

FAIRLAWN REHAB AND NURSING CENTER

3558 Ridgewood Road
Akron, Ohio 44313
(330) 666-3776

June 10, 2019

Via Email: heather.coglianesse@odh.ohio.gov

Heather Coglianese, Senior Legal Counsel
Ohio Department of Health
246 North High Street
Columbus, Ohio 43215

Re: **Fairlawn Rehab and Nursing Center**
3558 Ridgewood Road, Akron, Ohio 44313 ("Operator")
Operator's Medicaid Number: 0247196
Operator Medicare Number: 365296
ODH License Number: 1521N
90 Day Voluntary Facility Closure Plan

Dear Ms. Coglianese:

Fairlawn Rehab and Nursing Center ("Fairlawn" or the "Facility") is a dually certified nursing facility with licensure and certification 123 beds. The Facility is providing the Ohio Department of Health ("ODH") and other applicable regulatory agencies with a notice of voluntary closure at this time.

Fairlawn has reviewed the requirements at 42 CFR 455.104, 42 CFR 483.70(m) and Ohio Revised Code related to facility closure. The Facility is providing the required ninety (90) day notice required under Ohio Law and the Medicare and Medicaid certification notice requirements. However, the Facility and administrator will be working with the residents, resident representatives and the ombudsman to provide notice and choice for the residents that need to be relocated safely.

The Facility desires a safe and orderly discharge of the residents and will work cooperatively with the residents, families, Ombudsmen's office, ODH and third party payors such as Medicaid and Medicare managed care representatives.

The Facility's closure plan being implemented includes:

- No new residents have been admitted since May 31, 2019, and no new residents will be admitted after the date of submission of this closure plan.

- Immediate issuance of a written discharge notification to residents and the residents' legal representatives/responsible parties will occur.
- The Facility leadership is responsible for coordinating with residents, legal representatives/responsible parties and receiving facilities the information necessary for a safe and orderly transfer of residents.
- The Facility leadership will promptly hold a meeting with residents and legal representatives/responsible parties to discuss the Facility closure. Individuals that are unable to attend will be contacted in person (residents) or via telephone (legal representatives/responsible parties) to discuss the Facility closure plan.
- The Facility will be offering the residents information about facilities with available beds, including information regarding a number of facilities in the area.
- The Facility will not close until all current residents are safely transferred but no later than ~~August~~ ~~Sept 10~~, 2019, or at the time the Facility can no longer financially operate and as directed by the bankruptcy process.
- The Facility will coordinate with facilities of individual resident's choice for smooth transition.
- The Facility will assure that information such as medical records and other pertinent resident files are timely transferred with the residents to their new facility of choice.
- The Facility will transfer all resident prescription medications and treatments with the residents to the resident's facility of choice along with appropriate physician orders and medication administration and treatment administration records.
- The Facility staff will collect, label/identify, box and assist in the transfer of resident belongings to the facility of the resident's choice.
- The Facility's medical director, John Wagner, M.D. is being consulted to provide guidance regarding easing the transfer for the residents.
- The Facility staff will also be providing a copy of this written closure notification to the Facility's medical director and each resident's attending physician.
- The Operator is maintaining the integrity of the care through financial support of the building during the closure process to the extent possible.
- Vendors, hospitals and community partners will be notified promptly after the residents are safely transferred from the Facility.
- Personal funds and an accounting of the individual resident personal funds will be transferred with the resident to the resident's new facility.

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- The Facility will be promptly discussing the closure with the staff and to assure adequate staffing to provide care during the closure process.
- Attached is a template of the closure notice that is being provided to each resident and the resident's legal representative/responsible party.
- Following the transfer of all residents, the Facility will be staffed by one person during business hours for a period of two (2) weeks for phone access and physical access to the Facility. This will assure that individuals can be redirected to the new locations of the residents.
- Mail will be forwarded for each individual resident through the US Postal Service and mail will be received at the Facility for thirty (30) days with forwarding of the mail to a corporate location following the initial time period.
- Following the closure of the Facility, contact will be:
 - Matt Dapore; mdapore@hillstonehc.com; (614) 401-7294.

Please contact me regarding any concerns, questions or issues related to this closure plan.

Very truly yours,



Aaron Hetrick, Administrator

Enclosure (Resident Template Discharge Letter)

cc: Beverly Laubert, Long Term Care Ombudsman, Ohio Department of Aging
(via Email: Beverly.Laubert@age.state.oh.us)
Julie Moore, Ohio Department of Medicaid (via Email: Julie.Moore@medicaid.ohio.gov)
Anna Olson, Principal Program Representative, CMS Region 5 (via
Email: Anna.Olson@cms.hhs.gov)