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	06/02/2026

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** Based on record review, staff interview, and facility policy review, the facility failed to ensure medications were properly stored. This affected one resident, (#14) of three reviewed. The facility census was 136. Findings include:Review of medical record for Resident #14 revealed admission date of 06/01/12. The resident's medical diagnoses included Chronic Obstructive Pulmonary Disease (COPD), schizoaffective disorder depressive type, and unspecified pain.The quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had a Brief Interview Mental Status (BIMS) score of 15 indicating intact cognition. She required set up assistance with eating, required touching assistance with toileting hygiene, bed mobility and transfers.Record review of the physician orders revealed an order to apply green pain relieving gel to left hip every four hours as needed with a start date of 04/20/26.Observation on 06/02/26 at 3:39 P.M. with Licensed Practical Nurse (LPN) #101 in the room of Resident #14 revealed a tube of [NAME] Pain Relieving gel located on the bedside nightstand within reach of Resident #14. Interview on 06/02/26 at 3:44 P.M. with LPN #14 verified there was no order for the green pain-relieving gel to be kept at bedside.Review of the undated facility policy, storage of medication documented the facility shall store all drugs and biologics in a secure and orderly manner. This deficiency represents non-compliance investigated under Complaint Number 3000293.

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