| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366412 | A. Building<br>B. Wing | 03/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Als Mount Vernon Inc | 1135 Gambier Road<br>Mount Vernon, OH 43050 |

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 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, and staff interview the facility failed to permit Resident #21 to return to the facility after a hospitalization. This affected one (Resident #21) of three residents reviewed for discharge. The facility census was 20.Findings include:Review of the medical record for Resident #21 revealed an admission date of 01/09/2026. Diagnoses included nontraumatic intracerebral hemorrhage, atherosclerotic heart disease, hypertension, nicotine dependence, nonrheumatic aortic valve stenosis, prediabetes, malignant neoplasm of prostate, diverticulosis of intestine without perforation or bleeding, vitamin D deficiency, dysphagia, cognitive communication deficit, muscle weakness, abnormalities of gait and mobility, lack of coordination, hearing loss, and amnesia.Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #21 had a Brief Interview of Mental Status (BIMS) score of two, indicating severe cognitive impairment. Review of Resident #21's record revealed the facility issued a Notice of Medicare Non Coverage (NOMNC) via telephone on 02/09/26 at 9:15 A.M. speaking to the responsible party/Power of Attorney for Resident #21 with the information that Medicare coverage would end on 02/11/26 and financial liability would begin on 02/12/26. The party responsible was also informed of the right to appeal. The notice was provided by the facility's social service. Review of the medical record for Resident #21 revealed the resident was transferred to the hospital on [DATE] for an elevated heart rate and was admitted for observation and treatment. The transfer documentation dated 02/10/26, did not include information that the resident and/or resident representative were provided a written notice of transfer or discharge at the time of transfer to the hospital. The transfer form dated 02/10/26 confirmed the resident was transferred to the hospital at approximately 9:10 A.M.; however, the documentation only reflected clinical and communication information provided to the hospital and did not include evidence of a written notice of transfer or discharge being provided to the resident or representative.Review of the resident record revealed the resident was discharged from the facility and off of the census in the electronic medical record on 02/10/26.Review of the Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIO) Determination letter dated 02/11/26 revealed Resident #21 lost the appeal for the (NOMNC) and the resident no longer met the Meidcare coverage requirements for skilled nursing facility services. The notice documented the resident or representative were notified by telephone on 02/11/26 at 12:48 P.M. of the determination and that beginning 02/12/26 the resident would be responsible for the cost of all services continued at the facility except for those that were covered (where applicable) by Medicare part B. The notice documented if the resident or representative disagreed with the decision they may request that the determination be reconsidered to uphold the facility's end of Medicare covered services. The request must be made by telephone or in writing no later than sixty (60) calendar days for the date of the notice. Resident #21's medical record had no documentation the resident and or resident representative were offered to return/stay at the facility and provided a cost of the services they would incur as the Medicare coverage would end after 02/11/26 and they would be responsible for the payment of services.Interview with the Administrator on 03/17/2026 at 2:00 P.M. confirmed the facility did not provide a bed hold notice to<br>(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 |
|---|---|---|---|
| | 366412 | A. Building<br>B. Wing | 03/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Als Mount Vernon Inc | 1135 Gambier Road<br>Mount Vernon, OH 43050 |

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 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Resident #21 or the resident representative, did not offer the option to hold the bed when the resident discharged to the hospital, and did not hold the bed during the hospitalization. The Administrator confirmed no bed was available for Resident #21 to admit to when the resident was ready to return from the hospital on [DATE], as another resident had been admitted to the bed Resident #21 had previously been in.Interview with the Administrator on 03/17/26 at 2:26 P.M. confirmed the facility received the denial for the appeal of Medicare coverage for Resident #21 on 02/11/26. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366412 | A. Building<br>B. Wing | 03/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Als Mount Vernon Inc | 1135 Gambier Road<br>Mount Vernon, OH 43050 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interviews, and review of facility policies, the facility failed to ensure a bed hold notice was provided and failed to inform the resident and/or resident representative of bed hold rights at the time of hospital transfer. This affected one (Resident #21) of three residents reviewed for discharge. The facility census was 20.Findings include:Review of the medical record for Resident #21 revealed an admission date of 01/09/2026. Diagnoses included nontraumatic intracerebral hemorrhage, atherosclerotic heart disease, hypertension, nicotine dependence, nonrheumatic aortic valve stenosis, prediabetes, malignant neoplasm of prostate, diverticulosis of intestine without perforation or bleeding, vitamin D deficiency, dysphagia, cognitive communication deficit, muscle weakness, abnormalities of gait and mobility, lack of coordination, hearing loss, and amnesia.Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #21 had a Brief Interview of Mental Status (BIMS) score of two, indicating severe cognitive impairment. Review of the medical record for Resident #21 revealed the resident was transferred to the hospital on [DATE] and was admitted for treatment, with readmission to the facility on [DATE]. The medical record further revealed the resident was transferred again to the hospital on [DATE] and was admitted for observation and treatment.Review of the discharge/transfer record dated 01/16/2026 at 2:03 P.M. revealed it did not include documentation that the resident and/ or resident representative were provided a bed hold notice at the time of transfer. The medical record did not include a progress note related to the discharge which occurred on 01/16/26.Review of the Notice of Medicare Non Coverage for Resident #21 revealed on 02/09/26 at 9:15 A.M. the responsible party/Power of Attorney for Resident #21 was provided the notice via telephone with the information that Medicare coverage would end on 02/11/26 and financial liability would begin on 02/12/26. The responsible party was also informed of the right to appeal. The notice was provided by the facility's social service. Review of Resident #21's medical record, including transfer documentation dated 02/10/2026, did not identify documentation indicating the resident and/or resident representative were provided a written notice of transfer or discharge at the time of transfer to the hospital. The transfer form dated 02/10/26 confirmed the resident was transferred to the hospital at approximately 9:10 A.M.; however, the documentation only reflected clinical and communication information provided to the hospital and did not include evidence of a written notice of transfer or discharge being provided to the resident or representative. Further review of the progress notes dated 02/10/2026 to 02/12/2026 did not identify documentation that a written discharge notice was issued to the resident or resident representative after the facility determined the resident would not be permitted to return following hospitalization. Review of the Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIO) Determination letter dated 02/11/26 revealed Resident #21 lost the appeal and the Resident no longer met the Meidcare coverage requirements for skilled nursing facility services. The notice documented the resident or representative were notified by telephone on 02/11/26 at 12:48 P.M. of the determination and that beginning 02/12/26 the the resident would be responsible for the cost of all services continued at the facility except for those that are covered (where applicable) by Medicare part B. The notice documented if the resident or representative disagreed with the decision they may request that the determination be reconsidered to uphold the facility's end of Medicare covered services. The request must be made by telephone or in writing no later than sixty (60) calendar days for the date of the notice. Resident #21's medical record had no documentation that bed hold rights were explained to Resident #21 or the resident representative, had no documentation a bed hold notice was provided to the resident or resident representative at the time of the transfer on 01/16/26 or 02/10/26, and contained no signed bed hold notice from Resident #21 or the resident's representative. The record additionally did not contain any documentation of the<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366412 | A. Building<br>B. Wing | 03/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Als Mount Vernon Inc | 1135 Gambier Road<br>Mount Vernon, OH 43050 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | resident or representative being provided documentation of a transfer/discharge notice. Interview with the Administrator on 03/17/2026 at 11:10 A.M. revealed the facility's practice was not to provide bed hold notices for residents who were not Medicaid eligible. The Administrator stated, if a resident doesn't have Medicaid, we don't do bed holds,. The Administrator confirmed Resident #21 and the resident representative did not receive a bed hold notice.Interview with Regional Business Office Manager (RBOM) #130 on 03/17/2026 at 12:42 P.M. confirmed the facility only provided bed hold notices to residents with Medicaid and did not provide them to residents with Medicare or who were private pay.Interview with the Director of Nursing (DON) on 03/17/2026 at 1:35 P.M. revealed the DON was not knowledgeable regarding when bed hold notices should be issued and could not clarify the process followed for Resident #21's hospital transfer.Interview with the Administrator on 03/17/2026 at 2:00 P.M. and again at 2:26 P.M. confirmed the facility did not provide a bed hold notice to Resident #21 or the resident representative, did not offer the option to hold the bed, and did not hold the bed during the hospitalization. The Administrator confirmed no bed was available for the Resident #21 to admit to when the resident was ready to return from the hospital on [DATE], thus he was not able to return to the facility.Review of the facility policy titled Bed Hold Notice/Policy, undated, revealed the facility was required to provide written information to the resident and/or resident representative prior to and at the time of transfer for hospitalization, including the duration of the bed hold policy, reserve bed payment information, and conditions for return to the facility. The policy required documentation of a signed and dated acknowledgment and indicated the information was to be provided to all residents regardless of payment source. This deficiency represents non-compliance investigated under Complaint Number 2799184. |