STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365525	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centerburg Respiratory & Specialty Rehab Ctr	212 Fairview Avenue Centerburg, OH 43011

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 0845 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Submit a timely, acceptable plan for facility closure, including notification of the appropriate entities and ensuring residents are transferred in a safe and orderly manner. 49039 Based on observation, interview and record review, the facility failed to provide written notification at least 60 days in advance before closing to the State Survey Agency and the State Long Term Care (LTC) Ombudsman. The facility had a certified capacity of 25 beds. Findings include: Review of the Ohio Department of Health notice sent to the facilities Administrator on 02/07/24 at 8:34 A.M. and opened on 02/07/24 at 8:38 A.M. by the previous Administrator revealed Under federal Medicare and Medicaid regulations, 42 CFR section 483.70 requires written notice at least sixty (60) days prior to closure, as well as a written plan for relocation of the residents. It is noted the facility must also provide written notice to the regional long-term care Ombudsman program. Observation on 10/10/24 from 8:04 A.M. to 9:10 A.M. revealed the facility had no cars in the facility parking lot. The doors to the facility were locked. Further observations made through the front door and facility windows revealed no signs of movement inside the facility. The facility was dark, with no lighting observed to be on in resident care areas. Telephone interview on 10/10/24 at 10:11 A.M. with General Counsel #2 for the healthcare facility revealed the nursing home facility closed and had moved the last resident from the facility on 09/20/24. General Counsel #2 indicated the plan was not well thought out but had been planned for a long time. Facility initiated transfers were conducted shortly after a nearby building was approved for additional beds. General Counsel #2 confirmed a notice was not sent to the State Survey Survey agency 60 days in advance since they had not received bed expansion approval at the new facility. General Counsel #2 confirmed a letter was sent to the State Survey Agency on 10/04/24 informing them of final resident transfer on 09/20/24 with closure as of 09/21/24 and termination of 25 certified beds. Telephone interview on 10/10/24 at 10:28 A.M. with the Administrator confirmed a closure plan or a written notice to the State Survey Agency and the State LTC Ombudsman was not completed as required since the transfers were pending on transfer facility bed approvals. Telephone interview on 10/10/24 at 11:28 A.M. with the Ombudsman #10 revealed the facility had not notified them of their closure. Ombudsman #10 stated they visited the facility on 09/13/24 and he was first notified residents would begin transfers to a nearby facility on 09/16/24. Ombudsman #10 verified the facility did not notify the State LTC ombudsman office. (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: 365525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centerburg Respiratory & Specialty Rehab Ctr	212 Fairview Avenue Centerburg, OH 43011

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 0845 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility's Notice of Skilled Nursing Facility Closure and Permanent Relinquishment/De-Licensure of 25 Skilled Nursing Facility Beds and Voluntary Withdrawal from Medicaid Nursing Facility Ventilator Program letter dated 10/04/24 revealed the sister facility received approval for an additional 10 beds allowing adequate space for all remaining residents residing at the current facility. As of 09/20/24, all residents were transferred to the new facility, with effective closure date of 09/21/24. Review of information contained in the State Agency Certification and Licensure System (CALS) revealed no written evidence the facility notified the State Survey Agency of the planned facility closure as required prior to 10/04/24. This deficiency represents non-compliance investigated under Complaint Number OH00158420.