STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Assure the security of all personal funds of residents deposited with the facility. Based on record review and interview, the facility failed to have a surety bond to cover the total amount of resident funds managed by the facility. This affected all 27 residents (#2, #3, #4, #8, #9, #11, #12, #16, #17, #18, #22, #23, #24, #25, #26, #27, #28, #29, #31, #33, #34, #35, #36, #37, #38, #39, and #40) who had funds managed by the facility. The facility census was 39. Findings include:Review of the facility's surety bond, signed 07/17/25, revealed they had coverage for up to $35,000. Review of the facility's resident accounts listing, dated 02/18/26, revealed the facility managed funds for Residents #2, #3, #4, #8, #9, #11, #12, #16, #17, #18, #22, #23, #24, #25, #26, #27, #28, #29, #31, #33, #34, #35, #36, #37, #38, #39, and #40. The total balance of residents' accounts was equal to $83,396.36, which was $48,396.36 over the amount covered by their surety bond. Review of the surety bond limit increase notification, signed 02/18/26, revealed the facility had requested the surety bond coverage to be increased to $100,000 on 02/18/26. On 02/18/26 at 4:45 P.M., an interview with Corporate Director of Operations #767 verified the facility realized on 02/18/26 when running a report of resident accounts that their current surety bond was not enough to cover the amount of funds they had. Corporate Director of Operations #767 confirmed a surety bond limit increase from $35,000 to $100,000 was completed on 02/18/26.

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
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 - Many	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. Based on interview, observation, and facility policy review the facility failed to ensure all medications were stored appropriately. This had the potential to affect all residents in the facility. The facility census was 38. Findings include:Observation on 02/11/26 at 10:30 A.M. of the Medication Storage room with Registered Nurse (RN) #757 present revealed a frozen dinner in the med storage freezer, a full bottle of liquid Levothyroxine 37.5 milligram/milliliter (mg/ml) with a use by date of 12/25/25, a full bottle of liquid Vancomycin 50 mg.ml with a use by date of 11/07/25, 5 bags of Micafungin 100mg/100ml ordered on 09/26/25 with use by date of 10/23/25, and 1 bag of Cefepime 2 Grams (gm)/100 ml ordered December 2025 use by date 01/13/26. Additionally, the Biohazard fridge, temperature log not filled out since January 2025 with only eight out of 31 days filled in and the Freezer needed defrosted. All observations were verified at this time by RN #757. Observation on 02/11/26 at 11:00 A.M. of the 300 hall med cart with Licensed Practical Nurse (LPN) #752 present revealed loose medications in the drawers including one white oblong pill, one white round pill, and one round yellow pill. Three boxes of expired glucometer control solutions expiration date of 10/10/25, and one box of expired COVID-19 tests expiration date 06/10/25. All observations were verified at this time by LPN #752. Observation on 02/11/26 at 11:21 A.M. of the 400 hall med cart with LPN #752 present revealed one bottle of expired Folic Acid 400 mg tabs, expiration date 01/2026, one box of Nicotine Patches 21 mg expired 12/2025, and one loose peach oblong pill. Additionally the 400 hall med cart sharps container was full 100 hall med cart sharps container was full. This observation was confirmed by LPN #752 at 11:30 A.M. Interview on 02/11/26 at 11:36 A.M. with Director of Nursing (DON) and Assistant Director of Nursing (ADON) confirmed the expired medications, the loose pills found, and confirmed the temperature log on the bio hazard refrigerator located in the medication room had not been filled out since January 2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store foods in a safe an sanitary manner. This had the potential to affect all 39 residents in the facility. Findings include: On 02/10/26 at 8:00 A.M., an observation of the kitchen revealed the following: On the cereal shelf in the main kitchen area, there was one plastic container of dry cereal with no label and no open date. Interview at the time of observation with Dietary Manager #746 verified there was no label or date on the container, verbally identified the cereal as corn flakes, and was unable to state when the corn flakes were placed into that container. In the walk-in cooler, there was one unsealed plastic bag containing sliced white cheese with no label and no open date. Interview at the time of observation with Dietary Manager #746 verified there was no label or date on the cheese and she was unable to state when the cheese had been placed in that bag. In addition, there was a large cardboard box containing multiple nutritional supplement products including health shakes and ice cream products sitting on the shelf in the walk-in cooler with no indication as to how long they had been out of the freezer. Dietary Manager #746 verified this observation and stated there should have been a date on the box indicating when those items were removed from the freezer. Dietary Manager #746 was unable to state when those nutritional supplements were removed from the freezer and placed into the cooler.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview, and review of facility policy, the facility failed to implement appropriate infection control protocols during medication administration, wound care, and for residents with ordered isolation precautions. This affected four residents (#8, #23, #26 and #28) and had the potential to affect all 39 residents in the facility. Findings include:1. Review of Resident #8's medical record revealed and admission date of 10/21/13. Diagnosis included spondylosis with myelopathy of the cervical region, quadriplegia, spinal stenosis and an in-house acquired stage IV pressure ulcer to the right and left buttock. Review of Resident #8's right buttock wound care orders dated February 2026 revealed orders to cleanse with normal saline solution (NSS) then apply dakins moistened gauze and cover with a hydrocolloid dressing daily and as needed every night shift, and orders for the left buttock were to cleanse with NSS then apply dakins moistened gauze and cover with a hydrocolloid dressing daily and as needed every night shift. Observation on 02/18/26 at 12:15 P.M. of the Assistant Director of