

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365937	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Ohman Family Living at Briar		STREET ADDRESS, CITY, STATE, ZIP CODE 15950 Pierce St Middlefield, OH 44062	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>35768</p> <p>Based on personnel file review, narcotic destruction log review, facility policy review and interview, the facility failed to ensure a thorough investigation to prevent the possibility of drug diversion and ensure the safety of all residents after the Administrator received a text message alleging a staff member was using drugs. This had the potential to affect all residents residing in the facility. The census was 92.</p> <p>Findings include:</p> <p>Review of Registered Nurse (RN) #200's personnel file revealed RN #200 received a Notice of Disciplinary Suspension dated 12/21/23. The notice indicated RN #200 was suspended as a result of an investigation of the narcotic destruction process. Review of a termination letter dated 12/27/23 revealed RN #200 was terminated effective immediately due to violation of narcotic destruction process policy, asking a staff member to falsify documents, and exercising poor nursing judgement.</p> <p>Interview on 12/12/24 at 1:58 P.M. with the Administrator revealed in December of 2023, there was no diversion of narcotics. RN #200 had a back log of narcotics that needed to be destroyed and destroyed the narcotics without a witness then asked the supervisor to falsify documents stating she was present when the narcotics were destroyed. The Administrator stated it was a one-time incident but RN #200 was terminated for using poor nursing judgement. The Administrator re-hired RN #200 on 05/13/24 with conditions which included random drug screening and having three staff present when narcotics were destroyed. The condition did not indicate the frequency of the random drug screening.</p> <p>Follow up interview on 12/12/24 at 3:32 P.M. with the Administrator revealed he received a random text message on 11/06/24 indicating RN #200 was using drugs. The Administrator spoke to three staff members including the Clinical Manager, Staff Development Coordinator and the Assistant Director of Nursing who denied having any issues or concerns with RN #200 or the narcotic counts. No further actions were taken. The Administrator did not interview direct care staff, residents, or review narcotic count sheets or narcotic destruction logs. The Administrator did not try to contact the person who sent the text message. Review of facility drug screening documentation revealed RN #200 had drug screens completed on 05/09/24 and 07/10/24. The Administrator verified no further drug screening was completed for RN #200. Review of the narcotic destruction sheets for the past three months with the Administrator revealed two staff signed and dated the destruction logs. Two additional staff signed at the bottom of the logs although the signatures did not include a date or time. The Administrator verified two staff signed the destruction of narcotics and the signatures on the bottom did not include a date and time.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Controlled Medications-Disposal, dated 2019 noted narcotics must be destroyed in the presence of two licensed nurses.</p> <p>Review of the facility policy titled Abuse, Neglect, Exploitation, and Misappropriation, dated 2016 revealed staff who were suspected would be removed from the facility and schedule pending the investigation. The Administrator was to complete an investigation of the alleged violation which was to be completed within five days unless there were special circumstances. The Administrator was to interview residents, staff members, possible witnesses, and review personnel files if a staff member was suspected.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159787.</p>