STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365505	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Village Green Rehabilitation and Healthcare Center	1315 Kitchen Aid Way Greenville, OH 45331

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record reviews and policy review, the facility failed to administer medications as ordered. This affected two (#51 and #52) of four residents reviewed for medication administration. The facility census was 49. Findings include:1. Medical record review for Resident #51 revealed an admission date of 12/26/25 and a discharge date of 01/02/26. Diagnoses included, but not limited to, cerebrovascular disease, Type II diabetes with kidney disease, moderate dementia with psychotic disturbances, major depressive disorder, anxiety disorder and hypertension. Review of the discharge Minimum Data Set (MDS) assessment, dated 01/02/26, revealed Resident #51 had severely impaired cognition. Resident #51 required supervision for eating, toileting, bed mobility and transfers. Review of the plan of care dated 12/26/25 revealed Resident #51 took psychotropic medication. Interventions included to administer medications as ordered, monitor and report adverse effects of medication and review with responsible party the risks verses benefits of medication. Review of the physicians orders dated 12/16/25 revealed Resident #51 had the following medications ordered: fexofenadine tablet 180 milligrams (mg), give one tablet by mouth for allergies; losartan-potassium hydrochlorothiazide 100-12.5 mg, give one tablet a day for hypertension; olanzapine (antipsychotic medication) tablet 7.5 mg, one tablet by mouth at bedtime for Alzheimer's; potassium citrate oral capsule 99 mg, one capsule by mouth daily; Zyprexa (name brand for olanzapine) oral tablet five mg, one tablet daily for dementia; and sertraline tablet 50 mg, one tablet two times a day for depression.Review of the Medication Administration Record (MAR) for the month of December 2025 revealed fexofenadine tablet, losartan-potassium hydrochlorothiazide, olanzapine tablet, potassium citrate capsule, Zyprexa and sertraline were signed by facility staff as not available and Resident #51 was not administered these medications on 12/27/25 and 12/28/25. 2. Medical record review for Resident #52 revealed an admission date of 12/26/25 and a discharge date of 01/02/26. Diagnoses included, but not limited to, cerebral infarction, Type II diabetes, moderate dementia, major depressive disorder, anxiety disorder and essential hypertension. Review of the discharge MDS assessment, dated 01/02/26, revealed Resident #52 had impaired cognition. Resident #52 required supervision for eating, toileting, bed mobility and transfers. Review of the plan of care dated 12/26/25 revealed Resident #52 had impaired neurological status. Interventions included assisting with normal daily tasks, engage resident in simple/structured activities, monitor and report to physician significant change in neurological status and administer medications as ordered. Review of the physicians orders dated 12/26/25 revealed Resident #52 had the following medications ordered: amlodipine besylate oral tablet five mg, give one tablet by mouth daily; losartan-potassium oral tablet 100-12.5 mg, one tablet daily; levothyroxine sodium oral tablet 88 microgram (mcg), give one tablet daily; carvedilol tablet 6.25 mg, give one tablet by mouth two times a day; and glycopyrrolate oral tablet, give one tablet three times a day. Review of the MAR for December 2025 revealed amlodipine besylate oral tablet, losartan-potassium oral tablet, levothyroxine sodium oral tablet and carvedilol tablet were signed by facility staff as not available and not administered to Resident #52 on 12/27/25 and 12/28/25. Additionally, the MAR revealed glycopyrrolate oral tablet was signed by facility staff as not (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	available on 12/26/25, 12/27/25, 12/28/25, 12/29/25, 12/30/25 and 12/31/25. Interview on 02/02/26 at 11:12 A.M. with Pharmacist #90 revealed Resident #51 and Resident #52's medications were ordered and delivered to the facility on [DATE]. Pharmacist #90 stated Resident #51 and Resident #52's medications were returned to the pharmacy for credit on 12/28/25. Interview on 04/02/26 at 11:58 A.M. with the Director of Nursing (DON) confirmed Resident #51 and Resident #52's medications were brought in by family and were available for administration. The DON verified Resident #51 and Resident #52 were not administered medications as ordered. Review of the facility policy titled, Administering Medications, dated November 2025, revealed medications should be administered in a safe and timely manner and as prescribed. This deficiency represents non-compliance investigated under Complaint Number 2742618.