STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365981	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem City Healthcare and Rehabilitation Center	323 Forest Avenue Dayton, OH 45405

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and facility policy review, the facility failed to provide a functional and sanitary environment for one, (Resident #32) of four reviewed for the environment. The facility census was 33.Findings include:Review of the medical record revealed Resident #32 was admitted to the facility on [DATE]. Diagnoses included morbid obesity with alveolar hypoventilation, major depressive disorder, and generalized anxiety disorder. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #32 cognitively intact. Observation and interview on 05/20/2026 at 9:56 A.M. with a confidential employee in Resident #32's room revealed the sink filled completely up with brown water and the pipe to floor under the sink is discolored and dripping. The floor under the sink had a puddle of water, stain, and strong foul smell was noted out to the hallway. The confidential employee stated the sink had been clogged on and off for months. Interview on 05/20/26 at 10:01 A.M. with Resident #32 revealed the sink has been clogging up for months. Resident #32 stated it happened first in February, and the facility had snaked the sink multiple times but it keeps clogging and the smell is bad. Interview with Maintenance Director (MD) #12 on 05/20/26 at 10:16 A.M. confirmed he has been aware of the sink being clogged on and off and had snaked it. The MD #12 also confirmed no plumber had been to the facility to look at or repair the sink.Interview on 05/20/26 at 10:18 A.M. with the Administrator confirmed Resident #32's sink had clogged multiple times. Review of the policy titled, Environmental Services Inspection, dated 02/2024, revealed it is the policy of this facility to regularly monitor environmental services to ensure the facility is maintained in a safe and sanitary manner and assessed on a regular basis. This deficiency represents non-compliance investigated under Complaint Numbers 3013025, 2987498, and 2975623.

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and facility policy review, the facility failed to ensure three residents, (#22, #4 and #13) of 19 reviewed, had comprehensive care plans that reflected the resident's care needs. The total facility census was 33.Findings include: 1. Review of the medical record revealed Resident #22 was admitted to the facility on [DATE]. Diagnoses included chronic respiratory failure, dependence on respirator, neuralgia and neuritis. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #22 was cognitively intact, required set up for eating, was dependent for toileting, bathing and personal hygiene. Resident #22 had adequate vision and utilized corrective lenses. Review of the provider orders dated 05/13/25 for Resident #22 revealed resident may receive vision consults as needed per personal plan of care. Review of the care plan dated 08/17/22 revealed Resident #22 did not have vision needs or interventions in the care plan. Interview on 05/18/2026 at 10:34 A.M. with Resident #22 revealed the need for an eye doctor. Resident #22 stated she has requested to see an eye doctor for months and has not seen one yet. Interview on 05/20/26 at 11:16 A.M. with the Director of Nursing (DON) confirmed Resident#22's care plan did not address the resident's vision needs. 2. Review of the medical record for Resident #04 revealed the resident was admitted on [DATE] with diagnoses including insomnia, obesity, anxiety, schizoaffective disorder, chronic pain, and depression. Review of the Quarterly MDS dated [DATE] revealed Resident #04 had no cognitive deficits and required substantial to dependence on staff to complete activities of daily living. Review of physician order dated 10/08/25 revealed Resident #04 had an order to give Oxycodone (opioid) five milligrams (mg) every six hours as needed for pain in the right leg. Review of physician order dated 04/07/26 revealed to apply skin prep to bilateral heels topically one time a day for skin integrity. Review of Resident #04 care plans revealed the absence of a pain care plan and a skin integrity care plan. An interview on 05/21/26 at 11:37 A.M. with the DON verified that Resident #4 did not have a care plan for pain. 3. Review of the medical record for Resident #13 revealed the resident was admitted on [DATE] with diagnosis including depression, adjustment disorder, and diabetes. