| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365405 | A. Building<br>B. Wing | 05/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Meadows of Delphos The | 800 Ambose Drive<br>Delphos, OH 45833 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, review of the facility's Self-Reported Incidents (SRI), and policy review the facility failed to report an allegation of abuse to the state agency. This affected one (#53) of the three residents reviewed. The facility census was 51. Findings include: Review of the closed medical record of Resident #53 revealed an admission date of [DATE] and expired in the facility on [DATE]. Diagnoses included rhabdomyolysis, chronic kidney disease, traumatic ischemia of muscle and hard of hearing. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #53 was cognitively impaired and dependent on staff for Activities of Daily Living (ADL). Review of the facility's Self-Reported Incidents (SRI) in the Certification and Licensure System (CALS), revealed no SRI being created on or around [DATE] related to allegations of abuse by staff members towards Resident #53. During an interview on [DATE] at 10:35 A.M., the Administrator stated she received a video from the former Director of Health Services (DHS) which alleged a resident was being verbally abused by staff in early [DATE]. The Administrator stated she immediately responded to the facility, as she only lives minutes away. The Administrator stated upon entering the facility, she could hear yelling from Resident #53's room. The Administrator stated that former Licensed Practical Nurse (LPN) #101and Certified Nursing Assistant (CNA) #100 were identified as being in the resident's room. The Administrator stated she immediately intervened and suspended the two staff members and began her investigation. The Administrator stated when she questioned the two staff members in the room and a CNA who was in the hallway, she didn't feel as if any abuse occurred. The Administrator stated Resident #53 was very hard of hearing and LPN #101 and CNA #100 were in the room and stated they were attempting to reposition Resident #53 and were talking loudly to get him to understand, and they admitted to getting frustrated. Review of the video with the Administrator on [DATE] at 11:15 A.M., revealed it was the same video recording she received in early [DATE]. The Administrator verified LPN #101 and CNA #100 were in Resident #53's when LPN #101 was heard yelling expletives towards Resident #53. The Administrator stated she did not need to create an SRI since she didn't feel the situation was abuse. The Administrator verified she did not create an SRI. Review of the policy tilted Abuse and Neglect Procedural Guidelines dated [DATE], revealed all alleged violations involving abuse, neglect, exploitation, or mistreatment are reported immediately, but not later than two hours after the allegation is made to the State Survey Agency.This deficiency represents non-compliance investigated under Complaint Number 3009685. |

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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