STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366113	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Health Care Center Inc	1355 Churchill Hubbard Rd 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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46195 Based on record review, interviews, and the Centers for Medicare & Medicaid Services (CMS) website, the facility failed to allow Resident #95 to return to the facility after being sent out to the hospital. This affected one resident (#95) out of three residents reviewed for discharge. The facility census was 94. Findings include: Review of the closed medical record for Resident #95 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included displaced fracture of medial condyle of left femur, delusional disorders, unspecified disorder due to known physiological condition, unspecified mental disorder due to known physiological condition, and bipolar disorder. Review of the discharge return not anticipated Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #95 was cognitively intact. The resident required set up or clean up assistance for eating and oral hygiene; supervision or touch assistance for upper body dressing and personal hygiene; and was dependent on staff for toileting, shower/bathe self, lower body dressing, and putting on and taking off footwear. For mobility, the resident required partial/moderate assistance for sitting to lying and lying to sitting and was dependent on staff for chair/bed to chair transfer and tub/shower transfer. Review of the progress note dated 07/17/24 and time stamped at 12:55 P.M. for Resident #95 revealed on 07/17/24 with physician at bedside, the resident requested to go to the hospital and be evaluated because she felt the physician was an [expletive] idiot and had the worst cramps of her life. The resident stated she didn't wish to return to the facility at that time. Resident Rights were reviewed with the resident, and she was assured that the choice of placement was her right. Review of the late entry progress noted dated 07/18/24 and time stamped at 2:30 A.M. revealed Resident #95 was returning via stretcher from hospital. Transportation staff stated the resident did not get admitted to the hospital and it was our responsibility to still 'house' the resident. Resident #95 stated she had no idea she was not allowed to return to the facility. The Director of Nurse (DON) was called and confirmed Resident #95 was not to return. The transportation staff left the facility with the resident and stated the facility would be hearing from the hospital and from their transportation company. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 07/30/24 at 10:47 A.M. and 3:46 P.M. with Ombudsman # 500 revealed Resident #95 called the Ombudsman's office on Friday, 07/19/24, from the hospital emergency room stating on Wednesday, 07/17/24, she had been sent out to the hospital for constipation. The ambulance brought her back to the facility at three in the morning (on 07/18/24), and the facility wouldn't take her back. The resident stated the emergency room didn't know what to do with her. The ombudsman asked if she wanted her to call the Administrator, the resident said yes. When the ombudsman spoke with the Administrator, the Administrator stated the resident was problematic, hadn't wanted to come back to the facility, and had signed something stating she didn't want to come back. The ombudsman stated she didn't think the facility had done the right thing, felt the facility should have taken her back and helped the resident find alternate placement. The ombudsman confirmed the facility had never reached out to her about not bringing the resident back until she had reached out to the Administrator on Friday, 07/19/24. Interview on 07/30/24 at 1:00 P.M. with Resident #95 revealed they (the hospital) discharged me at three o'clock in the morning (on 07/18/24). They (the facility) said I signed something that I didn't want to come back to the facility. They (the facility) are full of [expletive]. Review of the resident progress notes in the medical record and interview with Corporate Quality Assurance Registered Nurse (RN) #501 on 07/30/24 at 3:41 P.M. and at 4:35 P.M. confirmed that even though Resident #95 stated she hadn't wanted to come back to the facility when she went to the hospital, she had the right to change her mind. There was nothing noted in the resident's progress notes indicating the facility couldn't meet the welfare, health, or safety of the resident or others if the resident did return to the facility. There was no proof the facility had been collaborating with the hospital on alternate placement or the resident had signed a document stating she didn't want to return to the facility. Corporate Quality Assurance RN #501 confirmed the facility did have open beds on 07/18/24. Review of Your Rights and Protection as a Nursing Home Resident located at Your Resident Rights and Protections (cms.gov) revealed as a nursing home resident, the resident had a right to participate in the decisions that affect care. The nursing home must provide discharge planning, and the nursing home couldn't make a resident leave the nursing home unless any of the following were true: It's necessary for the welfare, health, or safety of the resident or others. The resident's health had improved to the point that nursing home care was no longer necessary. The nursing home hadn't been paid for services the resident received. The nursing home closed. This deficiency represents non-compliance investigated under Complaint Number OH00155720.