

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Sanctuary at Ohio Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 2932 South 5th Street Ironton, OH 45638	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299</p> <p>Based on medical record review, staff interview, review of the Electronic Information Dissemination and Collection (EIDC) portal for Self-Reporting Incidents (SRI) and review of the facility policy, the facility failed to report an allegation of sexual abuse to the state agency and failed to implement the abuse policy. This affected one (Resident #64) of three reviewed for sexual abuse. The facility census was 82.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #64 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, diabetes mellitus type two, psychotic disorder, dementia, and depression. Review of Resident #64's admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #64 had a Brief Interview for Mental Status (BIMS) score of one of 15, indicating severely impaired cognition. Resident #64 required staff assistance with activities of daily living.</p> <p>Review of Resident #64 nursing progress notes dated 11/29/24 through 12/18/24 revealed no documentation related to the allegation of sexual abuse, initial assessment of resident, physician notification or family notification.</p> <p>Review of the plan of care dated 12/17/24 revealed Resident #64 had behavioral symptoms related to inappropriate sexual behaviors. The goal was to have fewer episodes of behaviors by the review date. The interventions included administering medications as ordered, assessing the residents understanding of the situation, allowing resident time to express himself, providing re-education, discussing the situation calmly, documenting episodes of inappropriate behaviors and interventions to decrease the behavior.</p> <p>Review of the EIDC for online SRI reporting on 12/17/24 confirmed the facility did not report the allegation of sexual abuse on 12/08/24.</p> <p>Review of the incident/accident log for October 2024, November 2024 and December 2024 revealed no incidents documented related to sexual abuse allegations.</p> <p>Attempted an interview on 12/17/24 at 12:01 P.M. with Resident #64 revealed the resident was alert, oriented to name only and could not focus on questions.</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: 365791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Sanctuary at Ohio Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 2932 South 5th Street Ironton, OH 45638	
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>Interview on 12/17/24 at 12:56 P.M. with Licensed Practical Nurse (LPN) #55 revealed she had notified Director of Nursing (DON) #47 about the allegation of sexual abuse as reported by Certified Nursing Assistant (CNA) #20 and #56 on 12/08/24.</p> <p>Interview on 12/17/24 at 10:10 A.M. with DON #47 revealed she and Assistant Director of Nursing (ADON) #77 had arrived at the facility within the hour of receiving the call from LPN #55. DON #47 revealed she and ADON #77 interviewed the staff, sent CNA #20 home, interviewed the resident and other residents. DON #47 confirmed she did not file an SRI with State Agency at that time and did not notify the physician or family.</p> <p>Review of the facility policy titled Freedom from Abuse, Neglect and Exploitation dated 11/23/17 stated the facility will report to the State Agency and one or more law enforcement entities any reasonable suspicion of a crime against any individual who is a resident or receiving care from the facility. A reportable crime included sexual abuse. There was no definition of sexual abuse. The policy also stated the facility's report to the State Agency and law enforcement will be coordinated and completed by the Administrator and/or Designee according to the specified timeframe.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160669.</p>		