STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365636	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pickerington Care and Rehabilitation	1300 Hill Road North Pickerington, OH 43147

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review, discharge notice review, hospital record review, discharge hearing document review, interview and policy review the facility failed to ensure residents were provided timely and appropriate discharge planning after the administration of a discharge notice and failed to ensure residents were permitted to return to the facility following a hospitalization. This affected one resident (#72) of two reviewed for discharge with a 30-day notice. The facility census was 68.Findings include: Review of Resident #72's closed medical record revealed an admission date of 10/14/25 with diagnoses including fusion of the spine- cervical region, Ehler's-Danlos syndrome (a group of 13 inherited genetic conditions that affect collagen that results in weakened connective tissues), secondary malignant neoplasm of unspecified lung, depression, anxiety disorder, and neoplasm related pain. Review of the resident's discharge planning plan of care dated 10/14/25 revealed the resident desired to be discharged with goals of getting an apartment with cancer support. Interventions included nursing, social services, and rehab to discuss program and discharge planning weekly or as needed. Talk to resident and allow her to express feelings regarding discharge. Review of Resident #72's 10/21/25 admission Minimum Data Set (MDS) revealed a brief interview for mental status score of 15 indicating the resident had intact cognition. Further review of the MDS revealed the resident required supervision or touching assistance with activities of daily living.Review of Resident #72's progress notes dated 11/10/25 at 11:00 A.M. and authored by Social Service Designee (SSD) #358 revealed the resident was cut from insurance on this date (11/10/25) with the last covered day, 11/08/25. Reviewed with resident, discussed appeal options, provided a copy (the note did not indicate what the copy was). Discussed a peer-to-peer initiation, discussed upcoming changes to treatment plan for cancer. The resident stated she would begin radiation treatments at the end of the month. Discussed that the resident needs assistance with dressing, help with setting up food tray, opening items. Discussed when she is incontinent, she needs assistance with cleaning up. Discussed she cannot return to previous residence. Discussed with upcoming radiation the doctor told her she may lose the use of her right arm. Resident tearful about the same. Review of Resident #72's progress notes dated 12/03/25 at 9:23 A.M. and authored by SSD #358 revealed the resident's appeal results were received and were unsuccessful. Reviewed with resident. Discussed her family is still looking into other medical plans that have a long-term care benefit. However, there was a death in the family last week and that had paused the process. Discussed last covered day 11/08/25 and need to have payor or she may receive a 30-day discharge notice. The resident stated she felt like she was at home here and hoped to stay. She stated she would reach out to her family related to the search for an alternate Medicaid plan. (Please note, there is no documentation to support staff offered to assist the resident in the application process or change in plan process for Medicaid).Review of Resident #72's progress notes revealed a note written by the Social Services Director (SSD) on 12/23/25 at 1:13 P.M. stating the Administrator and the SSD delivered a 30-day notice (of discharge) due to failure to pay.Review of Resident #72's 30-day discharge notice dated 12/23/25 revealed it was issued to the resident due to the resident had failed, (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

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	after reasonable and appropriate notice to pay, or to have the Medicare or Medicaid program to pay on his or her behalf for the care provided by the facility. Further review revealed the date the discharge was to take place was 01/22/26.There were no additional social service progress notes contained in Resident #72's medical record.Review of Resident #72's progress notes dated 01/04/26 and written by Licensed Practical Nurse (LPN) #292 revealed the resident was being sent out to (named hospital) due to non-stop diarrhea.Further review of the medical record revealed the resident was discharged from the facility on 01/04/26. No further documentation was noted after the resident was transferred to the hospital.Review of Social Services Hospital documentation dated 01/09/26 at 3:58 P.M. and authored by LSW #400 revealed he had called the facility (Pickerington) and left several messages. The Social Worker received a message back that the patient owed $28,000.00 and they had given her a notice to leave before she came to the hospital. They were unable to take the patient back. Review of the Appeal decision dated 01/20/26 revealed the hearing officer found the facility had not met its burden to prove its case by a preponderance of evidence and the facility's request to discharge the resident was denied. The hearing officer had concerns that the facility had filed the discharge notice only ten weeks after the resident was admitted to the facility. The decision also highlighted the family did not receive requested information from the facility such as an itemized bill with the break down of the $28,000.00 bill.In an interview on 01/27/26 at 2:15 P.M. with Resident #72's daughter revealed a 30-day discharge notice was issued to her mother on 12/23/25. The resident and family chose to appeal, and the appeal was in process when her mom was sent to the hospital on [DATE] (the hearing was on 01/15/26). The facility was aware that she could not return to her previous living arrangements and the facility did not help with finding another facility or assisted living facility other than offering the family one option that did not take Medicaid. The case manager with passport was more help than the facility with trying to get the Medicaid changed to traditional. A follow-up interview with the Resident's daughter on 01/28/26 at 12:15 P.M. revealed the family received no documentation from the facility that they would not take the resident back upon hospital discharge but the hospital told them the facility said they would not accept her back. The resident's daughter stated her mother was happy at the facility and wanted to return. She did not want to go to another facility. Lastly, the daughter stated she did email the facility this week (week of 01/28/26) to inform them her mother had gone to another facility as a courtesy to the facility.In an interview on 01/29/26 at 10:25 A.M. with Licensed Social Worker (LSW) #400 (from the hospital the resident was transferred to on 01/04/26) verified the facility told him that the resident could not return because of nonpayment and to find her alternate placement.In an interview on 1/30/26 at 1:10 P.M. Social Services Director (SSD) #358 stated the resident was offered help with changing to traditional Medicaid but the resident declined (there is no documentation to support additional offers to assist). When the resident didn't change her Medicaid or pay her bill, a 30-day discharge notice was issued. The resident and family requested to appeal the discharge notice but the resident was in the hospital at the time of the appeal and the resident didn't return to the facility.In an interview on 01/30/26 at 2:11 P.M. the Administrator verified there was no documentation contained in the resident's medical record regarding the family or the resident not wanting to return to the facility. The Administrator verified an email was received from the resident's daughter on 01/26/26, indicating she was at another facility. Review of an email sent to the surveyor from the Administrator dated 03/02/26 at 5:13 P.M. confirmed the facility didn't have documented communication between the hospital and the facility on discharge planning for Resident #72. Review of an email from facility administrator to the surveyor dated 03/02/26 at 5:54 P.M. verified the facility was unaware of the resident's location until 01/26/26 when they received an email from the resident's family indicating the resident resided in a different facility.In an interview on 03/02/26 at 4:30 P.M. with Resident #72's daughter confirmed the resident remained in the hospital during the appeal hearing on 01/15/26. The daughter stated she never heard from Embassy of Pickerington about her mother being able to return due to the hearing results but after the facility told the hospital social worker they wouldn't take her back, they found her alternate placement, even (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	though she really wanted to return to Embassy. The daughter also confirmed she had requested an itemized bill when the facility said her mother owed $28,000.00 but the facility didn't provide her with the bill and she was her mother's financial power of attorney. She also verified the facility did not assist her mother when trying to find an alternative Medicaid provider to become her payor so she could remain in the facility. Review of the policy titled Transfer and Discharge Policy revised 02/05/25 revealed that if the resident chooses to appeal the discharge, the facility will allow the resident to return to the facility from the hospital during the appeal process.This deficiency represents noncompliance investigated under Complaint Number 2715422.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview and record review the facility failed to provide hair care to a dependent resident. This affected one resident (#67) of four residents reviewed for assistance with activities of daily living. The facility census was 68.Findings include:Review of Resident #67's medical record revealed an admission date of 01/21/26 and diagnoses including encephalopathy, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, contracture of muscle right upper arm, hypertension, anemia, diabetes, depression, and chronic pain syndrome. Review of Resident #67's 01/27/26 admission Minimum Data Set (MDS) revealed the MDS was in progress and not yet completed. Review of assessments completed on 01/26/26 for Resident #67, in preparation for completing the MDS, revealed a brief interview for mental status score of zero indicating the resident was severely cognitively impaired and the resident was dependent on staff for all activities of daily living except eating, which the resident required setup assistance for. Review of Resident #67's shower sheets for 01/22/26, 01/23/26, 0126/26 and 01/27/26 revealed the resident had refused to have her hair washed on those days.Review of Resident #67's medical record revealed no documentation the resident refused hair care on days other than her shower days.An observation of Resident #67?s hair on 01/27/26 at 11:55 AM revealed it to be matted to the back of her head.An observation of Resident #67?s hair on 01/27/26 at 1:49 PM revealed it to be matted to the back of her head.In an interview on 01/27/26 at 1:49 P.M. Certified Nursing Assistant (CNA) #228 confirmed Resident #67's hair was matted to the back of her head and her hair needed to be combed.This deficiency represents non-compliance investigated under Complaint Numbers 2727003, and 2678134.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, record review and policy review the facility failed to provide a clean, comfortable environment. This affected one resident (#67) of four residents reviewedt. The facility census was 68. Findings include: Review of Resident #67's medical record revealed an admission date of 01/21/26 and diagnoses including encephalopathy, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, contracture of muscle right upper arm, hypertension, anemia, diabetes, depression, and chronic pain syndrome. Review of Resident #67's 01/27/26 admission Minimum Data Set (MDS) revealed the MDS was in progress and not yet completed. Review of assessments completed on 01/26/26 for Resident #67, in preparation for completing the MDS, revealed a brief interview for mental status score of zero indicating the resident was severely cognitively impaired and the resident was dependent on staff for all activities of daily living except eating, which the resident required setup assistance for. An observation of Resident #67?s room on 01/27/26 at 11:55 AM revealed a brown stain on the floor under the resident's small two drawer bedside dresser, and a dry, crumbly brown substance adhered to the lower front and corner of the small two drawer bedside dresser.An observation of Resident #67?s room on 01/27/26 at 1:49 PM revealed a brown stain on the floor under the resident's small two drawer bedside dresser, and a dry, crumbly brown substance adhered to the lower front and corner of the small two drawer bedside dresser.In an interview on 01/27/26 at 1:49 P.M. Certified Nursing Assistant (CNA) #228 confirmed the brown stain on the floor, in Resident #76's room, under the resident's small two drawer bedside dresser, and the dry, crumbly brown substance adhered to the lower front and corner of the small two drawer bedside dresser.Review of the Policy titled Routine Cleaning and Disinfection, undated, revealed it is the policy of the facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment. Further review of the policy revealed that routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces.This deficiency represents non-compliance investigated under Complaint Numbers 2727003, 2685197 and 2678134.