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #13's physician orders revealed an order dated 02/26/26 for Sertraline (antidepressant) 50mg and Lexapro (antidepressant) 5mg. Review of the care plans for Resident #13 revealed the absence of care plans for depression or antidepressant medications. An interview on 05/21/26 at 11:37 A.M. with the DON verified Resident #13 did not have a care plan for depression or anti-depressant medication use. Review of the Comprehensive Care Plans Policy dated 02/01/20 revealed it is the policy to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that include measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interview, staff interview, record reviews, and policy review, the facility failed to provide showers to residents as scheduled. This affected one, (Resident #10) of 12 residents reviewed for provision of Activities of Daily Living (ADL) care. The facility census was 33.Findings include:Review of the medical record of Resident #10 revealed an admission date of 03/10/26. Diagnoses included neoplasm of unspecified behavior of brain, Type II Diabetes Mellitus, pulmonary embolism without acute cor pulmonale, torsade's de pointes, and presence of other vascular implants and grafts.Review of the most recent admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) assessment was not completed as the resident was rarely/never understood, did not reject care and did not wander. Resident #10 was dependent on assistance for oral hygiene, toileting hygiene, bathing, dressing, personal hygiene, bed mobility, and transfers.An interview on 05/18/26 at 2:52 P.M. with Resident #10 revealed the resident was not receiving showers as scheduled. Resident #10 reported she was scheduled to receive a shower from staff every Tuesday and Friday.Review of the facility's shower schedule confirmed Resident #10 was scheduled to receive a shower on Tuesdays and Fridays. Review of a facility document titled STNA Skin Condition Report Sheet revealed Resident #10 did not receive a shower on 03/16/26, 03/23/26, 03/31/26, 04/03/26, 04/06/26, 04/21/26, 04/28/26, 05/01/26, and 05/08/26.An interview on 05/21/26 at 11:41 A.M. with the Director of Nursing (DON) #13 revealed Resident #10 was scheduled to have a shower twice a week on Tuesdays and Fridays. Further interview with DON #13 revealed the facility document titled STNA Skin Condition Report Sheet was required to be completed each time a resident received a shower. DON #13 confirmed staff documentation for Resident #10 indicated the resident did not receive a shower on 03/16/26, 03/23/26, 03/31/26, 04/03/26, 04/06/26, 04/21/26, 04/28/26, 05/01/26, and 05/08/26.Review of an undated facility policy titled Resident Showers revealed Residents will be provided showers as per request or as per facility schedule protocols.This deficiency represents non-compliance investigated under Complaint Number 2669725and 2669635.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure provision of wound care for a resident's pressure ulcer as ordered. This affected one resident (Resident #42) of two residents with identified pressure ulcers. The facility census was 33.Findings include:Review of the medical record of Resident #42 revealed an admission date of 05/07/26. Diagnoses included acute and chronic respiratory failure, sepsis due to Escherichia coli, acute kidney failure, Type II Diabetes Mellitus, dysphagia, pressure ulcer of sacral region stage IV, nonrheumatic mitral valve insufficiency, and nonrheumatic aortic valve insufficiency.Review of the admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the MDS assessment was still in process.Further record review for Resident #42 revealed upon admission to the facility the resident had a stage IV pressure ulcer (Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar maybe present on some parts of the wound bed. Often includes undermining and tunneling.)to his bilateral buttocks. Review of medical orders for Resident #42 revealed an order to wash sacrococcyx to bilateral buttocks with wound cleanser, pat dry, apply Dakin's solution soak gauze roll pack lightly to wound bed cover with boarder foam every day shift for wound healing with a start date of 05/08/26.Review of Resident #42's Treatment Administration Record (TAR) dated 05/19/26 revealed no documentation that Resident #42 received the ordered wound care on 05/14/26, 05/15/26, and 05/16/26.An interview on 05/20/26 at 10:39 A.M. with the Director of Nursing (DON) #13 confirmed Resident #42's TAR dated 05/19/26 revealed no documentation that Resident #42 received the ordered wound care on 05/14/26, 05/15/26, and 05/16/26. Further interview with DON #13 revealed no progress notes in Resident #42's electronic medical record indicating a reason this wound care was not provided on 05/14/26, 05/15/26, and 05/16/26.Review of a facility policy titled, Wound Treatment Management with an implemented date of 01/01/20 revealed, Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of change. Further review of this policy revealed, Treatments will be documented on the Treatment Administration Record.This finding substantiates allegations in Complaints #2680098, #2669914, #2669725, #2669635, and #3018612.