Nursing (ADON) with assistance provided by Certified Nursing Assistant (CNA) #748 revealed CNA #748 assisted with positioning Resident #8 on their left side so ADON could perform wound care to right buttock. ADON placed barrier on dirty tray table and began to open sterile items on top of barrier. The tray table had a sticky substance spilled on it and multiple personal items such as remotes, water pitchers, note books, and other miscellaneous items. ADON cleansed her hands and applied gloves, she provided privacy, did not change gloves, she then proceeded to cleanse the wound with normal saline, touched the trash can with gloved hand, then proceeded with dressing the wound per physician orders without removing gloves and completed hand hygiene prior to applying the new wound care supplies. ADON and CNA #748 positioned the resident on his right side so the ADON could perform wound care to left buttock. The ADON did not change their gloves, cleansed wound with normal saline and again did not change gloves and applied new dressing per physician orders. Interview on 02/18/26 at 12:20 P.M. with the ADON confirmed she did not follow proper infection control procedure during wound care. 2. Review of the medical record for Resident #23 revealed an admission date of 04/06/21. Diagnosis included anemia, coronary artery disease (CAD), diabetes, congestive heart failure (CHF), and hypertension. Resident #23 was cognitively aware and required assistance by staff for ADLs and medication administration including monitoring of blood sugars. Observation on 02/09/2026 at 8:25 PM of Registered Nurse (RN) #719 perform blood glucose testing on Resident #23 revealed RN #719 placed the glucometer on resident #23's tray table with no barrier underneath, did not perform hand hygiene prior to gloving for blood glucose check, did not clean the glucometer after blood glucose check, and RN #719 did not clean insulin pen prior to administration and there was no hand hygiene performed after insulin administration. Interview on 02/09/26 at 8:15 P.M. with RN #719 confirmed she should of put a barrier like a tissue down before setting the glucometer on the tray table, and she should of performed hand hygiene prior to gloving for blood glucose check. When questioned why she did not clean the glucometer prior to putting it back in the cart she stated what am I supposed to clean it with, I did not know I was supposed to clean it. RN #719 also confirmed at this time she was supposed to clean the insulin pen (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	with an alcohol wipe prior to inserting the needle for administration and again she should of done hand hygiene and gloved at the time of insulin administration. 3. Review of the medical record for Resident #26 revealed an admission date of 09/27/24. Diagnosis included Chronic Obstructive Pulmonary Disease (COPD), Schizophrenia, epilepsy, vascular dementia, viral hepatitis C, and prostate cancer. Resident #26 is cognitively impaired and requires assistance by staff for Activities of Daily Living (ADLs) and medication administration. Observation on 02/09/26 at 8:05 P.M. of RN #719 revealed she was prepping to give Resident #26 his medication. RN #719 was observed removing two medications (Tamsulosin and Gabapentin) from the medication cup, with her bare hands, and placed them on top of the medication cart and proceeded to crush the remaining meds. RN #719 then proceeded to pick up the two medications off of the medication cart with her bare hands and opened each capsule and placed the contents into the medication cup. At no point did RN #719 wear gloved or preform any hand hygiene. Interview on 02/09/26 at 8:15 P.M. with RN #719 confirmed she should of been wearing gloves when touching any medications and should not of placed them on top of the medication cart. RN #719 stated she should of performed hand hygiene before and after touching the medications. 4. Review of the medical record for Resident #28 revealed an admission date of 05/22/22 with diagnoses of chronic obstructive pulmonary disease, heart failure, type II diabetes mellitus, interstitial pulmonary disease, other abnormalities of gait and mobility, and other specified respiratory disorders. Resident #28 was sent to the hospital on [DATE] due to respiratory symptoms and returned to the facility on [DATE] with orders for droplet isolation precaution due to Human Metapneumovirus (a contagious respiratory infection). Observation on 02/10/26 at 11:45 A.M. revealed CNA #765 and Resident #28 returning to his room from the shower room. CNA# 765 was not wearing personal protective equipment (PPE) and Resident #28 was not wearing a mask. CNA #765 was pushing Resident #28 in his wheelchair past the nurse's desk and through the 100 hallway with other residents and staff also in the vicinity. Observation at this time revealed PPE supplies to the right of the resident's room along with sign posted at eye height with notice of droplet precautions. Observation on 02/10/26 at 11:50 A.M. revealed Resident #28 was being pushed in his wheelchair by CNA #765 from the resident's room to the dining room and the resident was not wearing a mask. CNA #765 assisted Resident #28 to his table in the dining room and left him there. Interview on 02/10/26 at 11:55 A.M. with ADON #720 confirmed Resident #28 was sitting at his table in the dining room without a mask on. ADON #720 also confirmed Resident #28 was to have a mask on when out of his room due to droplet precautions. ADON #720 immediately removed Resident #28 from the dining room and returned him to his room. At this time, CNA #765 was observed to be walking with ADON #720 and Resident #28. CNA #765 stated she did not know Resident #28 was on droplet precautions. Interview on 02/10/26 at 1:20 P.M. with ADON #720 revealed Resident #28 was diagnosed with Human Metapneumovirus. Resident #28 was under droplet precaution and needed to wear a mask when out of his room. Droplet precautions would remain in effect until Resident #28 was no longer symptomatic. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 02/10/26 at 1:45 P.M. with CNA #765 who confirmed she did not have PPE on when assisting Resident #28 earlier today, specifically when assisting Resident #28 with showering and when pushing the resident in his wheelchair in hallway and placing the resident in the dining room. CNA #765 also confirmed Resident #28 did not have a mask on during the same timeframe. CNA #765 stated she was not aware of the droplet precautions and would have worn PPE to protect herself. The PPE supply cart and droplet precaution were still outside of the residents room where the interview took place. CNA #765 stated she did not know if precaution notice and PPE supplies applied to Resident #28. CNA #765 stated she did not inquire with nurse or other staff prior to entering resident's room earlier today. Review of Transmission-Based (Isolation) Precautions policy dated 2023 revealed healthcare personnel will wear a facemask for close contact with an infectious resident. Gloves and gown as well as goggles should be worn if there is a risk of exposure of mucous membranes or substantial spraying of respiratory secretions. Residents on Droplet Precautions who must be transported outside of the room should wear a facemask if tolerated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain a safe, sanitary, homelike environment, maintain resident showers in proper working order, and ensure cigarettes were disposed by residents properly. This had the potential to affect all 39 residents in the facility.Findings include:1. Observation on 02/10/26 at 8:47 A.M. of Resident #22's room revealed the resident's room was dirty, stains on the curtain between beds, the wall was dirty, appeared to have a tan liquid spilled on it, no sheets were on the bed, pillowcase had boost, a dietary supplement spilled on it. Resident was observed to be laying in the bed at this time. Observation on 02/10/26 at 9:05 A.M. of general environment revealed in the occupied Resident Rooms 103, 107,108,109,302 and the unoccupied resident room [ROOM NUMBER] revealed there were dryer sheets tucked in the top vents in the Packaged Terminal Air Conditioner (P-Tac) units, a ductless commercial cooling and heating unit, which was on and blowing out heat. Interview and observation on 02/10/26 at 9:15 A.M, with the Director of Nursing (DON) revealed she verified the dryer sheets in the P-Tac units and stated this was a fire hazard and immediately removed the dryer sheets. The DON verified all observations in Resident #22's room as well at this time. Interview on on 02/10/26 at 9:35 A.M. with the Maintenance Director revealed staff should not be putting dryer sheets in the vents of the P-Tac units as this is a fire hazard. 2. On 02/10/26 at 11:26 A.M., an interview with Resident #12 stated there was no cold water in the shower in his room. Resident #12 stated the valve on the shower broke off and needed replaced. An observation at the time of interview confirmed this statement. On 02/10/26 at 11:37 A.M., an interview with Maintenance Director #730 verified the showers in the building were not working properly. Maintenance Director #730 stated the former Maintenance Director had broken all the shut off valves and there was only one working shower in the building when he took over this role. Maintenance Director #730 stated there were currently three working showers in the facility, however, there were still multiple valves and pipes that needed replaced and repaired. 3. On 02/12/26 at 9:58 A.M., an observation of the facility's courtyard, which was the designated smoking area for residents, revealed more than 100 cigarettes were littered on the ground throughout the courtyard and there were several used cigarettes discarded in a trashcan that had a plastic liner bag inside. On 02/12/26 at 10:03 A.M., an interview with Registered Nurse (RN) #757 verified there were cigarettes littered throughout the courtyard and in the plastic liner bag in the trash can. On 02/12/26 at 10:07 A.M., an interview with the Administrator confirmed the courtyard needed to be cleaned up.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on record review, interview, and review of guidance from the Ohio Department of Medicaid, the facility failed to notify Medicaid recipients when their total resources were within $200 of the maximum limit for maintaining Medicaid eligibility. This affected 15 residents (#8, #9, #11, #12, #16, #17, #18, #22, #23, #29, #31, #33, #34, #36, and #37) out of 27 residents whose funds were managed by the facility. The facility census was 39. Findings include:Review of the most recent spend down notices issued by the facility on 02/07/25 revealed Residents #11, #16, #33, #37, and #39 were all issued spend down notices on that date. No other spend down notices were provided by the facility after 02/07/25 to any resident. Review of the facility's payer source information for residents revealed 38 out of 39 residents were currently Medicaid recipients and one resident (#11) was previously a Medicaid recipient until 01/31/26 when his benefits lapsed. Review of the resident account balances, current as of 02/18/26, revealed the following: Resident #8 had a total account balance of $3,871.64, which was $1,871.64 over the allowable Medicaid limit of $2,000. Resident #9 had a total account balance of $3,398.75, which was $1,398.75 over the allowable Medicaid limit of $2,000. Resident #11 had a total account balance of $7,876.25, which was $5,876.25 over the allowable Medicaid limit of $2,000. Resident #12 had a total account balance of $3,752.85, which was $1,752.85 over the allowable Medicaid limit of $2,000. Resident #16 had a total account balance of $6,529.44, which was $4,529.44 over the allowable Medicaid limit of $2,000. Resident #17 had a total account balance of $4,050.37, which was $2,050.37 over the allowable Medicaid limit of $2,000. Resident #18 had a total account balance of $1,812.44, which was within $200 of the allowable Medicaid limit of $2,000. Resident #22 had a total account balance of $2,500.41, which was $500.41 over the allowable Medicaid limit of $2,000. Resident #23 had a total account balance of $2,614.93, which was $614.93 over the allowable Medicaid limit of $2,000. Resident #29 had a total account balance of $2,722.09, which was $722.09 over the allowable Medicaid limit of $2,000. Resident #31 had a total account balance of $2,141.68, which was $141.68 over the allowable Medicaid limit of $2,000. Resident #33 had a total account balance of $7,419.90, which was $5,419.90 over the allowable Medicaid limit of $2,000. Resident #34 had a total account balance of $2,825.58, which was $825.58 over the allowable Medicaid limit of $2,000. Resident #36 had a total account balance of $2,174.23, which was $174.23 over the allowable Medicaid limit of $2,000. Resident #37 had a total account balance of $4,031.75, which was $2,031.75 over the allowable Medicaid limit of $2,000. On 02/12/26 at 9:26 A.M., an interview with the Administrator verified Resident #11 should have had Medicaid benefits as well, however, the former Business Office Manager (BOM) failed to complete the renewal paperwork timely resulting in Resident #11 losing his Medicaid benefits on 01/31/26. On 02/23/26 at 11:05 A.M., an email from the Administrator verified no spend down notices had been provided to any residents after February 2025. Review of the Ohio Department of Medicaid's Medicaid Standards Help Sheet, dated 01/01/26, revealed the Medicaid resource limit for single persons was $2,000.00 and the resource limit for couples was $3,000.