alert and oriented times one (self). Resident #137 was able to stand and pivot onto the stretcher and drove to the facility. The crew unloaded Resident #137 and took the resident to his room. Resident #137 was sheet lifted via two person sheet draw onto his bed. The facilities admission coordinator informed the crew that he can't stay here, we won't take him. The admission coordinator informed the crew that Resident #137 was supposed to go to Hospital #3 and not the facility. After an excess of unproductive deliberation, the crew decided to depart the scene and take Resident #137 back to Hospital #2, as the facility was refusing to accept Resident #137 back at the facility. Resident #137 was sheet lifted via two person sheet draw back onto the stretcher and secured. Resident #137 was taken back to the ambulance and loaded in. Telephone call on 03/20/25 at 10:33 A.M. with Director of Transport at Medical Transport #501 confirmed the release of the documentation on the transport of Resident #137 to [NAME] Rehabilitation with signed consent sent from ODH. (continued on next page)

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 03/24/2025
NAME OF PROVIDER OR SUPPLIER Troy Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/24/25 at 7:47 A.M. with Admissions Coordinator #293 confirmed Resident #137 was sent out to a hospital for behaviors and was then sent to another hospital. Admissions Coordinator #293 stated there were several hospitals involved in the care of Resident #137 after the resident was transferred out on 03/12/25. Admissions Coordinator #293 stated that the facility planned to bring the resident back. Interview also confirmed on 03/12/25 when Resident #137 returned, she went and talked to the transport personnel and told them she didn't know the resident was coming back and that no one called report, and no referral was received. Interview stated Resident #137 was on the cot the whole time she was speaking with the transport personnel. Interview confirmed she called the hospital social worker and was told they didn't have to send an update since the facility was the admitting facility. Interview also confirmed the Emergency Medical Technician (EMT) would not give her the paperwork to review since the facility was not accepting the resident back. Interview also confirmed she talked to the hospital social worker about the admission process of getting an updated report before the hospital sends a resident back. Interview also confirmed facility was sending referrals to two other nursing facilities for Resident #137. When asked why she sent referrals if resident was allowed to return and who gave the authorization to send referrals to other facilities, interview confirmed the referrals were sent due to resident's prior behaviors and the facility not being able to manage the resident and she was unsure who gave the authorization to send the referrals. When asked about the hospital call on Monday, 03/10/25 about Resident #137 returning, interview confirmed she did speak to someone but thought it was someone from Hospital #3. Interview also confirmed that she did receive a voice mail from someone that Resident #137 was returning but doesn't remember who it was that left the message or when they left it. Admissions Coordinator #293 confirmed Resident #137 was not provided with a discharge notice that the facility would not accept him back. Telephone call on 03/24/25 at 9:37 A.M. with EMT #503 with Medical Transport #501 confirmed on 03/12/25 around 1:30 P.M. Resident #137 was transported from Hospital #2 to [NAME] Rehabilitation and Healthcare Center. Interview confirmed the transport personnel received the paperwork from the nurse at Hospital #2 to be delivered to the nurse at [NAME] Rehabilitation and Healthcare Center. Interview confirmed Resident #137 was alert and oriented times one (self), and was able to stand and pivot onto the stretcher. Interview also confirmed Resident #137 was unloaded and was taken to his room. Resident #137 was then sheet lifted via two person sheet draw onto the bed. Interview also confirmed the facilities Admission Coordinator #293 came, as we were exiting the room, and informed us that he can't stay here, we won't take him. Admission Coordinator #293 informed crew that Resident #137 was supposed to go to Hospital #3 and not the facility. After an excess of unproductive deliberating, the crew decided to depart the scene and take Resident #137 back to Hospital #2, as the facility was refusing to accept the resident back. Interview confirmed Resident #137 was sheet lifted via two person sheet draw back onto the stretcher and secured. Interview also confirmed the Resident #137 was taken back to the ambulance and transported back to Hospital #2. (continued on next page)

