STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365607	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Piqua	275 Kienle Drive Piqua, OH 45356

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on medical record review, resident interview, review of the Certification and Licensure System (CALS), staff interview and review of facility policy, the facility failed to report an allegation of inappropriate staff touching as potential resident abuse to the Ohio Department of Health (ODH). This affected one resident (#38) of three residents reviewed for abuse. The facility census was 83. Findings include: Review of Resident #38's medical record revealed an admitted [DATE]. Diagnoses included chronic respiratory failure, morbid (severe) obesity and Type II diabetes. Review of the quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #38 was cognitively intact, required set-up assistance with eating and oral hygiene, partial staff assistance with bed mobility and transfers, and substantial staff assistance with toileting hygiene, bathing, dressing, personal hygiene, and wheelchair mobility. Review of the physician orders revealed an order dated 02/22/25 for No Male Care for showers every shift for Post traumatic Stress Disorder (PTSD). Review of the care plan, dated 03/15/25, revealed Resident #38 preferred no male staff for showers, with a goal to not receive showers from male staff. Interventions included to keep a list of no male showers in the schedule book and respect resident's preference and carry them out while resident is in the facility. Interview on 03/18/25 at 11:01 A.M. with Resident #38 revealed a male Certified Nursing Assistant (CNA) had touched her inappropriately on two occasions. Further interview confirmed the male CNA was CNA #174. Resident #38 was unable to recall the date of the first incident but reported CNA #174 tickled her under her arms when she had her shirt on, which she did not like and it made her uncomfortable. Resident #38 stated she reported it at that time. Resident #38 reported that about one week ago, CNA #174 again tickled her under her arms. This time she had no shirt on. Resident #38 stated she did not like CNA #174 touching her under her arms, near her breasts, and she felt uncomfortable. Resident #38 stated she reported her concerns to the Director of Nursing (DON). The resident confirmed CNA #174 had not been back in her room but she was uncomfortable when he was around. (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

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	365607	A. Building B. Wing	03/18/2025

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Ayden Healthcare of Piqua	275 Kienle Drive Piqua, OH 45356

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility submitted Self-Reported Incidents (SRIs) from 02/01/25 through 03/17/25, located in CALS, revealed no evidence the facility reported Resident #38's allegations of inappropriate staff touching. Interview on 03/18/25 at 12:09 P.M. with the Administrator verified there was no incident of inappropriate staff touching/potential abuse involving Resident #38 reported to the ODH. Interview on 03/18/25 at 1:45 P.M. with the Director of Nursing (DON) verified Resident #38 reported to her that CNA #174 had tickled her under her arms while she had clothing on, and then again when she had no clothing on. The DON further confirmed Resident #38 reported the incidents made her uncomfortable. The DON verified the incidents were not reported to the ODH because she did not take the resident's concerns as potential abuse. The DON stated Resident #38's request to not have a male staff assist with showers following the incidents with CNA #174 was honored and CNA #174 was moved to another unit. A follow-up interview on 03/18/25 at 1:59 P.M. with the Administrator confirmed the incidents involving Resident #38's allegations of CNA #174 touching her inappropriately were never reported to him. The Administrator stated CNA #174 was related to the DON and the DON changed CNA #174's assignment so that he no longer worked with Resident #38. Interview on 03/18/25 at 2:45 P.M. with CNA #174 confirmed he was no longer able to provide care for Resident #38, although he stated he was unsure of why. CNA #174 stated the resident asked him to scratch her back, by her arms, and that was all he did. Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/24/22, revealed residents have the right to be free from abuse. Facility staff should immediately report all such allegations to the Administrator and to the ODH. This deficiency represents non-compliance investigated under Complaint Number OH00163436.

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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	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on resident interview, review of the Certification and Licensure System (CALS), medical record review, staff interview, and review of facility policy, the facility failed to investigate an allegation of inappropriate staff touching as potential resident abuse. This affected one resident (#38) of three residents reviewed for abuse. The facility census was 83. Findings include: Review of Resident #38's medical record revealed an admitted [DATE]. Diagnoses included chronic respiratory failure, morbid (severe) obesity and Type II diabetes. Review of the quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #38 was cognitively intact, required set-up assistance with eating and oral hygiene, partial staff assistance with bed mobility and transfers, and substantial staff assistance with toileting hygiene, bathing, dressing, personal hygiene, and wheelchair mobility. Review of the physician orders revealed an order dated 02/22/25 for No Male Care for showers every shift for Post traumatic Stress Disorder (PTSD). Review of the care plan, dated 03/15/25, revealed Resident #38 preferred no male staff for showers, with a goal to not receive showers from male staff. Interventions included to keep a list of no male showers in the schedule book and respect resident's preference and carry them out while resident is in the facility. Interview on 03/18/25 at 11:01 A.M. with Resident #38 revealed a male Certified Nursing Assistant (CNA) had touched her inappropriately on two occasions. Further interview confirmed the male CNA was CNA #174. Resident #38 was unable to recall the date of the first incident but reported CNA #174 tickled her under her arms when she had her shirt on, which she did not like and it made her uncomfortable. Resident #38 stated she reported it at that time. Resident #38 reported that about one week ago, CNA #174 again tickled her under her arms. This time she had no shirt on. Resident #38 stated she did not like CNA #174 touching her under her arms, near her breasts, and she felt uncomfortable. Resident #38 stated she reported her concerns to the Director of Nursing (DON). The resident confirmed CNA #174 had not been back in her room but she was uncomfortable when he was around. Review of the facility submitted Self-Reported Incidents (SRIs) from 02/01/25 through 03/17/25, located in CALS, revealed no evidence the facility reported Resident #38's allegations of inappropriate staff touching. Interview on 03/18/25 at 12:09 P.M. with the Administrator verified there was no incident of inappropriate staff touching/potential abuse involving Resident #38 reported to the ODH. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/18/25 at 1:45 P.M. with the Director of Nursing (DON) verified Resident #38 reported to her that CNA #174 had tickled her under her arms while she had clothing on, and then again when she had no clothing on. The DON further confirmed Resident #38 reported the incidents made her uncomfortable. The DON verified the incidents were not reported to the ODH and the facility did not conduct an investigation into the allegations because she did not take the resident's concerns as potential abuse. The DON stated Resident #38's request to not have a male staff assist with showers following the incidents with CNA #174 was honored and CNA #174 was moved to another unit. A follow-up interview on 03/18/25 at 1:59 P.M. with the Administrator confirmed the incidents involving Resident #38's allegations of CNA #174 touching her inappropriately were never reported to him and further verified the facility did not conduct an investigation. The Administrator stated CNA #174 was related to the DON and the DON changed CNA #174's assignment so that he no longer worked with Resident #38. Interview on 03/18/25 at 2:45 P.M. with CNA #174 confirmed he was no longer able to provide care for Resident #38, although he stated he was unsure of why. CNA #174 stated the resident asked him to scratch her back, by her arms, and that was all he did. Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/24/22, revealed residents have the right to be free from abuse. It was the facility's policy to investigate all alleged violations involving abuse. This deficiency represents non-compliance investigated under Complaint Number OH00163436.