STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366024	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sycamore Run Nursing and Rehab Ctr	6180 State Route 83 N Millersburg, OH 44654

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 Note: The nursing home is disputing this citation.	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** Based on record review, interview, and facility policy review, the facility failed to report an allegation of abuse to the State Survey Agency after the facility was made aware of the allegation. This affected one resident, (Resident #99), reviewed for abuse reporting. The facility census was 96. Findings include:Review of Resident #99's medical record revealed the resident was admitted to the facility on [DATE] and discharged from the facility on 05/26/26. Diagnoses included multiple fractures of ribs, left side, subsequent encounter for fracture with routine healing; unspecified dementia without behavioral disturbance; alcohol abuse; Type II Diabetes Mellitus with diabetic neuropathy; atrial fibrillation; muscle weakness; difficulty walking; cognitive communication deficit; need for assistance with personal care; depression; history of falling; dysphagia; and hypertension. Review of the complaint information revealed a complaint was filed which indicated Resident #99 was abused by facility staff. The complaint documented on 05/25/26 at approximately 1:00 A.M., Resident #99 was asleep and facility staff woke him and placed him in a full [NAME] position, and injured Resident #99's left shoulder. During an interview with Assistant Director of Nursing on 06/16/26 at 8:33 A.M. it was revealed the facility was not aware of any allegations of abuse involving Resident #99. During the interview, the facility was made aware of the abuse allegation involving Resident #99. Review of facility-provided abuse allegation/investigation records, incident reports, and self-reported incident documentation reveal no evidence the facility reported the allegation of abuse involving Resident #99 to the State Survey Agency after the facility was made aware of the allegation on 06/16/26 at 8:33 A.M. Interview on 06/16/26 at 1:37 P.M. with Licensed Practical Nurse (LPN) #223 revealed LPN #223 was aware of the resident's care needs and recalled an incident in which Resident #99 became combative during incontinent care. LPN #223 stated she did not witness staff place Resident #99 in a hold, use excessive force, or physically restrain the resident. LPN #223 further stated Resident #99 did not report to her that he had been placed in a hold, restrained, or abused by staff. Interview on 06/16/26 at 2:40 P.M. with Certified Nursing Assistant (CNA) #609 revealed CNA #609 worked with Former Resident #99 on the night in question. CNA #609 denied placing her hands on the resident in an inappropriate manner and denied abusing the resident. CNA #609 stated any allegation, observation, or concern regarding potential abuse would be immediately reported to the Director of Nursing or nursing administration for investigation. During interview on 06/16/26 at 3:28 P.M., the surveyor notified the Director of Nursing of the allegation concerning Resident #99 and him reportedly being placed in a full [NAME] hold by facility staff on 05/25/26 at approximately 1:00 A.M. The Director of Nursing acknowledged the allegation and stated any allegation, suspicion, observation, or report of abuse was expected to be immediately reported to nursing administration and investigated in accordance with facility policy. The Director of Nursing stated resident safety remained the facility's priority. However, the facility did not provide evidence that the allegation of abuse involving Resident #99 was reported to the Ohio Department of Health after being made aware of the allegation of abuse. Review of the facility policy titled Abuse, Neglect, Exploitation & Misappropriation of Resident Property, original date 11/21/16, revealed the facility was required to investigate all allegations involving abuse, neglect, (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 Note: The nursing home is disputing this citation.	exploitation, mistreatment, injuries of unknown source, and misappropriation of resident property. The policy further revealed allegations were required to be immediately reported to administration and the Ohio Department of Health.This deficiency represents non-compliance investigated under Complaint Number 3044214.