STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365364	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trotwood Health & Rehab LLC	4911 Covenant House Drive Dayton, OH 45426

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, the facility failed to ensure residents were treated with dignity and respect. This affected one (#02) out of four residents reviewed for dignity. The facility census was 31.Findings include:Review of the medical record for Resident #02 revealed an admission date of 09/04/18. Diagnoses included type two diabetes mellitus with diabetic polyneuropathy, aphasia following cerebral infarction, pseudobulbar affect, major depressive disorder, schizoaffective disorder, generalized anxiety disorder, and flaccid hemiplegia affecting right dominant side.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #02 was severely cognitively impaired. Resident #02 was assessed to require substantial/maximal assistance with eating, oral hygiene, and bed mobility, and was dependent for toileting, bathing, dressing, personal hygiene, and transfer.Observation on 06/14/26 at 9:59 A.M. revealed Resident #02 was sitting in bed with the breakfast tray on the overbed table. Certified Nurse Aide (CNA) #14 was standing up next to the overbed table and feeding Resident #02.Interview on 06/14/26 at 10:00 A.M. with CNA #14 revealed it was common practice for them to stand up while providing feeding assistance.Review of the facility policy titled Promoting/Maintaining Resident Dignity, undated revealed all staff were involved in providing care to residents to promote and maintain resident dignity. This deficiency represents non-compliance investigated under Complaint Number 3040887.

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