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 03/24/2025
NAME OF PROVIDER OR SUPPLIER: Troy Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Telephone call on 03/24/25 at 9:42 A.M. with Medic/Registered Nurse (RN) #502 with Medical Transport #501 confirmed on 03/12/25 around 1:30 P.M. Resident #137 was transported from Hospital #2 to [NAME] Rehabilitation and Healthcare Center. Interview confirmed the transport personnel received the paperwork from the nurse at Hospital #2 to be delivered to the nurse at [NAME] Rehabilitation and Healthcare Center. Interview confirmed Resident #137 was alert and oriented times one (self), and was able to stand and pivot onto the stretcher. Interview also confirmed Resident #137 was unloaded and took to his room. Resident #137 was then sheet lifted via two person sheet draw onto his bed. Interview also confirmed the facilities Admission Coordinator #293 came, as we were exiting the room, and informed us that he can't stay here, we won't take him. Admission Coordinator #293 informed crew that Resident #137 was supposed to go to Hospital #3. After an excess of unproductive deliberating, the crew decided to depart the scene and took Resident #137 back to Hospital #2, as the facility was refusing to accept the resident back. Interview confirmed Resident #137 was sheet lifted via two person sheet draw back onto the stretcher and secured. Interview also confirmed Resident #137 was taken back to the ambulance and transported back to Hospital #2. Interview also confirmed he asked Admission Coordinator #293 if there was a path to acceptance of the resident and she said absolutely not. Telephone call on 03/24/25 at 9:46 A.M. with Licensed Practical Nurse (LPN) #351 confirmed on 03/12/25 around 1:30 P.M. when she was on break when Resident #137 returned from the hospital. When she arrived to the floor the Admissions Coordinator #293 and the EMT were going back and forth due to not being notified of the re-admission ahead of time. Interview also confirmed she does not remember if resident was in the room or still on the EMT's cot. Interview on 03/24/25 at 1:45 P.M. with the Administrator confirmed they plan on accepting Resident #137 back when he is ready and that they never denied his re-admission. Interview confirmed when Resident #137 was brought back on 03/12/25 and the facility was not notified he was returning, they have to protect other residents due to his aggressive behaviors and the resident was over medicated when they arrived and zonked out. When asked why they didn't let the resident stay on 03/12/25 since they couldn't tell if he was having behaviors or not after he was brought back, interview confirmed because the facility did not receive an update. When asked about the paperwork transport had being acceptable, interview confirmed transport wouldn't give them the paperwork. When reminded transport wouldn't give them the paperwork due to Health Insurance Portability and Accountability Act (HIPAA) violation if the facility was not going to re-admit the resident, interview confirmed the facility needed an update prior to the resident returning. When asked why the facility didn't re-admit the resident and accept the paperwork from transport and then if the resident had behaviors again that was a danger to others they could send the resident out to a behavior facility, interview confirmed the facility needed an update prior to resident returning. Interview also confirmed the facility billed from Medicaid bed hold days from 02/25/25 through 03/12/25, at which time resident was discharged . The Administrator confirmed Resident #137 has not been provided a discharge notice that he would not be accepted back. The Administrator confirmed they have not contacted the hospital to inquire about Resident #137's return or readiness for discharge since 03/12/25. Interview on 03/24/25 at 2:15 P.M. with the Administrator confirmed the facility does not have an admission / re-admission policy. This deficiency represents non-compliance investigated under Complaint Number OH00163702.

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 03/24/2025
NAME OF PROVIDER OR SUPPLIER Troy Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on record review, observation and staff interviews, the facility failed to implement a pressure redistribution device or cushion to the resident's chair according to the care plan to treat a pressure ulcer. This affected one (#36) out of three residents reviewed for wound care. The facility census was 134. Findings include: Review of the medical record for Resident #36 revealed an admitted [DATE] with diagnosis of peripheral vascular disease, type 2 diabetes mellitus with diabetic neuropathy, and unspecified combined systolic (congestive) and diastolic (congestive) heart failure. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed resident with severe cognitive impairment. Resident #36 required set-up assistance with eating, required supervision assistance with oral hygiene, required partial assistance with personal hygiene, required substantial assistance with bed mobility, transfers, ambulating, and wheelchair mobility, and was dependent on staff assistance with toileting hygiene, bathing, and dressing. Resident was at risk for developing pressure injuries. Review of the care plan dated 02/26/25 revealed resident has impaired skin integrity as evidenced by: pressure ulcer to right and left buttock. With interventions of assist resident with turning and repositioning as needed, wound consult as needed, provide incontinence care as needed. On 03/12/25 an intervention for air mattress and pressure redistribution device in chair were added to the care plan. Review of the wounds revealed one open area to left buttocks measuring approximately 1.6 centimeters (cm) x 3.6 cm x 0.3 cm, and an open area to the right buttock measuring approximately 3.1 cm x 5.1 cm x 0.3 cm. Both areas stage 3 with peri wound pink and wound bed with 100% beefy red granulation tissue present. Staff performed proper handwashing and applied personal protective equipment properly. Observation on 03/19/25 at 4:08 P.M. of Resident #36's pressure wounds to bilateral buttocks with Registered Nurse (RN) #203 revealed the resident returned from dialysis in dialysis chair at this time, transferred to bed. Dialysis chair noted without a pressure redistribution cushion in place. Interview at this time of observation with RN #203 confirmed there was not a pressure redistribution device or cushion in the dialysis chair. RN #203 asked the surveyor if you could use a cushion in the dialysis care. Interview with RN #203 confirmed Resident #36 was care planned to have a pressure redistribution cushion to the chair. Interview on 03/19/25 at 4:15 P.M. with Certified Nursing Assistant (CNA) #204 confirmed Resident #36 has never had a cushion available to use in her chair. Interview on 03/19/25 at 4:19 P.M. with CNA #300 confirmed Resident #36 does not have a cushion available to use in her chair. (continued on next page)

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	03/24/2025

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/19/25 at 4:25 P.M. with Licensed Practical Nurse (LPN) #217 stated To be completely honest, I don't know if Resident #36 is supposed to have a cushion or not. This deficiency represents non-compliance investigated under Complaint Number OH00163535.