| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366231 | A. Building<br>B. Wing | 06/18/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Roselawn Gardens Nursing & Rehabilitation | 11999 Klinger Avenue NE<br>Alliance, OH 44601 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure Resident #10 and Resident #15 was free from resident to resident sexual abuse. This finding affected two residents (Resident #10 and Resident #15) of three residents reviewed for abuse.<br><br>Findings include:<br><br>Review of the Self-Reported Incident Investigation (SRI) tracking number #261364 dated 06/08/25 at 1:38 P. M. revealed the nurse was advised by the Certified Nursing Assistant (CNA) that Resident #10 was in his wheelchair with his pants down while Resident #15 had his head in Resident #10's lap performing oral sex. The facility unsubstantiated the SRI for abuse.<br><br>Review of Resident #10's medical record revealed the resident was admitted on [DATE] with diagnoses including unspecified dementia, manic episode and depression.<br><br>Review of Resident #10's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment.<br><br>Review of Resident #10's Behavioral Care Plan revealed to administer medications as ordered, allow the resident to discuss his feelings, approach/speak to the resident in a calm voice, encourage the resident to attend activities of choice, provide resident privacy/re-direct the resident to his room when pleasuring himself, provide the resident with diversional activities, psych/counseling, staff to anticipate the needs of the resident, staff to provide 1:1 as needed, staff to redirect the resident as able.<br><br>Review of Resident #15's medical record revealed the resident was admitted on [DATE] with diagnoses including dementia in other diseases classified elsewhere, major depressive disorder and high-risk heterosexual behavior.<br><br>Review of Resident #15's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment.<br><br>Review of Resident #15's Behavioral Care Plan revealed two staff for hands on care, administer medications as ordered, offer counseling services, provide psychiatry services, redirect/educate the resident as needed.<br><br>(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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| | 366231 | A. Building<br>B. Wing | 06/18/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Roselawn Gardens Nursing & Rehabilitation | 11999 Klinger Avenue NE<br>Alliance, OH 44601 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Attempted interview on 06/18/25 at 6:29 A.M. with Resident #10 and the resident was not interviewable.<br><br>Attempted interview on 06/18/25 at 6:33 A.M. with Resident #15 and he stated he could not recall the incident of inappropriate sexual contact. The resident reported he was in the hospital when questioned where he was currently located.<br><br>Interview on 06/18/25 at 6:45 A.M. with CNA #805 revealed on 06/08/25 (Sunday) the facility had several call-offs of staff and there was one nurse and two aides for 42 residents. She stated Resident #10 was in his room and in bed and she went to check on him and found Resident #10 in his wheelchair with Resident #15 in a wheelchair near the resident performing oral sex on Resident #10. She stated the residents were separated. She could not recall anything like this happening before for these two residents and she was educated on abuse.<br><br>Interview on 06/18/25 at 7:08 A.M. with Licensed Practical Nurse (LPN) Assistant Director of Nursing (ADON) #806 indicated she had worked on 06/08/25 but left around 11:00 A.M. prior to the incident between Resident #10 and Resident #15. LPN ADON #806 confirmed Resident #15 was a registered sex offender who had lived in the facility for over one year and Resident #10 had increased sexual behaviors but was not a registered sex offender. LPN ADON #806 denied concerns with staffing and stated Resident #15 was inappropriate with staff and says some very inappropriate sexual comments to staff.<br><br>Interview on 06/18/25 at 7:43 A.M. with the Director of Nursing (DON) revealed Resident #10 had increased sexual tendencies. The DON revealed both Resident #10 and Resident #15 were placed on cimetidine (used to improve inappropriate sexual behaviors in demented residents) to try and reduce their sexual behaviors following the incident on 06/08/25. The DON denied concerns with staffing and stated the residents receive good care. The DON confirmed a sexual act occurred between Residents #10 and #15 who both had cognitive impairment.<br><br>Review of the Abuse, Neglect, Exploitation and Misappropriation of Resident Property policy revised 01/27/23 revealed the facility would not tolerate abuse, neglect, exploitation of its residents or the misappropriation of resident property.<br><br>This deficiency represents non-compliance investigated under Complaint Number OH00166709. |