

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Marietta Heights Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5001 State Route 60 Marietta, OH 45750	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure Resident #13 was free verbal and emotional abuse. This affected one resident (#13) of one resident reviewed for abuse. The facility census was 51.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease, bipolar disorder, and cognitive communication deficit.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #13's cognition was intact and she had no behaviors.</p> <p>Review of a social service note dated 06/03/25 at 9:40 A.M. by the Social Services Director revealed Resident #13, Activities Director (AD) #101, and Ombudsman #66 met and came up with a resolution everyone was agreeable with regarding puzzles in the activity room.</p> <p>Interview on 06/04/25 at 1:48 P.M. with Ombudsman #66 revealed Resident #13 had kept puzzles in the activity room for ten years since she admitted to the facility. Facility staff told Resident #13 she was no longer allowed to keep her puzzles in the activity room anymore, even though it disrupted her routine. Ombudsman #66 stated Resident #13 only requested one table be available to complete puzzles in the activity room but AD #101 argued with Resident #13 and stated she would not be told what to do in her activity room and told Ombudsman #66 you don't know how long I've put up with her.</p> <p>Interview on 06/04/25 at 2:30 P.M. with Resident #13 revealed she liked to do puzzles in the activity room but was told she would not be able to any longer. Resident #13 stated AD #101 yelled at her in front of everyone during an activity so she expressed her concerns to Ombudsman #66. Resident #13 stated during the conversation involving Ombudsman #66, the Director of Nursing (DON) and AD #101, the resident felt AD #101's tone of voice was very to the point, it made her feel bad, and she felt horrible being yelled at in front of her peers. Resident #13 stated she felt AD #101 was emotionally abusive and as a result of the incident she could not eat or sleep, she had anxiety, and her nerves were getting bad. Additionally, Resident #13 stated the Administrator had yelled at her for cussing at AD #101 near the nurses' station in front of the staff and other residents. Resident #13 stated she felt disrespected and undignified. During the interview, Resident #13 became tearful and stated her feelings were hurt.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Marietta Heights Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5001 State Route 60 Marietta, OH 45750	
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>Interview on 06/04/25 at 3:04 P.M. with Administrator revealed he had spoken with Resident #13 near the DON's office door, across from the nurses' station, as he informed Resident #13 she could not swear at AD #101. The Administrator stated his voice was light and casual and he did not feel anyone overheard the conversation.</p> <p>Interview on 06/04/25 at 3:42 P.M. with AD #101 revealed she had a conversation with Resident #13, Ombudsman #66 and the DON regarding puzzles in the activity room. AD #101 stated she was quiet and listened throughout the conversation but Resident #13 began to yell at her. AD #101 stated she had said the issue was Resident #13 yelling and she was not sure what else to do.</p> <p>Review of a statement dated 06/02/25 from Ombudsman #66 revealed she spoke with the DON and Resident #13 about concerns regarding space for puzzles in the activity room and AD #101 was invited to join the conversation. Resident #13 was upset she would not have space for puzzles because it had been her routine for 10 years. The Ombudsman requested if one table could be made available in the activity room and AD #101 rolled her eyes, turned to Resident #13, and began arguing that she had more residents than just her to think about, and she would not hold up the activity room for puzzles. Ombudsman #66 interjected and stated Resident #13 was asking for one table and AD #101 stated Resident #13 was rude and always wanting to argue. Resident #13 stated she did not want to argue but AD #101 had been rude to her and she did not feel comfortable with her. AD #101 then told Resident #13 she was lying, and the puzzles would be removed from the activity room on 07/01/25. The Ombudsman then asked if she, AD #101, the DON and Administrator could have a conversation away from the resident due to Ombudsman #66 being uncomfortable with AD #101 arguing with the resident.</p> <p>Interview on 06/04/25 at 3:12 P.M. with the Director of Nursing (DON) revealed she had been talking with Ombudsman #66 and Resident #13 about the concerns with puzzles when AD #101 joined the conversation. The DON stated Resident #13 raised her voice at AD #101 and stated she felt belittled and bullied. The DON stated AD #101 had to raise her voice slightly to speak over Resident #13 who was yelling at her. The DON stated AD #101 waved her hand in a gesture towards Resident #13 and stated I can't even do my job because of this whole situation and she wasn't going to be told what to do in her office. The DON stated she did not feel the comment and gesturing was very professional and it was not the right thing to do.</p> <p>Review of a policy titled Abuse, Neglect, Exploitation or Misappropriation dated 2001 revealed mental and verbal abuse was the use of verbal or non-verbal conduct which causes or has the potential to cause a resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. Verbal abuse includes verbal, written, or gestured communications, or sounds to residents within hearing distance. An example is isolating a resident from social interaction or activities. Allegation of abuse should be investigated and reported.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Marietta Heights Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5001 State Route 60 Marietta, OH 45750	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Deficiency Text Not Available</p>