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record review, and facility policy review the facility failed to ensure ongoing care of a gastrostomy (G) tube. This affected one, (Resident #10) of three residents reviewed for enteral tube feeding. The facility census was 33.Findings include: Review of the medical record of Resident #10 revealed an admission date of 03/10/26. Diagnoses included neoplasm of unspecified behavior of brain, Type II Diabetes Mellitus, pulmonary embolism without acute cor pulmonale, torsade's de pointes, and presence of other vascular implants and grafts.Review of the most recent admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) assessment was not completed as the resident was rarely/never understood, did not reject care and did not wander. Resident #10 was dependent on assistance for oral hygiene, toileting hygiene, bathing, dressing, personal hygiene, bed mobility, and transfers.Observation on 05/18/26 at 2:52 P.M. of Resident #10's G-tube revealed numerous pieces of yellow colored debris as well as numerous black spots within the tube between the access port and a lock which was placed on the tubing of the G-tube. In the tubing between the lock and the external retention disk there was approximately one and a half inches of an orange colored liquid followed by an approximately one-inch length of similarly colored material which did not move within the tubing as Resident #10 placed this tubing in different positions.Interview on 05/18/26 at 2:52 P.M. with Resident #10 revealed the resident was concerned about the state of her G-tube. Resident #10 reported that staff stopped flushing the G-tube when the resident's nothing by mouth (NPO) diet order was discontinued on 04/13/26 and an order for a regular diet was started. Resident #10 reported staff continued to change the dressing around her G-tube since 04/13/26 but have not flushed the G-tube. Resident #10 reported she would like the particulates in her g-tube addressed but does not want the material flushed into her intestines at this time.Observation on 05/20/26 at 2:04 P.M. of Resident #10's G-tube revealed numerous pieces of yellow colored debris as well as numerous black spots within the tube between the access port and a lock which was placed on the tubing of the G-tube. In the tubing between the lock and the external retention disk there was approximately one and a half inches of an orange colored liquid followed by an approximately one-inch length of similarly colored material which did not move within the tubing as Resident #10 placed this tubing in different positions.Interview on 05/20/26 at 2:04 P.M. with the Director of Nursing (DON) #13 confirmed the presence of orange fluid in the G-tube between the resident's abdomen and the lock placed on the tube. DON #13 reported this fluid appeared to be gastric drainage. DON #13 confirmed the numerous, yellow-colored pieces of debris and black particles in the G-tube between the lock and the G-tube access port. DON #13 stated the G-tube needed to be changed and DON #13 reported that G-tubes are changed as needed (PRN).Interview on 05/20/26 at 2:04 P.M. with Resident #10 revealed the resident would like the G-tube either changed or removed and that Resident #10 did not want the particulates and fluid currently located in her G-tube tubing to be flushed into her body.Review of an undated facility policy titled, Changing a Gastrostomy Tube revealed, Balloon-type G-tubes can typically be changes at home by nurses every three months to prevent tubing degradation and balloon malfunction. This policy further stated, When to replace tubes immediately: there are visible cracks, leaks or clogging in the tube.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to ensure that anticoagulant medications were administered as ordered. This affected one, (Resident #47) of six residents reviewed with prescribed anticoagulants. The facility census was 33.Findings include: Review of the medical record of Resident #47 revealed an admission date of 05/01/26. Diagnoses included acute kidney failure, disorder of parathyroid gland, hypoglycemia, coagulation defect, depression, major depressive disorder, and generalized anxiety disorder. Resident #47 did not reject care and did not wander.Review of the admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact. Resident #47 was setup assistance for eating, oral hygiene, upper body dressing, lower body dressing, supervision assistance for toileting, bathing, personal hygiene, roll left and right, sit to lying, lying to sitting, sit to stand, transfers, moderate assistance to walk 10 feet, walk 50 feet, and used a walker for mobility assistance.Further review of Resident #47's medical record revealed a physician order for heparin sodium (porcine) solution of 5,000 units to be injected subcutaneously three times daily starting on 05/01/26 and ending on 05/08/26. Administration times were identified as 6:00 A.M., 2:00 P.M., and 10:00 P.M.Review of Resident #47's Medication Administration Record (MAR) revealed the resident did not receive ordered heparin injections on 05/01/26 at 10:00 P.M., 05/02/26 at 6:00 A.M., 2:00 P.M., 10:00 P.M., 05/03/26 at 6:00 A.M., 10:00 P.M., and 05/04/26 at 6:00 A.M. Nurse progress notes for these above dates indicated staff were unable to administer the medication because they were waiting for delivery of the heparin from the pharmacy. Nurse progress notes do not indicate that the prescriber was notified of these missed heparin doses. The MAR indicates the last dose of heparin