STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365898	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Divine Rehabilitation and Nursing at Sylvania	5757 Whiteford Rd Sylvania, OH 43560

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31638 Based on medical record review, resident and staff interview, and policy review, the facility failed to timely notify a resident before a roommate change. This affected one (#85) of three residents reviewed for room changes. The facility census was 80. Findings included: Review of Resident #85's medical record revealed an admitted [DATE]. Diagnoses included multiple sclerosis, kidney cancer, and chronic kidney disease. Review of Resident #85's quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident's was rarely understood. Review of Resident #22's medical record revealed an admitted [DATE]. Diagnoses included intellectual disabilities, schizophrenia, dementia, and bipolar disease. Review of Resident #22's quarterly MDS dated [DATE] she had moderately impaired cognition. Review of the document titled, Notice of Room Change, dated 09/21/24, revealed Resident #22 was informed that she would be moving into a room where Resident #85 resided. The form was silent to Resident #85 being alerted to the new roommate. Interview with Resident #85 on 10/23/24 at 2:50 P.M. revealed on 09/21/24 a new roommate (Resident #22) moved into her room and the facility did not notify her prior to the move. Interview with Business Office Manager (BOM) #400 on 10/23/24 at 2:56 P.M. revealed Resident #22 was given a written notice of the room change, but she failed to inform Resident #85 that she would be getting a new roommate. Resident #85 was unaware of the change until the new roommate arrived. Review of the facility policy titled, Change of Room or Roommate, dated 03/2024, revealed prior to making a room change or roommate assignment, all persons involved in the change/assignment, such as residents and their representatives, will be notified of such a change as soon as possible. The notice of a change in room or roommate will be provided verbally or in writing, as if needed in a language and manner the resident and representative understands and will include the reason(s) why the move or change is required. (continued on next page)

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents non-compliance investigated under Complaint Number OH00158240.