

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Paul Oliver Memorial Hospital Ltcu		STREET ADDRESS, CITY, STATE, ZIP CODE 224 Park Ave Frankfort, MI 49635	

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)
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49302</p> <p>Based on interview and record review, the facility failed to protect one Resident (Resident #1) from sexual abuse by a facility employee of 3 residents reviewed for abuse and neglect. This deficient practice resulted in Resident #1 experiencing feelings of embarrassment, anxiety, and fear.</p> <p>Findings include:</p> <p>Resident #1 (R1):</p> <p>Review of R1's electronic medical record (EMR) revealed admission to the facility on [DATE] with diagnoses that included a displaced fracture of the right lower leg. Review of R1's Minimum Data Set (MDS) assessment completed upon admission revealed a Brief Interview for Mental Status (BIMS) score of 15, indicative of intact cognition.</p> <p>On 6/27/24 at 9:31 AM, an interview was conducted with R1 who reported she had been sexually assaulted on 6/4/24 by a certified nursing assistant (CNA) employed at the facility, Perpetrator D. R1 reported at some point before the lunch meal on 6/4/24, Perpetrator D assisted R1 to the bathroom with a total lift. R1 stated, during a transfer, Perpetrator D twisted his back and stated he needed to be more careful in case he found a girlfriend and subsequently made a sexual gesture with his hips. R1 stated after Perpetrator D transferred her back to the wheelchair, he stationed himself behind R1 to reposition her safely in the wheelchair. R1 stated Perpetrator D proceeded to grab both breasts and stated, You have nice firm chi-chi's [slang term for breasts]. R1 stated she told Perpetrator D his behavior was inappropriate, and he responded, Don't tell anybody or I'll get fired. R1 stated she did not report the event until the following day, 6/5/24.</p> <p>On 6/27/24 at 1:02 PM, a telephone interview was conducted with Licensed Practical Nurse (LPN) C who verified during her shift on 6/5/24, R1 reported an incident of sexual abuse by an employee that occurred on 6/4/24. LPN C stated R1 reported Perpetrator D had made a thrusting motion with his hips that was sexual in nature and subsequently grabbed her breasts and made a sexual comment.</p> <p>On 6/27/24 at 11:30 AM, an interview was conducted with the Assistant Director of Nursing (ADON) who verified LPN C reported the sexual abuse allegation via telephone on 6/5/24. The ADON stated she immediately interviewed R1 via telephone and confirmed the allegation details were consistent with the statement given to LPN C. The ADON stated R1 reported Perpetrator D made hip thrusting gestures and reached out and grabbed her breasts when providing cares on 6/4/24.</p> <p>(continued on next page)</p>

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
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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/27/24 at 2:13 PM, an interview was conducted with the Director of Nursing (DON) who reported he interviewed R1 on the morning of 6/6/24. The DON confirmed R1's allegations remained consistent and expressed she would like to file a police report.</p> <p>Review of the Case Report filed by local law enforcement on 6/27/24 read, in part:</p> <p>INVESTIGATION: I spoke with [R1] who stated her CNA two days prior, [Perpetrator D] was trying to help her out of the bed and into a wheelchair so she could use the bathroom. While assisting her, she [R1] told him [Perpetrator D] she is required to have to [sic] people assist to prevent injury and he replied back with, 'You are right, I don't want to get hurt so I can still uh-uh,' and made a thrusting motion with his hips, which [R1] demonstrated .Once in the wheelchair, [Perpetrator D] was adjusting her [R1] in the seat from behind by lifting her by both breasts and squeezing and stating, 'Those are some nice, firm chi-chis' .Further stated by [R1] was that she wanted to press charges because she just didn't want this to happen to any other residents at [the facility] that may not be able to speak up against it or were not physically capable of stopping an assault . REQUESTED CHARGES: CSC 2nd [second degree criminal sexual conduct].</p> <p>On 6/27/24 a follow-up interview was conducted with R1 who stated she cried after the incident with Perpetrator D due to embarrassment. R1 stated she waited until the following day to report the incident due to these feelings of embarrassment. R1 stated, I was anxious after that [incident with Perpetrator D] occurred . It made me feel like if he's going to do it to me, he's going to do it to others in the facility. I wanted to make it straight with the facility. R1 stated she only accepts help from female caregivers following the incident with Perpetrator D.</p> <p>Review of facility policy titled, Abuse Prevention Program, revised 9/21/23 read, in part:</p> <p>.It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .</p> <p>Review of the facility's Dignity Guidelines, undated, read, in part:</p> <p>.It is the practice of this unit to treat each resident with respect and dignity, and care for each resident in a manner and in an environment that maintains or enhances his or her quality of life .</p> <p>Review of facility policy titled, Resident Rights, undated, in part:</p> <p>.Right to a Dignified Existence: freedom from abuse, neglect, exploitation and misappropriation of property .</p>		