was administered on 05/08/26 at 10:00 P.M.An interview on 05/20/26 at 9:58 A.M. with the Director of Nursing (DON) #13 confirmed Resident #47's MAR indicated the resident did not receive ordered heparin injections on 05/01/26 at 10:00 P.M., 05/02/26 at 6:00 A.M., 2:00 P.M., 10:00 P.M., 05/03/26 at 6:00 A.M.,10:00 P.M., and 05/04/26 at 6:00 A.M. and that nursing progress notes indicated they were waiting on delivery from the pharmacy. Further interview with DON #13 revealed a pharmacy packing slip noting delivery of Resident #47's heparin on 05/03/26 at 11:19 A.M. DON #13 unable to explain why heparin was not administered as ordered on 05/03/26 at 10:00 P.M. and 05/04/26 at 6:00 A.M. as the medication had been delivered prior to these administration times. DON #13 also confirmed the last dose of heparin was administered on 05/08/26 at 10:00 P.M.An interview on 05/21/26 at 12:50 P.M. with the Administrator (Admin) #01 revealed the prescribing physician was informed of Resident #47's missed heparin doses by the Admin #01 on 05/20/26 and that the prescriber had not been made aware of these missed doses prior to 05/20/26. An interview on 05/21/26 at 12:50 P.M. with DON #13 revealed Resident #47's heparin medication was not ordered for a stat drop from the pharmacy when the resident admitted and DON #13 reported the medication should have been ordered for stat drop by the pharmacy.An interview on 05/21/26 at 12:58 P.M. with Physician #90 confirmed Physician #90 was not aware of Resident #47 missing doses of heparin until 05/20/26. Physician #90 reported the medication should have been ordered as a stat drop from the pharmacy. Physician #90 reported no significant concerns with Resident #47 having missed heparin doses based on the resident's overall health status, the resident's age, and the resident's mobility status. Additionally, Physician #90 reported no negative outcomes related to the resident's missed heparin doses.Review of an undated facility policy titled Medication Administration revealed, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in the state, as ordered by the physician and in accordance with professional standards of practice.This finding substantiates allegations in Complaint #2669635.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and facility policy review the facility failed to ensure food was stored and prepared under sanitary conditions. The facility failed to ensure portion sizes were accurate according to the approved recipe, and the facility failed to ensure a substitution log was maintained. This had the potential to affect 29 residents who consumed meals prepared in the facility kitchen. The facility census was 33.Findings include:1.Observations on 05/18/26 at 9:45 A.M. of the kitchen revealed no hair nets available for staff to use upon entry into the kitchen. Additional observation of the kitchen and dry storage revealed the floors in the kitchen food preparation and storage areas were dirty with crumbs, pieces of food, sugar packets, single serving maple syrup packets, and empty boxes located on the floors throughout the kitchen and dry storage area. Observation of dry food storage revealed three bags of Tostitos chips with a use by date of 03/24/26 on a storage shelf for active use. Observation on 05/18/26 at 10:04 A.M. of walk-in refrigerator revealed a box of eggs with damaged eggshells with what appeared to be egg yolk which had run out of the box of eggs and dripped onto an opened box of individual coffee creamers on the shelf below the eggs. Additional observation revealed containers of Frenches yellow mustard with an open date of 02/16/26, sweet pickle relish with an opened date of 12/21/25, vanilla cream icing with an opened date of 02/25/26, and two containers of mayonnaise with an opened date of 02/23/26. Continued observation of the walk-in refrigerator revealed three gallons of whole milk with expiration dates of 04/26/26 on each gallon. Observations also revealed condensation dripping from the ceiling of the refrigerator onto the floor resulting in a puddle of water on the refrigerator floor. Observation on 05/18/26 at 10:12 A.M. of the walk-in freezer revealed pieces of french fries littered on the freezer floor. In addition, there was a bag of unopened cauliflower on the floor, a box containing a chocolate cream pie and an unopened box containing chicken on the floor of the freezer. Continued observation of the walk-in freezer revealed a buildup of approximately one-inch-thick ice on the floor of the freezer covering an area approximately 16 inches by 24 inches directly under the compressor to the left of the freezer door.An interview on 05/18/26 at 10:15 A.M. with Acting Kitchen Manager (AKM) #91 confirmed the lack of hair nets available for staff at the entrance to the kitchen. AKM #91 confirmed that the floors in the kitchen preparation area and dry good storage area were dirty and should be cleaned. Continued interview with AKM #91 revealed the three bags of Tostitos chips with a use by date of 03/24/26 were on a storage shelf for dry goods in active use to feed