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review the facility failed to accommodate Resident #1's request for new motorized wheelchair. This affected one resident (#1) out of one residents reviewed for therapy services. The facility census was 38. Findings include:Record review for Resident #1 revealed admission date 06/15/20 of with diagnosis including acute respiratory failure with hypoxia, unspecified abnormalities of gait and mobility, hereditary and idiopathic neuropathy, major depression, muscle weakness, and localized edema. Review annual Minimum Data Set (MDS) assessment dated [DATE] revealed a BIMS score of 15 (no cognitive impairment), functional limitations: upper extremity as no impairment, lower extremity as impairment of both sides, roll in bed as partial/moderate assistance, lying to sitting on side of bed not attempted due to medical condition or safety concerns.Review of annual therapy screen completed on 01/08/26 revealed Resident #1 stated he would like to start getting out of bed. Interview on 02/10/26 at 1:08 P.M. with Resident #1 revealed in December 2025, Resident #1 discussed with Director of Rehab (DOR) #701 wanting to get out of bed into wheelchair. Resident #1 requested a new motorized wheelchair at this time due to current motorized wheelchair being too small. Approval by insurance for new motorized wheelchair was relayed to resident by DOR in December 2025. DOR informed Resident #1 he would be on wait list for therapy until March 2026 to start therapy services and request for new motorized wheelchair at that time.Interview on 02/11/26 at 10:11 A.M. with DOR confirmed Resident#1 was told he will not start therapy for another two weeks due to no therapy staff available. DOR also confirmed in December Resident #1 and Viacast caseworker discussed with DOR that the resident wanted to start to get out of bed more and into his wheelchair. Resident's #1's current motorized wheelchair was too small, DOR submitted the request for a new wheelchair to insurance in December 2025 and was notified Resident #1 qualified for a motorized wheelchair at that time. DOR also revealed she was told by facility management not to order power wheelchairs for residents due to the amount of issues the facility has with residents leaving facility in their power chairs and riding on the street.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on record review, observation, and interview, the facility failed to maintain a clean, safe, sanitary environment in good repair. These finding affected two residents (Resident #26 and Resident #36) of 13 residents reviewed for environmental concerns. Findings included: 1. Observation on 02/11/26 at 9:20 A.M. of Resident # 26's room revealed a large brown water stain on the ceiling measuring approximately six feet by one and a half feet directly above the resident bed. Interview on 02/11/26 at 9:25 A.M., Resident #26 complained the brown stain was directly above his bed and might drip on him and he was worried it may collapse. Asked Resident if he wanted to move rooms or move beds in the room, since the other bed in the room was unoccupied, he said no, the staff had already asked him, and he did not want to move all his stuff but would if the stain or wetness became any worse. Resident #26 stated the brown stain had been there over a week, since the weather had been warming up a little. Interview with the Administrator on 02/11/26 at 10:20 A.M. verified the large water stain and stated it could not be painted over at this time because it was still partially wet. The Administrator stated she asked Resident @26 to move to the bed on the other side of the room, but he refused. Interview on 02/11/26 at 10;55 A.M. with the Maintenance Director (MD) stated the roof was leaking from the extreme cold and freezing from the recent frigid sub-zero winter temperatures, and the resulting ice damming on several sections of the roof. The MD stated he would be able to make a temporary repair to the residents ceiling as soon as it dried out, but the problem is likely to return because the facility needed five roof heater/deicers units to prevent ice buildup and the corresponding leaks in the roof due to the ice damming and continual freeze/thaw cycle that creates the gaps in the roof. Review of Safe and Homelike Environment policy dated 2025 revealed Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. 2. Observation on 02/09/26 at 9:43 P.M. revealed large brown water stains on Resident #36 ceiling immediately to the left of resident's bed along outside wall of facility and a blue bucket actively collecting leaking water under the discolored ceiling. Interview at the time of observation with Resident #36 revealed Resident #36 was pointing to the ceiling directly to the left of the bed and a bucket on floor with approximately two to three inches of water. Resident had a speech impairment but was able to relay the ceiling had been an issue for about one week. Resident indicated she was bedbound and saw the stains all day and did not want to look at it any longer. Interview on 02/10/26 at 9:52 A.M. with CNA #700 confirmed brown water stains on Resident's ceiling and have been visible for about one week. CNA #700 indicated maintenance department was aware of leak as they placed blue bucket under brown spots on ceiling. Interview on 02/11/26 at 10;55 A.M. with the Maintenance Director (MD) stated the roof was leaking from the extreme cold and freezing from the recent frigid sub-zero winter temperatures, and the resulting ice damming on several sections of the roof. The MD stated he would be able to make a temporary repair to the residents ceiling as soon as it dried out, but the problem is likely to return because the facility needed five roof