STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366496	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allbridge Rehabilitation and Nursing Center	5500 East Broad Street Columbus, OH 43213

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 medical record review, staff interview, and facility policy review, the facility failed to ensure a requested discharge process was completed timely and thoroughly. This affected one (Resident #9) of three residents reviewed for discharge process. The census was 39.Findings Include:Resident #9 was admitted to the facility on [DATE]. His diagnoses were muscle wasting, cognitive communication deficit, traumatic subdural hemorrhage, dysphagia, ocular hypertension, presbyopia, atrophic disorder of skin, hypertension, hyperlipidemia, atrial fibrillation, atherosclerotic heart disease, psychosis, gout, anxiety disorder, adjustment disorder, and major depressive disorder. Review of his minimum data set (MDS) assessment, dated 09/10/25, revealed he was cognitively intact.Review of Resident #9's progress notes, dated 10/03/25 to 10/09/25, revealed a request from Resident #9 and/or power of attorney (POA) to have a referral sent to two different nursing homes for a transfer. Both transfers were put in and within the same time frame, he was denied admission for both.Review of Resident #9's medical records, dated 10/09/25 to 11/19/25, revealed no other documentation to support a request for transfer/discharge from the facility had been pursued. After the two referrals were sent from 10/03/25 to 10/09/25, there was nothing more documented as being completed/attempted.Interview with Administrator on 11/19/25 at 1:15 P.M. and 1:53 P.M. confirmed there was no other documentation to support the facility had attempted to find other placement for Resident #9 to transfer/discharge to. Administrator stated she had a conversation with Resident #9's POA on 10/09/25, who stated he would be in contact with them about other locations once he finds them. She confirmed since 10/09/25, there has been no effort to contact Resident #9's POA or to speak with Resident #9 about other facilities they would like Resident #9 to be transferred to. The Administrator confirmed they were waiting for Resident #9's POA to reach back out to them; they did not take the initiative to verify he still wanted to be transferred/discharged . She confirmed there was no documentation (other than an attestation she wrote on 11/19/25) about the conversation she had with Resident #9's POA, and there was no documented follow up about the transfer/discharge request.Review of facility Resident Rights policy, dated 2016, revealed federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to communication with and access to people and services, both inside and outside the facility, and be supported by the facility in exercising his or her rights.

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