

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: 366418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Dublin Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4075 West Dublin-Granville Road Dublin, OH 43017	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure Resident #86 was discharged appropriately. This affected one resident (Resident #86) of three residents reviewed for discharge. The census was 76. Findings include: Closed medical record review of Resident #86 revealed an admission date of 12/01/24 and diagnoses of unspecified sequelae of cerebral infarction, type two diabetes mellitus with hyperglycemia and epilepsy. Resident #86 was discharged on 07/22/26 to a hotel and was later transferred to the hospital. As of 07/30/26, Resident #86 remained at the hospital. Review of the care plan dated 06/14/25 revealed Resident's #86 plan was to discharge into the community once an appropriate setting had been found for him. Review of the progress notes from social service dated 05/26/26 revealed there continued to be no community discharge recommendation for Resident #86. Review of the quarterly Minimum Data Set (MDS) assessment, dated 07/04/26, revealed Resident #86 had a Brief Interview for Mental Status (BIMS) of 14 indicating intact cognition. The resident had functional limitation in range of motion on one side of body for upper and lower extremity. The resident utilized a wheelchair for a mobility device. The resident required a setup or clean-up assist with eating, oral hygiene, upper body dressing, personal hygiene, The resident required supervision or touching assist with toileting hygiene, showering, lower body dressing, putting on/taking off footwear, sit to stand, chair/bed-to-chair transfer, lying to sitting on side of bed, walking 10 feet and toilet transfers. Review of Resident #86's Medicaid Inpatient Notice of Days Approved, revealed on 07/05/26 the facility was notified the resident's insurance coverage was approved through 07/21/26. The resident did not meet criteria for long term care of skilled stay. The resident and facility would need to work on discharge plan and estimated discharge for next review. The resident had an income and is appropriate for a lower level of care. Review of progress notes from social services dated 07/07/26 revealed there was no update regarding safe discharge plan due to lack of family support and resident unwilling to pursue potential sources of income. Review of the Discharge summary dated [DATE] revealed Resident #86 was discharged to the community with his medications and upcoming appointment instructions. Review of the resident's upcoming appointments, only included a follow up eye appointment on 08/10/26. Resident #86 was educated on medication management and verbalized understanding. The discharge summary identified the resident required wound care and assistance with wheelchair transfers. The discharge summary did not include services in place to assist the resident with transfers, what type of wound care was needed, or if he could independently arrange transportation to appointments throughout the community. Interview on 07/28/26 at 11:22 A.M. with Administrator revealed the facility arranged for Resident #86 to be discharged to a handicapped hotel room and they paid bill from 07/22/26 through 07/31/26. Administrator paid transportation cost to hotel and provided the resident with a \$100 gift (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: 366418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Dublin Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4075 West Dublin-Granville Road Dublin, OH 43017	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	card. Resident #86 received a check from his resident account in the amount of \$4,881.27. Administrator denied the resident needing any assistance upon discharge and identified the resident to be independent with activities of daily living. Interview on 07/28/26 at 1:38 P.M. with Social Services Director (SSD) revealed she was off work when Resident #86 was discharged. SSD visited Resident #86 two to three times at the hotel he was discharged to as she had been working with Resident #86 to assist in group home placement. SSD revealed group home placement would assist the resident in transitioning into the community and the group home could provide oversight with medication and support services. SSD revealed the facility was waiting to hear back if the resident would be accepted into the group home. SSD revealed the resident qualified for PASSPORT services (services and supports to stay in their homes or other community settings, rather than enter nursing homes), but it was not set up at the time of discharge. Interview on 07/28/26 at 2:24 P.M. with Director of Nursing (DON) confirmed a physician order was not obtained prior to discharge of Resident #86. DON revealed they completed Resident #86's Discharge Summary and confirmed the summary was not fully completed and did not include resident signature. Interview on 07/30/26 at 8:57 A.M. with Administrator revealed the Ombudsman was not involved in Resident #86's discharge process. Interview on 07/30/26 at 10:00 A.M. with SSD revealed on 07/28/26 while visiting Resident #86 at the hotel he was discharged to, the resident fell while transferring self from the bed to wheelchair. Local emergency services were contacted and transferred Resident #86 to local hospital for evaluation. As of 07/30/26, Resident #86 was still at the hospital. A policy was requested related to resident discharges, and the facility did not have one to provide. This deficiency represents non-compliance investigated under Complaint Number 3117287.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Dublin Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4075 West Dublin-Granville Road Dublin, OH 43017	