residents. AKM #91 confirmed a box of eggs in the walk-in refrigerator contained eggs with cracked shells and that what appeared to be egg yolk had dripped down onto an opened box of individual coffee creamers on the shelf below the eggs. AKM #91 confirmed opened dates written on the containers of Frenches yellow mustard of 02/16/26, sweet pickle relish of 12/21/25, vanilla cream icing of 02/25/26, and two containers of mayonnaise of 02/23/26. AKM #91 revealed he was unsure of the policy on how long after the documented open date the mustard, relish, icing and mayonnaise were allowed to be used. Continued interview with AKM #91 confirmed three gallons of whole milk with expiration dates of 04/26/26 on each gallon, which were still on a shelf for active use, and AKM #91 confirmed the condensation dripped from the ceiling of the refrigerator onto the floor resulting in a puddle of water on the refrigerator floor. Continued interview with AKM #91 confirmed the walk-in freezer had pieces of french fries littered on the freezer floor, confirmed there was a bag of unopened cauliflower on the floor, a box containing a chocolate cream pie and an unopened box containing chicken on the floor of the freezer. AKM #91 confirmed that no food items should be stored on the floor. Continued interview with AKM #91 confirmed the buildup of approximately one-inch-thick ice on the floor of the walk-in freezer covering an area approximately 16 inches by 24 inches directly under the compressor to the left of the freezer door.Interview on 05/19/26 at 1:41 P.M. with Director of Maintenance (DM) #12 confirmed a buildup of (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	approximately one-inch-thick ice on the floor of the walk-in freezer covering an area approximately 16 inches by 24 inches directly under the compressor to the left of the freezer door. Continued interview with DM #12 confirmed condensation had dripped from the ceiling of the refrigeraor onto the floor resulting in a puddle of water on the frefrigerator floor. Continued interview with DM #12 revealed DM #12 would reach out to an HVAC company to look at the walk-in freezer and refrigerator.Review of a document titled Hearthstone Hospitality Management Dining [NAME] Policy and Procedure Manual with an effective date of 01/01/25 revealed, The kitchen and associated equipment will be properly maintained. All non-food contact equipment will be clean and free of debris. All foods will be stored and wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. Additional document review revealed, The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation.2.Observation on 05/18/26 at 12:00 P.M. of lunch tray line service revealed AKM #91 used a six oz scoop to plate the carrots being served. Continued observations revealed AKM #91 ran out of carrots prior to plating the last five resident meals. AKM #91 substituted a salad on the last five plates for resident meals.Interview on 05/18/26 at 12:00 P.M. with AKM #91 confirmed the use of a six oz scoop to serve the carrots and reported it should have been a three oz scoop, but the kitchen's only three oz scoops were still dirty from last night's dinner service, so AKM #91 estimated a three oz portion in the six oz scoop. AKM #91 confirmed his decision to substitute a salad for the carrots for the last five resident plates.Interview on 05/20/16 at 3:25 P.M. with AKM #91 revealed the kitchen staff did not have method of documenting and tracking menu substitutionsReview of a document titled Hearthstone Hospitality Management Dining [NAME] Policy and Procedure Manual with an effective date of 01/01/25 revealed, A menu substation log will be maintained on file.3. Observation on 05/19/26 at 12:20 P.M. revealed lunch was served as an open-faced turkey sandwich with mashed potatoes and gravy on top with a side of brussel sprouts and pudding for dessert. Interview on 05/19/26 at 1:14 P.M. with [NAME] #92 confirmed that lunch was served as an open-faced turkey sandwich with mashed potatoes and gravy on top with a side of brussel sprouts and pudding for dessert. [NAME] #92 confirmed this meal did not match the menu listed for today and reported they did not have the menu items listed for today in stock so [NAME] #92 made a substation meal. Continued interview with [NAME] #92 revealed he was not aware of any substation log in which to track menu item substitutions.Interview on 05/20/16 at 3:25 P.M. with AKM #91 revealed the kitchen staff did not have method of documenting and tracking menu substitutionsReview of a document titled Hearthstone Hospitality Management Dining [NAME] Policy and Procedure Manual with an effective date of 01/01/25 revealed, A menu substation log will be maintained on file.4.Review of food temperature logs revealed that food temperature logs were missing for 03/02/26 through 03/05/26, 03/07/26 through 04/06/26, and from 04/26/26 through 04/31/26. Interview on 05/21/26 at 1:16 P.M. with AKM #91 confirmed that food temperature logs were missing for 03/02/26 through 03/05/26, 03/07/26 through 04/06/26, and from 04/26/26 through 04/31/26. Continued