heater/deicers units to prevent ice buildup and the corresponding leaks in the roof due to the ice damming and continual freeze/thaw cycle that creates (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the gaps in the roof. Review of Safe and Homelike Environment policy dated 2025 revealed Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record review, observation, and interview, the facility failed to ensure wound care treatments were timely completed per physician orders. This affected one resident (Resident #8) of three residents reviewed for skin impairment. The facility census was 38.Findings include:Review of Resident #8's medical record revealed and admission date of 10/21/13. Diagnosis included spondylosis with myelopathy of the cervical region, quadriplegia, spinal stenosis and an in-house acquired stage IV pressure ulcer (the most severe form of pressure injury, involving full-thickness tissue loss with exposed fascia, muscle, tendon, or bone) to the right and left buttock.Review of Resident #8's physician wound treatment orders and Treatment Administration Records (TAR) from March 2024 through January 2026 revealed missing documentation of completion of wound care to Resident #8's right and left buttock Stage IV pressure ulcer multiple days each month until August 2025.Observation on 02/18/26 at 12:15 P.M. of the Assistant Director of Nursing (ADON) with assistance from Certified Nursing Assistant (CNA) #748 revealed Resident #8 had a wound to his left and right buttock. Interview on 02/19/2026 at 11:33 AM with Director of Nursing and ADON confirmed the missing documentation on Resident #8's TARs from March 2024 through August 2025, indicating if the treatment was not signed they were not done. The ADON revealed she began to do daily reviews of all resident TARs in September 2025 to ensure the TAR was completed, but did not verify if the treatment was actually done. There were no other corrective measures taken to ensure treatments were completed as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review, interview, and facility policy review, the facility failed to provide appropriate supervision and implement safe smoking interventions for all residents. This affected three residents (#6, #26, and #34) out of four reviewed for smoking. The facility census was 39. Findings include:1. Review of the medical record for Resident #6 revealed an admission date of 05/09/23 with diagnoses including muscle weakness, muscle wasting and atrophy, adjustment disorder with anxiety, and major depressive disorder. Review of the smoking care plan, revised 08/03/23, revealed Resident #6 was a smoker. Interventions included staff to inform resident of smoking policy and designated smoking times (initiated 05/10/23), staff were to keep cigarettes, lighter, and matches in a designated area (initiated 12/11/24), and resident was a supervised smoker (revised 06/30/25). Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/23/26, revealed Resident #6 had moderate cognitive impairment. Review of the smoking evaluation dated 01/23/26 revealed Resident #6 must be supervised at all times while smoking. On 02/11/26 at 10:28 A.M., an observation of the facility's courtyard revealed Residents #6 and #26 were smoking in the courtyard and there were no staff present supervising their smoking. An interview at the time of observation with Licensed Practical Nurse (LPN) #752, who was at the nurse's station, verified Residents #6 and #26 were smoking in the courtyard without staff supervision. Review of the facility's list of residents who smoked revealed there were 19 residents on the list, all of whom required supervision. Review of the facility's policy titled Resident Smoking, dated 2025, indicated all residents who smoked would be assessed to determine whether supervision was required for smoking, any resident deemed safe to smoke with or without supervision would be allowed to smoke in accordance with their care plan, and residents who did not abide by the smoking policy could forfeit their smoking privileges. 2. Review of the medical record for Resident #26 revealed an admission date of 09/27/24 with diagnoses including chronic obstructive pulmonary disease, vascular dementia, major depressive disorder, and nicotine dependence. Review of the smoking care plan, dated 09/28/24, revealed Resident #26 was at-risk for injury related to smoking. Interventions included staff to inform resident of smoking policy and designated smoking times (initiated 09/28/24), staff were to keep cigarettes, lighter, and matches in a designated area (initiated 09/28/24), and resident was a supervised smoker (revised 06/30/25). Review of the smoking evaluation dated 11/07/25 revealed Resident #26 must be supervised at all times while smoking. Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/09/26, revealed Resident #26 had no cognitive impairment. On 02/11/26 at 10:28 A.M., an observation of the facility's courtyard revealed Residents #6 and #26 were smoking in the courtyard and there were no staff present supervising their smoking. An interview at the time of observation with Licensed Practical Nurse (LPN) #752, who was at the nurse's station, verified Residents #6 and #26 were smoking in the courtyard without staff supervision. Review of the facility's list of residents who smoked revealed there were 19 residents on the list, all of whom required supervision. Review of the facility's policy titled Resident Smoking, dated 2025, indicated all residents who smoked would be assessed to determine whether supervision was required for smoking, any resident deemed safe to smoke with or without supervision would be allowed to smoke in accordance with their care plan, and residents who did not abide by the smoking policy could forfeit their smoking privileges. 3. Review of the medical record for Resident #34 revealed an admission date of 06/08/24 with diagnoses including major depressive disorder, dementia, schizoaffective disorder bipolar type, intermittent explosive disorder, and muscle weakness. Review of the smoking care plan, dated 06/20/24, revealed Resident #34 was at-risk for injury related to smoking. Interventions included staff to inform resident of smoking policy and designated smoking times (initiated 06/20/24), staff were to keep cigarettes, lighter, and matches in a designated area (initiated 06/20/24), resident was a supervised smoker (initiated 06/20/24), and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident required a smoking apron (revised 12/08/25). Review of the smoking evaluation dated 11/13/25 revealed Resident #34 must be supervised at all times while smoking and must wear a smoking apron. Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/16/26, revealed Resident #34 had no cognitive impairment. On 02/12/26 at 2:02 P.M., an observation of the courtyard revealed Resident #34 was smoking without a smoking apron. At 2:04 P.M., Housekeeper #734, who was supervising the residents smoking, retrieved a smoking apron and instructed another staff member to put it on Resident #34. Interview at the time of observation with Housekeeper #734 verified Resident #34 was not initially wearing the smoking apron while smoking. Review of the facility's list of residents who smoked revealed there were 19 residents on the list, all of whom required supervision. Resident #34 was identified as requiring a smoking apron. Review of the facility's policy titled Resident Smoking, dated 2025, indicated all residents who smoked would be assessed to determine whether supervision was required for smoking, any resident deemed safe to smoke with or without supervision would be allowed to smoke in accordance with their care plan, and residents who did not abide by the smoking policy could forfeit their smoking privileges.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and review of facility policy, the facility failed to ensure residents requiring dialysis treatments had reliable transportation to and from dialysis, maintain adequate communication with the dialysis providers, and complete pre and post dialysis assessments. This affected all three residents (#3, #11, and #20) identified by the facility as receiving dialysis treatments. The facility census was 39. Findings include:1. Review of the medical record for Resident #3 revealed an admission date of 08/16/24 with diagnoses including end stage renal disease, dependence on renal dialysis, and type two diabetes mellitus. Review of the dialysis care plan dated 08/18/24 revealed Resident #3 needed dialysis related to end stage renal disease. Interventions included no blood pressures to be taken on arm with fistula (revised 02/10/25), complete pre and post dialysis assessments per facility policy (revised 06/30/25), check bruit and thrill of left arm fistula every shift (revised 06/30/25), and dialysis treatments every Monday, Wednesday, and Friday with pickup at 4:00 A.M. via facility transport (revised 12/05/25). Review of the physician's orders for Resident #3 identified orders for dialysis three times weekly on Monday, Wednesday, and Friday (ordered 03/18/25). Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/30/26, revealed Resident #3 had no cognitive impairment and required dialysis treatments. Review of Resident #3's dialysis assessments completed by the facility revealed the following: there was no post-dialysis assessment completed on 01/02/26, there was no pre-dialysis assessment completed on 01/07/26, there were no pre- or post-dialysis assessments completed on 01/09/26, there was no pre-dialysis assessment completed on 01/12/26, there were no pre- or post-dialysis assessments completed on 01/26/26, the pre-dialysis assessment dated [DATE] indicated the most recent vitals obtained were from 01/23/26, there was no pre-dialysis assessment completed on 02/02/26, there were no pre- or post-dialysis assessments completed on 02/04/26, there were no pre- or post-dialysis assessments completed on 02/09/26, the pre-dialysis assessment dated [DATE] indicated the most recent vitals obtained were from 02/11/26, and there was no post-dialysis assessment completed on 02/16/26. On 02/19/26 at 2:40 P.M., an interview with the Director of Nursing (DON) verified dialysis assessments were not completed as they should have been for Resident #3. Review of the facility's policy titled Hemodialysis, dated 2023, revealed the facility would assure that arrangements were made for safe transportation to and from the dialysis facility, assessment of the resident's condition and monitoring for complications would be completed before and after dialysis treatments, and there would be ongoing communication and collaboration with the dialysis facility regarding dialysis care and services. 2. Review of the medical record for Resident #11 revealed an admission date of 10/29/19 with diagnoses including end stage renal disease, dependence on renal dialysis, and type two diabetes mellitus. Review of the dialysis care plan dated 11/11/19 revealed Resident #11 received dialysis three times weekly with transportation arranged. Interventions included nursing to check for new orders upon return from dialysis (revised 06/30/25), complete pre and post dialysis assessments per facility policy (revised 06/30/25), and dialysis treatments three times weekly on Monday, Wednesday, and Friday with a transportation pickup time of 9:30 A.M. (revised 12/03/25). Review of the physician's orders for Resident #11 identified orders for dialysis three times weekly on Monday, Wednesday, and Friday (ordered 04/02/25). Review of the quarterly Minimum Data Set (MDS) assessment, dated 12/04/25, revealed Resident #11 had no cognitive impairment and required dialysis treatments. Review of the dialysis communication folder for Resident #11 revealed there were no dialysis communication sheets for 12/03/25, 12/08/25, 12/17/25, 12/19/25, 12/21/25, 12/26/25, 12/28/25, 12/30/25, 01/02/26, 01/05/26, 01/07/26, 01/09/26, 01/14/26, 01/16/26, 01/19/26, 01/21/26, 01/23/26, 01/27/26, 01/28/26, and 01/30/26. Review of Resident #11's dialysis assessments completed by the facility revealed there were no pre- or post-dialysis assessments completed on 12/10/25 and 12/28/25. Review of the progress note dated 01/12/26 at (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10:18 A.M. revealed Resident #11's transportation to dialysis was cancelled and dialysis treatment was missed as a result. Review of the progress note dated 02/06/26 at 9:27 A.M. revealed Resident #11 was being sent to the emergency room due to missing dialysis on 02/06/26. The note indicated Resident #11 would receive dialysis treatment at the hospital. Review of the progress note dated 02/09/26 at 11:49 A.M. revealed Resident #11 was being sent to the hospital due to missing dialysis on 02/09/26. The note indicated Resident #11 would receive dialysis treatment at the hospital. On 02/10/26 at 10:25 A.M., an interview with Licensed Practical