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 record review and staff interview the facility failed ensure Resident #86 was provided with timely notice of discharge and a discharge summary including all necessary components to assist in continuity of care. This affected one resident (# 86) of three residents reviewed for discharges. The census was 76.Findings include:Closed medical record review of Resident #86 revealed an admission date of 12/01/24 and diagnoses of unspecified sequelae of cerebral infarction, type two diabetes mellitus with hyperglycemia and epilepsy. Resident #86 was discharged on 07/22/26 to a hotel and was later transferred to the hospital. As of 07/30/26, Resident #86 remained at the hospital. Review of the care plan dated 06/14/25 revealed Resident's #86 plan was to discharge into the community once an appropriate setting had been found for him.Review of the progress notes from social service dated 05/26/26 revealed there continued to be no community discharge recommendation for Resident #86.Review of the quarterly Minimum Data Set (MDS) assessment, dated 07/04/26, revealed Resident #86 had a Brief Interview for Mental Status (BIMS) of 14 indicating intact cognition. The resident had functional limitation in range of motion on one side of body for upper and lower extremity. The resident utilized a wheelchair for a mobility device. The resident required a setup or clean-up assist with eating, oral hygiene, upper body dressing, personal hygiene, The resident required supervision or touching assist with toileting hygiene, showering, lower body dressing, putting on/taking off footwear, sit to stand, chair/bed-to-chair transfer, lying to sitting on side of bed, walking 10 feet and toilet transfers.Review of Resident #86's Medicaid Inpatient Notice of Days Approved, revealed on 07/05/26 the facility was notified the resident's insurance coverage was approved through 07/21/26. The resident did not meet criteria for long term care of skilled stay. The resident and facility would need to work on discharge plan and estimated discharge for next review. The resident had an income and is appropriate for a lower level of care.Review of progress notes from social services dated 07/07/26 revealed there was no update regarding safe discharge plan due to lack of family support and resident unwilling to pursue potential sources of income.Review of Resident #86's medical record revealed it was absent of a physician's discharge order with services needed upon discharge and was absent of a 30 day notice of discharge.Review of the Discharge summary dated [DATE] revealed Resident #86 was discharged to the community with his medications and upcoming appointment instructions. Review of the resident's upcoming appointments, only included a follow up eye appointment on 08/10/26. Resident #86 was educated on medication management and verbalized understanding. The discharge summary identified the resident required wound care and assistance with wheelchair transfers. The discharge summary did not include services in place to assist the resident with transfers, what type of wound care was needed, or if he could independently arrange transportation to appointments throughout the community.Interview on 07/28/26 at 11:22 A.M. with the Administrator confirmed Resident #86 was not issued a 30 day discharge notice. Resident #86 was informed insurance coverage was ending 07/21/26 and he was provided payment options including private pay or group home placement. Resident #86 refused to utilize funds to pay for his care at the facility due to concern he may become homeless and would need money for future housing or living expenses. Administrator revealed Resident #86 declined all options and said he would leave the facility, therefore they arranged for a hotel discharge. Administrator revealed the facility arranged for Resident #86 to be discharged to a handicapped hotel room and they paid bill from 07/22/26 through 07/31/26. Administrator paid transportation cost to hotel and provided the resident with a (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Dublin Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4075 West Dublin-Granville Road Dublin, OH 43017	
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	\$100 gift card. Resident #86 received a check from his resident account in the amount of \$4,881.27. Interview on 07/28/26 at 1:38 P.M. with Social Services Director (SSD) revealed she was off work when Resident #86 was discharged . SSD visited Resident #86 two to three times at the hotel he was discharged to as she had been working with Resident #86 to assist in group home placement. SSD revealed group home placement would assist the resident in transitioning into the community and the group home could provide oversight with medication and support services. SSD revealed the facility was waiting to hear back if the resident would be accepted into the group home. SSD revealed the resident qualified for PASSPORT services (services and supports to stay in their homes or other community settings, rather than enter nursing homes), but it was not set up at the time of discharge. Interview on 07/28/26 at 2:24 P.M. with Director of Nursing (DON) confirmed a physician order was not obtained prior to Resident #86's discharge. DON revealed they completed Resident #86's Discharge Summary and confirmed the summary was not fully completed and did not include resident signature. Interview on 07/30/26 at 8:57 A.M. with Administrator revealed the Ombudsman was not involved in Resident #86's discharge process. Interview on 07/30/26 at 10:00 A.M. with SSD revealed on 07/28/26 while visiting Resident #86 at the hotel he was discharged to, the resident fell while transferring self from the bed to wheelchair. Local emergency services were contacted and transferred Resident #86 to local hospital for evaluation. As of 07/30/26, Resident #86 remained at the hospital. A policy was requested related to resident discharges, and the facility did not have one to provide. This deficiency represents non-compliance investigated under Complaint Number 3117287.		