STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366148	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Sunset House	4020 Indian Rd Toledo, OH 43606

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45445 THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY. Based on record review, review of the facility policy, staff interview, and review of the facility self-reported incident, the facility failed to prevent staff-to-resident physical abuse. This affected one (Resident #1) of four residents reviewed for abuse. The facility census was 15. Findings include: Review of the medical record for Resident #1 revealed an admitted [DATE]. Diagnoses included peripheral venous insufficiency, polyarthritis, macular degeneration right and left eye, dementia, chronic kidney disease, hemiplegia and hemiparesis following a cerebral vascular accident. An additional diagnosis of cerebral atherosclerosis was added on 10/21/24. Review of the quarterly Minimum Data Set (MDS) assessment completed on 10/09/24 Resident #1 was highly impaired visually and had severe cognitive impairment. Resident #1 was dependent on staff for toilet hygiene, bathing and bed mobility and required the physical assistance of two people for transfers using a lift device. Resident #1 was also incontinent of bowel and bladder. Review of the care plan for Resident #1 revealed an activities of daily living (ADL) deficit due to impaired cognition and hemiparesis. Interventions included for caretakers to provide assistance without rushed care, anticipate needs, allow of rest periods with care and to ensure a safe environment. Review of the skin assessment completed on 09/18/24 at 4:35 P.M. revealed Resident #1 had bruising to the right hand and wrist. The skin assessment completed on 09/19/24 at 5:30 P.M. revealed Resident #1 had bruising to bilateral forearms. Additional skin assessments completed on 09/19/24 and 09/20/24 revealed bilateral forearm bruising. The provider progress note dated 09/19/24 revealed Resident #1 had bruising to the right and left arm and wrist. The left forearm bruise was darkening, and the right wrist continued to improve. (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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NAME OF PROVIDER OR SUPPLIER Otterbein Sunset House		STREET ADDRESS, CITY, STATE, ZIP CODE 4020 Indian Rd Toledo, OH 43606	

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility self-reported incident (SRI) dated 09/18/24 revealed on 09/18/24 at approximately 4:00 P.M., a family member of Resident #1 reported to the Director of Nursing that State tested Nursing Assistant (STNA) #75 was rough when providing care on the midnight shift. The facility's investigation revealed the family's video camera footage was reviewed and found STNA #75 did provide improper care and had disrespectful communication with Resident #1. Interview with the Executive Director (ED) on 10/30/24 at 11:00 A.M. stated Resident #1's family showed video footage from the video camera in Resident #1's room. The ED stated on 09/18/24, STNA #275 crossed Resident #1's across the resident's chest, pulled the resident's shirt up over the crossed arms of Resident #1 and secured the shirt over the resident's shoulders, limiting the resident's movement. Additionally, STNA #275 mocked Resident #1 when the resident was moaning during care. Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/25/22 revealed residents have the right to be free of abuse, including freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint that is not required to treat the resident's medical symptoms. The policy defined a physical restraint as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. The deficient practice was corrected on 10/11/24 when the facility implemented the following corrective actions: On 09/18/24, the Executive Director notified the Medical Director of the abuse allegation. On 09/18/24, a meeting with the family and a review of the situation, including a video the family had of the care revealed STNA #75 displayed disrespectful behavior and delivered poor resident care to Resident #1. On 09/18/24, STNA #75 was immediately placed on administrative leave pending investigation. STNA #75 never returned back to work and the facility terminated STNA #75's employment. On 09/18/24, the DON completed a head-to-toe assessment of Resident #1; no additional injuries were noted, the resident had no signs of psychosocial distress. Resident #1 at the time of the assessment was pleasant and unaware of the incident. On 09/18/24, the DON and designee completed head to toe skin assessments on all residents with no abnormal findings. On 09/19/24, an Ad Hoc Quality Assurance and Performance Improvement (QAPI) committee meeting was held to review internal action plan for the care concern of Resident #1. On 09/19/24, Resident #1 was evaluated by Nurse Practitioner (NP) #215, with no concerns identified and no new orders given. On 09/19/24, all residents were interviewed regarding care and roughness during care. All residents interviewed stated the care received was good, with no complaints regarding care. All residents denied having received rough care. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/19/24, the DON and designee educated all nursing staff on duty on the abuse policy and peri care. On 09/20/24, the DON and designee educated all nursing staff on the abuse policy including, mistreatment, neglect, exploitation and misappropriation of resident property and reporting. As well staff were educated on peri care, customer service and respectful communication and restraints. On 09/20/24 and 09/21/24, the DON and designee completed skin sweeps on all residents. There were no abnormal findings. Beginning on 09/21/24, the DON or designee will observe and monitor resident care on third shift weekly for four weeks to ensure appropriate compassionate care, random audits thereafter. Review of the audits completed on 09/18/24, 09/27/24, 10/01/24 and 10/11/24 revealed no concerns. Interviews on 10/30/24 with Therapist #200, Housekeeper #220, STNAs #58 and #60, LPN #51 confirmed staff were re-educated on the facility's abuse policy and reporting procedures and each staff were knowledgeable about the facility's procedures. This deficiency represents non-compliance investigated under Complaint Number OH00158626.