

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Brethren Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35031</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NONCOMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on medical record review, staff interviews, review of self-reported incident (SRI), review of witness statements, review of in-service, review of employee file, review of corrective action, and review of policy, the facility failed to protect residents from neglect/physical abuse. This affected one (#1) of three residents reviewed for abuse. The facility census was 67.</p> <p>Findings include:</p> <p>Review of the medical record of Resident #1 revealed an admitted [DATE]. Diagnoses include Alzheimer's disease, dementia without behavioral disturbance, and symptoms and signs involving cognitive functions and awareness.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 was cognitively impaired and required extensive assistance with personal hygiene.</p> <p>Review of the facility investigation revealed a hand-written statement from the Certified Nurse Assistant (CNA) #109 with date of observation 03/15/24 (all others in investigation dated 03/15/25) with a statement I accidentally wiped a bed matt and then used the same cloth to wash a resident's face. I'm sorry won't ever happen again. I'm so upset and preoccupied by losing my friend an it's been very hard to concentrate since finding this out.</p> <p>Review of a hand-written statement written by Licensed Practical Nurse (LPN) #107, dated 03/17/25, with a date of incident 03/15/25 at 2:00 P.M. to 2:45 P.M., revealed Housekeeper #105 had reported to CNA #103 she had witnessed CNA #109 wipe Resident #01's face with a feces-stained wash cloth. The Director of Nursing (DON) and Administrator were called. The DON spoke with CNA #109, who immediately began to yell at Housekeeper #105 for reporting her. CNA #109 reportedly stated I have a car payment, and everyone here was after her. LPN #107 told CNA #109 to stop yelling. CNA #109 grabbed some papers and left the unit.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a hand-written statement written by Housekeeper #105, dated 03/15/25, with date of observation 03/15/25 estimated time 1:15 P.M. to 2:00 P.M., revealed Housekeeper #105 heard a loud plop coming from Resident #01's room. Upon entering the room Housekeeper #105 witnessed Resident #1 crying and CNA #109 said She was mad at me. Housekeeper #105 reported seeing CNA #109 wipe feces from the bed and use the same cloth to wipe Resident #1's face.</p> <p>Review of a hand-written statement written by CNA #103, dated 03/17/25, with observation date on 03/15/25 between 2:30 P.M. and 3:30 P.M., revealed CNA #103 arrived to work and approximately 2:30 P.M., Housekeeper #105 reported having witnessed CNA #109 wiping a stool stain from Resident #1's bed then used the same cloth to wipe Resident #1's face. CNA #103 reported having overheard a phone conversation where CNA #109 stated Well I did it, but it was an accident. A short while after the incident CNA #103 heard CNA #109 yelling at Housekeeper #105 How could you do this to me, I have a house and car payment, and again admitted to doing it. CNA #109 reportedly stated she used a different part of the washcloth. CNA #103 entered Resident #1's room and noted a stool stain on the bed. Resident #1 was immediately given a bed bath, and the bed linens were changed.</p> <p>Review of SRI #258292 with submission date of 03/17/25 at 5:17 P.M. The date of occurrence was listed as 03-15/25 at 1:45 P.M. The alleged neglect incident was described as Housekeeper #105 went into Resident #1's room and witnessed Certified Nurse Assistant (CNA)#109 pick up a wash cloth, wipe bowel movement (BM) from bed pad and then wipe Resident #1's face with the same soiled cloth. Housekeeper #105 informed Licensed Practical Nurse (LPN) #107 of incident witnessed. LPN #107 assessed Resident #1, with no injury or redness noted. LPN #107 called the Director of Nursing (DON). DON interviewed CNA #109. CNA #109 admitted to the incident, stating it was an accident. DON informed CNA #109 she needed to leave the building and she is off the schedule until investigation complete. The investigation was completed and filed on date of 03/20/25 at 2:22 P.M. The facility substantiated neglect occurred.</p> <p>Interview on 04/14/25 at 2:00 P.M. with Certified Nursing Assistant #103 revealed she had arrived to work shortly after the incident and was told by Housekeeper #105 of the incident and immediately informed Licensed Practical Nurse #107 who immediately removed CNA #109 from the floor and called the Administrator.</p> <p>Review of the employee file of CNA #109 revealed a hire date of 03/07/16 and a date of termination 03/19/25.</p> <p>Review of the policy titled Abuse, Neglect and Exploitation: implemented 10/24/22 revealed the facility prohibits abuse. The facility will develop and implement written policies and procedures to prohibit and prevent abuse. Establish policies and procedures to investigate any such allegations. Train new and existing staff on activities that constitute abuse. Coordinate and report to the Quality Assurance and Performance Improvement team. The facility will provide ongoing oversight and supervision of staff to assure the policies are implemented as written.</p> <p>As a result of the incident, the facility took the following actions to correct the deficient practice by 03/20/25:</p> <p>On 03/15/25, immediate removal of CNA #109 from the schedule.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/15/25, Resident #1 assessed with no negative findings, all other residents assessed with no negative findings by nursing staff.</p> <p>On 03/15/25, facility investigation initiated by administrative staff.</p> <p>On 03/15/25 and 03/16/25, all staff in the facility were in-serviced on the facility's abuse, neglect, and misappropriation policy by the Administrator and completed by 03/20/25.</p> <p>On 03/15/25, audits began, by interview, of resident satisfaction and safety were conducted weekly by the Social Service department for four weeks.</p> <p>On 03/19/25, CNA #109 was terminated from employment on 03/19/25.</p> <p>Interviews on 04/14/25 from 8:00 A.M. to 11:30 A.M., with three CNAs, two Licensed Practical Nurses, two Housekeepers, and two kitchen staff revealed all had received education on the abuse policy within the last month.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164015.</p>