STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365014	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brethren Retirement Community	750 Chestnut Street Greenville, OH 45331

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771 Based on record review, review of facility self-reported incidents (SRI's), staff interviews, and review of the facility policy, the facility failed to conduct a thorough neglect investigation. This affected one (#44) of three residents reviewed for neglect. The facility census was 76. Findings include: Review of the medical record revealed Resident #44 was admitted to the facility on [DATE] with diagnoses of cerebral infarction, acute cystitis with hematuria, repeated falls, congestive obstructive pulmonary disease, mitral valve prolapse, atrial fibrillation, depression and anxiety. Review of the Significant Change Minimum Data Set (MDS) dated [DATE] revealed Resident #44 was cognitively intact, had an indwelling Foley catheter (discontinued 05/03/24), was frequently incontinent of bowel and had no Range of Motion impairment in upper and lower extremities. Resident #44 required moderate assistance with eating and oral hygiene, maximal assistance with personal hygiene and bed mobility, and dependent for toileting, bathing, dressing and transfers. Review of a SRI dated 05/19/24 revealed Resident #44 reported she was forcefully administered Morphine orally via a syringe by an Agency Licensed Practical Nurse (LPN) #9 after Resident #44 stated she did not want the Morphine because of the way it made her feel. The SRI was initiated by the facility Administrator on 05/22/24 alleging neglect and was substantiated by the facility Administrator on 05/27/24. Review of the SRI facility investigation file revealed an interview with Resident #44 was completed by the Administrator. Review of the investigation filed revealed a one-time questionnaire was administered by facility staff to 15 Residents (#37, #38, #39, #41, #42, #45, #46, #47, #48, #49, #50, #52, #53, #54 and #55) and one family member. Further review of the SRI facility investigation file revealed Agency LPN #9 was the name of the alleged perpetrator on an Addendum Documents and Notes dated 05/28/24 however, there is no documentation indicating attempts were made to contact the alleged perpetrator. Review of the SRI facility investigation file revealed no documentation of attempts to identify and interview others who might have knowledge of the incident. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365014	A. Building B. Wing	06/18/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/14/24 at 1:15 P.M. with the Administrator confirmed the facility did not complete a thorough investigation of the SRI dated 05/22/24 involving Agency LPN #9 and Resident #44. The Administrator further confirmed the facility did not attempt to contact the perpetrator, identify and interview any other individuals who may have knowledge of the incident, or provide complete and thorough documentation of the investigation as stated in the facility's policy titled Abuse, Neglect and Exploitation, dated 10/24/22. The Administrator confirmed the facility substantiated the SRI based on the interview with Resident #44. Review of the facility's policy titled Abuse, Neglect and Exploitation dated 10/24/22 states on page 4, Section V. Investigation of Alleged Abuse, Neglect and Exploitation, B. Written procedures for investigations include: 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; 6. Providing complete and thorough documentation of the investigation. This deficiency represents non-compliance investigated under Complaint Number OH00154258.