

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366326	(X2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 05/15/2025
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name of provider or supplier GENEVA CENTER FOR REHABILITATION AND NURSING	street address, city, state, zip code 1140 SOUTH BROADWAY GENEVA OH, 44041
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F 0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT INVESTIGATION COMPLAINT NUMBER OH00165526</p> <p>ADMINISTRATOR: Sophie Sprenger, #7452 CERTIFIED BED CAPACITY: 80 CENSUS IN HOUSE: 62</p> <p>The following deficiency is based on the complaint investigation completed on 05/15/25.</p>	F 0000		
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laboratory director's or provider/supplier representative's signature

title

SOPHIE.SPRENGER

(x6) date

05/22/2025

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.

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F 0657 F 0657 SS=D	Continued From page 1 483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This STANDARD is not met as evidenced by: Based on record review, interview and	F 0657 F 0657	Geneva Center for Rehabilitation and Nursing has prepared the plan of correction below. Please note, this plan of correction is not meant to establish any standard of care, contract, obligation, or position. Geneva Center for Rehabilitation and Nursing reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. Please accept 05/17/25 as the facility's allegation of compliance. F657 Cited resident #63 no longer resides in facility. On 05/16/25 all current resident comprehensive care plans were reviewed by the Social Services Director and Administrator to ensure an updated discharge plan was in place. On 05/16/25 the Social Services Director was educated by the Administrator on the facility's Comprehensive Person-Centered Care Planning Policy and Procedure. On 05/16/25 the Social Services Director was educated by the Administrator on the facility's Resident Transfer and Discharge Policy and Procedure. For ongoing compliance, the DON or designee will audit 3 new residents per week for 4 weeks to ensure an updated discharge plan is reflected in the comprehensive care plan. The Administrator will be responsible for completion of the plan of correction and any concerns will be forwarded to QA committee for immediate follow up.	05/17/2025

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F 0657	<p>Continued From page 2</p> <p>review of the facility policy, the facility failed to ensure Resident #63's comprehensive care plan was revised regarding her desire to live in the community and failed to assist Resident #63 with her discharge planning. This affected one resident (#63) out of three residents reviewed for discharge planning. The facility census was 62.</p> <p>Findings include:</p> <p>Review of the closed medical record for Resident #63 revealed an admission date of 12/31/24 with diagnoses including multiple sclerosis (MS), diabetes, anxiety disorder, bipolar disorder, schizoaffective disorder and major depression.</p> <p>Review of the care plan dated 12/31/24 revealed Resident #63's discharge planning was long-term placement. The care plan revealed Resident #63 stated she would stay at the facility, "for now". Interventions included allowing resident choices, assessing resident's understanding and ability in safety during transfers, mobility, and activities of daily living, and offering opportunity to verbalize feelings related to placement.</p> <p>Review of the nursing note dated 12/31/24 at 2:41 P.M. and completed by Social Service Designee (SSD) #604 revealed she met with Resident #63, and she stated her plan was to stay at the facility, "for now".</p>	F 0657		
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F 0657	<p>Continued From page 3</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated 01/11/25 revealed Resident #63 was cognitively intact and had no behaviors.</p> <p>Review of the nursing note dated 03/27/25 at 11:51 A.M. and completed by Former Administrator #605 revealed Former Administrator #605 and Former Director of Nursing (DON) #608 met with Resident #63 as she returned from the hospital emergency department today, 03/27/25. Resident #63 reported that she wanted to leave the facility and get an apartment. She reported she planned to contact an apartment complex to see if she could move there. Resident #63 revealed she had been previously evicted from the apartment complex as she owed the complex money and had a "melt down" while living at the complex. Resident #63 revealed she was hopeful the apartment complex would reconsider. The note revealed she was offered assistance with discharge and/or transfer, but Resident #63 declined stating she did not want to go to another facility. There were no other nursing notes regarding follow up with Resident #63 regarding her request to leave the facility and/or discharge planning.</p> <p>Review of the nursing note dated 04/07/25 at 8:00 A.M. completed by Registered Nurse (RN) #607 revealed Resident #63 signed herself out and placed her mother as her responsible party with her mother's phone number</p>	F 0657		

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F 0657	<p>Continued From page 4</p> <p>and included she anticipated returning at 4:00 P.M. and was dressed appropriately for the weather.</p> <p>Review of the nursing note dated 04/07/25 at 10:10 A.M. completed by RN #607 revealed Resident #63 left at this time.</p> <p>Review of the nursing note dated 04/07/25 at 8:58 P.M. completed by RN #613 revealed Resident #63 called the facility and stated, "have them get my stuff, I will be there tomorrow" and before the nurse could ask any questions she hung up.</p> <p>Review of the nursing note dated 04/08/25 at 1:06 P.M. completed by Former Administrator #605 revealed she received a call from Facility Driver #606 who reported she located Resident #63, but Resident #63 refused to return to the facility as Resident #63 stated she rather be "homeless" than be in a facility. Facility Driver #606 asked Resident #63 if she would sign an against medical device (AMA) form, and Resident #63 stated she would not sign any papers for the facility.</p> <p>Interview on 05/13/25 at 9:47 A.M. with SSD #604 revealed when Resident #63 first moved in she stated she was fine with living at the facility as indicated in the care plan. She revealed Resident #63 then expressed a desire to live in the community and not at the facility. She revealed Resident #63 had expressed an</p>	F 0657		

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F 0657	<p>Continued From page 5</p> <p>interest in moving to an apartment complex, but she had been evicted previously as she owed the complex money. She offered to send referrals to other facilities, but Resident #63 did not want to live in another facility. She verified she had not discussed other community options, and Resident #63's care plan was not revised indicating her request to not live at the facility and/or interventions regarding her interest in returning to the community.</p> <p>Interview on 05/14/25 at 10:42 A.M. and 11:21 A.M. with Resident #63's mother (Power of Attorney of Healthcare) revealed Resident #63 had expressed an interest not to live at a facility as she wanted to live in the community. Resident #63's mother felt the facility did not assist her daughter in finding any community options and/or offer any interventions to work towards a discharge according to Resident #63's preference. She felt Resident #63 had no other option but to just leave the facility.</p> <p>Review of the facility policy labeled, "Comprehensive Person- Centered Care Planning Policy and Procedure," dated 2025, revealed the facility would provide each resident with the right to a dignified existence, self- determination, and access to persons and services. The policy revealed in consultation with the resident and resident's representative regarding the resident's preference and potential for future discharge, the facility would</p>	F 0657		

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F 0657	<p>Continued From page 6</p> <p>document whether the resident desired to return to the community and any referrals to local contact agencies and/or appropriate entities. The policy revealed discharge plans were to be in the comprehensive care plan as appropriate. The policy revealed the facility would develop and implement an effective discharge planning process that focused on resident's discharge goals, and the preparation of effective transition to post discharge care. The care plan revealed if the resident indicated an interest in returning to the community the facility must document any referrals to local contact agencies or other appropriate entities. The facility would update the care plan in response to information received from referrals and if the discharge to the community was determined to not be feasible then the facility must document who made that determination and why.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165526.</p>	F 0657		