interview with AKM #91 revealed that food temperatures are expected to be checked and recorded at every meal and he was unable to locate documentation indicating this practice had been followed for the above-mentioned dates.Interview on 05/21/26 at 2:39 P.M. with Administrator #01 revealed the facility never had any issues with foodborne illnesses for residents. Review of a document titled Hearthstone Hospitality Management Dining [NAME] Policy and Procedure Manual with an effective date of 01/01/25 revealed, Temperature of Time/Temperature Control for Safety (TCS) foods will be recorded at time of services, and monitored periodically during meal service periods. Further review of this policy revealed no specific time frame after which opened containers of condiments housed in a refrigerator should be discarded.This deficiency represents non-compliance investigated under Complaint Number 3013025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365981	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem City Healthcare and Rehabilitation Center	323 Forest Avenue Dayton, OH 45405

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to ensure that garbage cans in the kitchen were properly covered when not in active use. This had the potential to affect all 29 residents who consumed meals prepared in the facility kitchen. The facility census was 33.Findings include:Observation on 05/18/26 at 9:45 A.M. revealed two garbage cans located in the kitchen food prep area and one garbage can located in the dish room of the kitchen, all without lids on them and all three cans not in active use.Interview on 05/18/26 at 10:23 A.M. with Acting Kitchen Manager #91 confirmed there are two garbage cans in the kitchen food preparation area and one in the dish room area all without lids. AKM #91 revealed he is unable to locate lids for any of these three garbage cans and is unable to cover them when not in active use.Review of a document titled Hearthstone Hospitality Management Dining [NAME] Policy and Procedure Manual with an effective date of 01/01/25 revealed, All trash will be contained in covered, leak-proof containers that prevent cross contamination. This deficiency represents non-compliance investigated under Complaint Number 3013025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365981	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gem City Healthcare and Rehabilitation Center	323 Forest Avenue Dayton, OH 45405

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 facility policy review the facility failed to wear proper Personal Protective Equipment (PPE) while providing personal care. This affected one Resident #02 out of 23 residents requiring PPE for Enhanced Barrier Precautions (EBP). the faciity also failed to ensure clean linens were stored appropriately. This had the potential to affect all residents. The facility census was 33.Findings include: 1. A chart review revealed Resident #02 was admitted on [DATE] with diagnosis including hemiplegia/hemiparesis, dysphagia, diabetes, and depression. Review of the Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #02 received nutrition through enteral method and was dependent on staff for completion of activities of daily living. Review of physician order dated 05/28/25 revealed Resident #02 was ordered to have Enhanced Barrier Precautions due to gastronomy tube. An observation on 05/20/26 at 10:18 A.M. with Licensed Practical Nurse (LPN) #15 revealed Certified Nursing Assistant (CNA) #47 was providing incontinence care to Resident #02 without wearing PPE. An interview on 05/20/26 at 10:18 A.M. with LPN #15 verified CNA #47 was not wearing the proper PPE while providing care to Resident #02. An interview on 05/20/26 at 10:18 A.M. with CNA #47 revealed she was unaware that she was supposed to wear PPE while providing care to Resident #02. Review of the Enhanced Barrier Precautions not dated revealed PPE for EBP is only necessary when performing high-contact care such as: providing hygiene, dressing, bathing, transferring, changing linens, and changing briefs or assisting with toileting. 2. Observation and interview on 05/19/26 at 8:20 A.M. with the Maintenance Director (MD) #12 and the Administrator of the clean linen room revealed a large 30 gallon trash can full to the top of dirty clothes with a sign on it stating resident dirty clothing only sitting next to the clean exit door filled with dirty clothes and trash. The Administrator stated the trash can should not be in the clean linen room. Observation and interview on 05/19/26 at 8:25 A.M. with the MD #12 of the clean linen room revealed clean linen in six large boxes on the floor. The floor was observed to be covered with a black and brown substance and appears very dirty. The MD #12 confirmed the observation of the clean linen room dirty floor and large trash can with full of dirty clothes. Review of the policy titled, Laundry, dated 12/2024, revealed soiled laundry shall be kept separate from clean laundry at all times. This deficiency represents non-compliance investigated under Complaint Number 2975623.