

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER Rosary Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6832 Convent Boulevard 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed medical record review, review of the Ombudsman notification, staff interview, Ombudsman interview and review of facility policy, the facility failed to provide timely and accurate required discharge documentation and notification to the Ombudsman office. This affected one (#9) of three residents reviewed for discharge. The facility census was 68. Findings include: Review of the closed medical record revealed Resident #9 was admitted on [DATE] and discharged on 06/29/26. Diagnoses included chronic obstructive pulmonary disease, major depressive disorder, Type Two diabetes mellitus without complications, malignant neoplasm of unspecified kidney, hypothyroidism, hypertensive chronic kidney disease, and fibromyalgia. Review of the Minimum Data Set (MDS) assessment, dated 06/29/26, revealed Resident #9 was cognitively intact and was independent with oral care, toileting, upper body dressing, lower body dressing, applying footwear and personal hygiene. Resident #9 required set up assistance with meals and supervision with showers. There were no changes from the MDS completed on 04/01/26. Review of a letter dated, 05/29/26, from the facility to Resident #9 revealed the facility initiated the involuntary discharge process for non-payment after multiple attempts by the facility to collect the required monthly amount, and after several attempts to assist in the follow through on the Medicaid application process. As of 05/29/26, the total due to the facility was \$71,350.00, and no payments had been received to apply towards the outstanding balance. Unless agreed upon, Resident #9 would not be discharged earlier than 06/28/26 and would be discharged to an address of a family member. The letter provided contact information on how to request an impartial hearing and contact information to the State Long Term Care Ombudsman and Disability Rights of Ohio. The letter stated a copy of the letter had been sent to the Ohio Department of Health Legal Services and to the Ohio State Long Term Care Ombudsman. Review of the facility completed Notification to Ombudsman of Resident Discharge, undated, revealed the facility documented Resident #9 was discharged on 06/29/26. The discharge type was identified as resident request. The discharge setting was identified as home in the community, and the reason for discharge was identified as health improved. Interview on 07/29/26 at 1:39 P.M. with Ombudsman #200 verified the State Long Term Care Ombudsman (LTCO) never received the involuntary discharge notice for Resident #9. On 07/01/26, the facility e-mailed the LTCO office and notified them of Resident #9's discharge. Ombudsman #200 verified the notification identified the discharge as a resident request, resident was discharged to the home/community, and the reason for discharge was identified as health improved. Due to the inaccurate information, the local Ombudsman's office was not notified of the involuntary discharge. A second notification, dated 07/21/26, from the facility was sent with the entire June 2026 discharge report. Ombudsman #200 verified there was no evidence the facility notified the LTCO office of the involuntary 30-day discharge notice when it was issued to the resident (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
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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 05/29/26. Interview on 07/30/26 at 2:10 P.M. with the facility's new Administrator verified the facility had no evidence the Ombudsman was notified of the 30-day involuntary discharge notice. The Administrator verified Resident #9's discharge was involuntary and the information included on the Notification to Ombudsman of Resident Discharge was not accurate. Review of the facility policy titled, Transfer, Discharge, and Against Medical Advice, dated 04/28/25, revealed that 30-days prior to a transfer or discharge, the notice must be provided to the resident, resident's representative if appropriate, and the Long Term Care Ombudsman. The facility would maintain evidence the notice was sent to the Ombudsman. This deficiency represents non-compliance investigated under Complaint Number 3103820.		