

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Highland Square Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1211 W Market St Akron, OH 44313	

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 - Immediate jeopardy to resident health or safety</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>(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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, review of a facility Self-Reported Incident (SRI), review of a facility investigation, review of text messages, review of a police report, review of the facility abuse policy, and interview, the facility failed to protect Resident #50's right to be free from sexual abuse by Housekeeper (HK) #208. This resulted in Immediate Jeopardy and the potential for actual physical and psychosocial harm beginning on 08/15/25 when Housekeeper (HK) #208 sent his picture and inappropriate text messages to Resident #50's phone asking for sexual favors to Resident #50 and then subsequently had the resident perform oral sex on him on two occasions, with evidence the resident performed the act out of fear. The facility failed to recognize the staff to resident sexual contact as abuse and failed to properly follow up with police regarding the incident. This affected one resident (#50) of three residents reviewed for abuse. The facility census was 63. On 09/16/25 at 4:28 P.M., the Administrator, Director of Nursing (DON) and Regional Director of Operations (RDO) #201 were notified Immediate Jeopardy began on 08/15/25 when the facility failed to prevent incidents of sexual abuse by HK #208 to Resident #50, a vulnerable resident with moderate cognitive impairment. HK #208 sent his picture and inappropriate text messages asking for sexual favors to Resident #50 and had Resident #50 perform oral sex on him out of fear. Based on HK #208's position of power, Resident #50's diagnoses and cognitive impairment, there was no evidence Resident #50 was able to consent to a sexual relationship. The facility also failed to recognize staff to resident sexual contact as abuse and failed to properly follow up with police. The Immediate Jeopardy was removed on 09/17/25 when the facility implemented the following corrected actions: On 08/19/25 Resident #50's friend updated facility staff that HK #208 came into Resident #50's room on two separate occasions in the previous week and made her perform oral sex on him. On 08/19/25 HK #208 was suspended pending further investigation. On 08/19/25 the facility opened a self-reported incident (SRI) tracking number 264268. On 08/25/25 HK #208's employment ended with the facility when the employee resigned. On 09/09/25 Resident #50 was signed up for psychological services with consent from her guardian and assistance from Social Services Designee (SSD) #212. On 09/16/25 Resident #50 was referred to follow-up with psychological services on 09/17/25 by Social Service Designee (SSD) #212 to evaluate mood the resident's status related to the incidents with HK #208. The social services designee also completed a depression test, Patient Health Questionnaire-9 (PHQ-9), to evaluate the resident's mood status related to the incidents with the staff member. On 09/16/25 at 4:45 P.M. the [NAME] President of Operations and [NAME] President of Clinical Services educated the RDO #201 on the following: Brief Interview for Mental Status (BIMs) assessment and scoring. Staff to Resident Relation (as included in updated facility abuse policy deeming this act abuse): At no time can staff develop, participate and/or engage in an emotional or physical intimate relationship with a resident. This would include, but not limited to, communication (text, phone calls, social media) and/or in person regardless of what resident BIMS assessment result is or if they consent. (as included in updated facility abuse policy deeming this act abuse). When a police report was made, staff would follow up with the police to determine if any charges would be pursued. Thorough Investigations: A thorough investigation must be completed for all investigations. A thorough investigation should include interviewing the resident, the accused, and all witnesses. Witnesses generally include anyone who: witnessed or heard the incident; came in close contact with the resident on the day of the incident (including other residents, family members); and employees who worked closely with the accused employee(s) and/or alleged victim the day of the incident. On 09/16/25 at 5:15 P.M. the [NAME] President of Clinical Services updated the facility Abuse Policy to include staff to resident relations. Specifically in the policy training section the facility added: Training would also include education on staff to resident relationships: At no time could staff develop, participate and/or engage in an emotional or physical intimate relationship with a resident. This would include, but not limited to, communication (text, phone calls, social media) and/or in person as this was abuse. On 09/16/25 at 5:20 P.M. the facility re-opened the SRI related to Resident #50. The police were updated that Resident #50 wanted to re-speak with them again. On 09/16/25 at 5:30 P.M. the RDO #201 and Regional Director of Clinical Services educated the Administrator and DON on the following: BIMs assessment and scoring. Staff to Resident Relation (as included in updated facility abuse policy deeming this act abuse): At no time can staff develop, participate and/or engage in an emotional or physical intimate relationship with a resident. This would include, but not limited to, communication (text, phone calls, social media) and/or in person regardless</p>		