

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2026
NAME OF PROVIDER OR SUPPLIER  Momentous Health at Sidney		STREET ADDRESS, CITY, STATE, ZIP CODE  510 Buckeye Ave Sidney, OH 45365	

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)
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interviews, the facility failed to provide speech therapy as ordered. This affected two (#129 and #130) of three residents reviewed for therapy services. The facility census was 46. Findings include: 1. Review of Resident #129's medical record revealed an admission date of 11/10/21 with diagnoses including dysphagia, dementia, and rheumatoid arthritis. Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #129 had severe cognitive impairment and required supervisory support from staff for eating, positioning, and transferring. He was independently mobile using a manual wheelchair. Review of physician orders revealed Resident #129 was to continue his current speech therapy plan of care under a new provider effective 02/01/26. Review of Speech Therapy Transitional Evaluation and Plan of Treatment revealed Resident #129 was to receive speech therapy services twice weekly for four weeks during the certification period 02/01/26 - 02/28/26. Short-term goals included tolerating a mechanical soft texture diet without signs or symptoms of aspiration and oral-motor strength exercises to improve swallow function. Review of Speech Therapy Encounter Notes revealed Resident #129 completed 23 minutes of speech therapy on 02/20/26. There were no other speech therapy visits noted in Resident #129's medical record. 2. Review of Resident #130's medical record revealed an admission date of 06/23/25 with diagnoses including personal history of cerebral infarction, dysphagia following cerebral infarction, and other speech and language deficits following cerebral infarction. Review of the MDS 3.0 dated 12/05/25 revealed Resident #130 had moderately impaired cognition, required supervisory support from staff for eating, and was dependent on staff for positioning and transferring. He was independently mobile using a manual wheelchair. Review of physician orders revealed Resident #130 was to continue his current speech therapy plan of care under a new provider effective 02/01/26. Review of Speech Therapy Transitional Evaluation and Plan of Treatment revealed Resident #129 was to receive speech therapy services three times weekly for four weeks during the certification period 02/01/26 - 02/28/26. Short-term goals included demonstrating improved communication and intelligibility of speech and tolerating a regular texture diet without signs or symptoms of aspiration. Review of Speech Therapy Encounter Notes revealed Resident #130 completed 23 minutes of speech therapy on 02/20/26. There were no other speech therapy visits noted in Resident #130's medical record. Interview on 03/12/26 at 4:39 P.M. with Therapy Regional Manager (TRM) #302 stated rehabilitative therapy services began on 02/02/26 when the previous therapy contractor was terminated. TRM #302 stated they have staff lined up to provide speech therapy in-house but they have not been in the facility yet. TRM #302 confirmed Residents #129 and #130 received speech therapy services on 02/20/26 and did not receive services at any other point during the certification period. TRM #302 stated telehealth speech therapy was an available alternative but was not used. This deficiency represents non-compliance investigated under Complaint Number 2792536.</p>

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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