Nurse (LPN) #752 verified Resident #11 had missed dialysis appointments due to transportation being cancelled. LPN #752 confirmed Resident #11 had to go to the hospital to receive dialysis treatments on 02/06/26 and 02/09/26 due to missing his dialysis appointments. On 02/10/26 at 4:21 P.M., an interview with the Long Term Care Ombudsman said the dialysis center had contacted their office regarding concerns with Resident #11 missing dialysis appointments and a lack of communication from the facility. The Ombudsman stated the facility confirmed that Resident #11 had missed dialysis appointments because the transportation had been cancelled. On 02/10/26 at 4:58 P.M., an interview with the Administrator confirmed Resident #11's transportation to the dialysis center had been cancelled, the facility was not able to arrange alternate transportation to the dialysis center, and Resident #11 had to be sent to the hospital to receive dialysis treatments as a result. On 02/11/26 at 10:53 A.M., an interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) said Resident #11's transportation issue was due to his insurance lapsing. The DON stated Resident #11 also missed dialysis on 02/04/26 due to a refusal and confirmed that information was not documented anywhere in his medical record. On 02/11/26 at 11:01 A.M., an interview with the DON verified the missing dialysis communication sheets and incomplete documentation regarding dialysis for Resident #11. On 02/12/26 at 8:54 A.M., an interview with the Dialysis Social Worker at Resident #11's dialysis center verified Resident #11 had missed dialysis appointments on 01/12/26, 02/04/26, 02/06/26, and 02/09/26. Dialysis Social Worker stated Resident #11 never refused dialysis treatments and missed appointments were due to transportation issues. Dialysis Social Worker stated Resident #11 did not arrive for treatment as scheduled on 02/04/26 and when she contacted the facility about the missed appointment, she was told transportation never arrived to pick up Resident #11. Dialysis Social Worker further stated the facility decided on their own to just send Resident #11 to the hospital for dialysis rather than arranging alternate transportation. On 02/12/26 at 11:32 A.M., an interview with Resident #11 stated he never refused to go to dialysis and the only times he missed dialysis was when he could not get transportation. Resident #11 further stated he had been getting dialysis treatments for 13 years. Review of the facility's policy titled Hemodialysis, dated 2023, revealed the facility would assure that arrangements were made for safe transportation to and from the dialysis facility, assessment of the resident's condition and monitoring for complications would be completed before and after dialysis treatments, and there would be ongoing communication and collaboration with the dialysis facility regarding dialysis care and services. 3. Review of the medical record for Resident #20 revealed an admission date of 03/29/22 with diagnoses including end stage renal disease, dependence on renal dialysis, and type two diabetes mellitus. Review of the dialysis care plan dated 03/29/22 revealed Resident #20 needed dialysis related to end stage renal disease. Interventions included complete pre and post dialysis assessments per facility policy (revised 06/30/25), monitor dialysis port for signs of bleeding (revised 03/18/25), and dialysis treatments every Monday, Wednesday, and Friday with pickup at 4:00 A.M. via facility transport (revised 12/23/25). Review of the physician's orders for Resident #20 identified orders for dialysis three times weekly on Monday, Wednesday, and Friday (ordered 03/19/25). Review of the annual Minimum Data Set (MDS) assessment, dated 01/23/26, revealed Resident #20 had moderate cognitive impairment and required dialysis treatments. Review of Resident #20's dialysis assessments completed by the facility revealed the following: there was no pre-dialysis assessment completed on 01/02/26, there were no pre- or post-dialysis assessments completed on 01/05/26, there was no pre-dialysis assessment completed on 01/09/26, there were no (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pre- or post-dialysis assessments completed on 01/12/26, the vitals recorded on the pre-dialysis assessment on 01/14/26 were timestamped as obtained after returning from dialysis that day and were identical to the vitals recorded on the post-dialysis assessment on 01/14/26, there was no pre-dialysis assessment on 01/16/26, there was no post-dialysis assessment on 01/23/26, there was no post-dialysis assessment completed on 02/06/26, and there was no pre-dialysis assessment completed on 02/11/26. On 02/19/26 at 2:40 P.M., an interview with the Director of Nursing (DON) verified dialysis assessments were not completed as they should have been for Resident #20. Review of the facility's policy titled Hemodialysis, dated 2023, revealed the facility would assure that arrangements were made for safe transportation to and from the dialysis facility, assessment of the resident's condition and monitoring for complications would be completed before and after dialysis treatments, and there would be ongoing communication and collaboration with the dialysis facility regarding dialysis care and services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to provide therapy services in a timely manner. This affected one resident (Resident #1) of one resident reviewed for therapy services. The census was 39.Findings include:Record review for Resident #1 revealed admission date 06/15/20 of with diagnosis including acute respiratory failure with hypoxia, unspecified abnormalities of gait and mobility, hereditary and idiopathic neuropathy, major depression, muscle weakness, and localized edema. Review annual Minimum Data Set (MDS) assessment dated [DATE] revealed a BIMS score of 15 (no cognitive impairment), functional limitations: upper extremity as no impairment, lower extremity as impairment of both sides, roll in bed as partial/moderate assistance, lying to sitting on side of bed not attempted due to medical condition or safety concerns.Review of annual therapy screen completed on 01/08/26 revealed Resident #1 stated he would like to start getting out of bed and therapy will be determined after consultation with durable medical equipment provider. The screening also indicated the resident had a power wheelchair. Occupational therapy noted occupational therapy was recommended to address positioning, upper body strength, core strength and simple hygiene and grooming. Interview on 02/10/26 at 1:08 P.M. with Resident #1 revealed in December 2025, Resident #1 discussed with Director of Rehab (DOR) #701 wanting to get out of bed into wheelchair. Resident #1 requested a new motorized wheelchair at this time due to his current motorized wheelchair being too small. Approval by insurance for new motorized wheelchair was relayed to resident by DOR in December 2025. DOR informed Resident #1 he would be on wait list for therapy until March 2026 to start therapy services and request for new motorized wheelchair at that time.Interview on 02/11/26 at 10:11 A.M. with DOR confirmed Resident #1 was told he will not start therapy for another two weeks due to no therapy staff available. DOR also confirmed in December 2025 Resident #1 and his mental health provider caseworker discussed with DOR that the resident wanted to start to get out of bed more and into his wheelchair. Resident's #1's current motorized wheelchair was too small, DOR submitted the request for a new wheelchair to insurance in December 2025 and was notified Resident #1 qualified for a motorized wheelchair at that time. DOR also revealed she was told by facility management not to order power wheelchairs for residents due to the amount of issues the facility has with residents leaving facility in their power chairs and riding on the street. DOR reported rehab staff included one full time physical therapy aide, two as needed (PRN) occupational therapists, three PRN certified occupational therapy assistants, three PRN physical therapists, one PRN physical therapy assistants and four PRN speech therapists. Interview on 02/12/2026 at 7:45 A.M. with Director of Rehab (DOR) #701 confirmed Resident #1 has not been assessed for physical and occupational therapy. DOR has not requested additional therapy staffing due to no other residents currently waiting to start therapy services. DOR also revealed the facility is low on residents in therapy. DOR now reported Resident #1 was not on wait list for therapy due to staffing, and the wait was because the resident will only be authorized for a limited number of sessions and wanted to ensure the power wheelchair arrival with start of therapy sessions. DOR revealed Resident #1 had not been assessed with his current wheelchair to determine if his current wheelchair was an appropriate fit. Interview on 02/18/26 at 8:19 AM with Administrator and Assistant Director of Nursing (ADON) #720 revealed facility does not have a policy regarding process for when a resident requests therapy. Administrator or DOR receives the request for therapy, a therapy screen would be completed, then resident would be scheduled for therapy services if the screen indicates a need. There was no set timeline for how long the process should be completed. Reviewed list of residents with start of service date for physical and or occupational therapy since December 2025 revealed 27 residents started either physical or occupational therapy since December 2025, and Resident #1 was not on list.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365831	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Knolls Health & Rehab LLC	31 Maranatha Drive Youngstown, OH 44505

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on record review and interview, the facility failed to provide assistance to Resident #11 to maintain the Medicaid benefits for which he was eligible. This affected one resident (#11) out of two reviewed for Medicaid coverage. The facility census was 39. Findings include: Review of the medical record for Resident #11 revealed an admission date of 10/29/19 with diagnoses including end stage renal disease, dependence on renal dialysis, type two diabetes mellitus, cerebral infarction, peripheral vascular disease, dementia, and congestive heart failure. Review of the payer source information for Resident #11 revealed the primary payer was listed as Medicaid. Review of the quarterly Minimum Data Set (MDS) assessment, dated 12/04/25, revealed Resident #11 had no cognitive impairment. Review of the progress note dated 01/12/26 at 10:18 A.M. revealed Resident #11's transportation to dialysis was cancelled and dialysis treatment was missed as a result. Review of the Medicaid Benefits and Assignment Plan for Resident #11 revealed his Medicaid benefits ended on 01/31/26. Review of the progress note dated 02/06/26 at 9:27 A.M. revealed Resident #11 was being sent to the emergency room due to missing dialysis on 02/06/26. Review of the progress note dated 02/09/26 at 11:49 A.M. revealed Resident #11 was being sent to the hospital due to missing dialysis on 02/09/26. On 02/10/26 at 10:25 A.M., an interview with Licensed Practical Nurse (LPN) #752 verified Resident #11 had missed dialysis appointments due to transportation being cancelled. On 02/10/26 at 4:21 P.M., an interview with the Long Term Care Ombudsman said the dialysis center had contacted their office regarding concerns with Resident #11 missing dialysis appointments because the transportation had been cancelled due to insurance coverage. On 02/10/26 at 4:58 P.M., an interview with the Administrator confirmed Resident #11's transportation to the dialysis center had been cancelled by the transportation company. On 02/11/26 at 10:53 A.M., an interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) confirmed Resident #11's transportation issue was due to his insurance coverage lapsing. On 02/12/26 at 8:54 A.M., an interview with the Dialysis Social Worker at Resident #11's dialysis center verified Resident #11 had missed dialysis appointments on 01/12/26, 02/04/26, 02/06/26, and 02/09/26. Dialysis Social Worker stated Resident #11 never refused dialysis treatments and missed appointments were due to transportation issues. Dialysis Social Worker stated she contacted the transportation company herself to find out why transportation was cancelled and discovered Resident #11's Medicaid coverage had lapsed and the transportation company was no longer a covered provider. On 02/12/26 at 9:10 A.M., an interview with the Administrator stated Resident #11's Medicaid renewal paperwork was just completed that week on 02/09/26. On 02/12/26 at 9:26 A.M., an interview with the Administrator verified it was the Business Office Manager's (BOM) responsibility to complete insurance renewal paperwork and the former BOM had failed to do so for Resident #11.