

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Kimes Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 75 Kimes Lane Athens, OH 45701	

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** 42728</p> <p>Based on record review, staff interviews, review of the facility Self-Reported Incident, review of facility witness statements, and review of facility policy, the facility failed to ensure an allegation of physical abuse was reported timely and appropriately. This affected one resident (#39) of the three residents reviewed for abuse during the complaint survey. The facility census was 55.</p> <p>Findings include:</p> <p>Record review for Resident #39 revealed the resident was admitted to the facility on [DATE] and had diagnoses including chronic respiratory failure, dementia with psychotic disturbance, and psychosis.</p> <p>Review of the 5-day Minimum Data Set (MDS) assessment, dated 11/15/24, revealed the resident was rarely/never understood and had long and short term memory problems.</p> <p>Review of the facility Self-Reported Incident (SRI), dated 12/01/24 and timed 11:44 A.M., revealed on 12/01/24 at 11:09 A.M. Activities Director #500 reported to the Administrator an allegation of abuse by Certified Nursing Assistant (CNA) #111 against Resident #39. No notification to the local law enforcement agency or the residents family or representative were documented. The Administrator unsubstantiated the allegation of abuse due to the he said,she said nature with no real evidence that the abuse occurred.</p> <p>Review of the witness statement for CNA #100, obtained on 12/03/24, revealed on 12/01/24 at approximately 7:40 A.M. CNA #100 and CNA #111 were providing care for Resident #39 when the resident became combative with the staff members. CNA #111 reportedly was rough with the resident while moving the residents limbs to get her dressed. Once dressed, CNA #100 and CNA #111 were able to transfer Resident #39 to her wheelchair but during the process the resident attempted to bite CNA #111 and the CNA responded by pushing the residents head roughly while stating Don't bite me. Resident #39 was still attempting to bite CNA #111 and the CNA responded by open-handed smacking and pushing the residents head to the side with enough force to move CNA #100 who was on the other side of the resident. CNA #100 reported she could only gasp during the incident as it was a complete surprise to her. CNA #100 and CNA #111 then brushed the residents hair and straightened her shirt out. CNA #100 reported inspecting the residents head where CNA #111 had smacked her before CNA #111 wheeled the resident out to the lobby.</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: 366250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Kimes Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 75 Kimes Lane Athens, OH 45701	
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>Review of the witness statement for Hospice Employee #500, dated 12/04/24, revealed on 12/01/24 between 10:00 A.M. and 11:00 A.M., CNA #100 a residents room to answer a call light and asked Hospice Employee #500 what she would do if she had witnessed some kind of abuse. Hospice Employee #500 responded do you know your chain of command and CNA #100 replied yes but the charge nurse was new to that side and she was not comfortable reporting an allegation of abuse to the rehabilitation nurse. Hospice Employee #500 informed CNA #100 she could report the allegation of abuse to Activity Director #500 as she was management and could help.</p> <p>Review of the time card punches for CNA #111 revealed on 12/01/24 the CNA did not punch out from work until 11:36 A.M.</p> <p>Telephone interview with CNA #111 on 12/05/24 at 11:06 A.M. confirmed on 12/01/24 CNA #111 and CNA #100 were in the room of Resident #39 around 6:30 A.M. getting the resident up for the day. CNA #111 confirmed the resident became combative during care but denied hitting the resident or being rough with the resident. CNA #111 confirmed the employees finished providing care to the resident and then took the resident out to the lobby and CNA #111 reported the combative behavior by the resident to the nurse on duty. CNA #111 confirmed she continued working providing care to residents until approximately 11:30 A.M. when she was approached and told an allegation of abuse was made against her and was escorted out of the building.</p> <p>Attempted telephone interview with CNA #100 on 12/05/24 at 11:05 A.M. and at 1:29 P.M. and was unsuccessful with a message left and no return call from CNA #100.</p> <p>Interview with the Administrator and Director of Nursing (DON) on 12/05/24 at 2:00 P.M. confirmed the allegation of abuse against Resident #39 by CNA #111 was reported to happen around 6:30 A.M. on 12/01/24. They confirmed CNA #100 witnessed the alleged incident of abuse but did not report it to Activity Director #500 until 11:06 A.M. They confirmed Activity Director #500 then reported it to the Administrator and CNA #111 was escorted out of the building after clocking out at 11:36 A.M. They confirmed allegations of abuse should be reported immediately or as soon as the residents safety is ensured. They confirmed the local law enforcement agency and the residents family had not been notified of the allegation of physical abuse.</p> <p>Review of the facility policy titled Abuse/Neglect/Mistreatment, Exploitation & Misappropriation of Resident Property Prevention Policy and Procedure, revised 11/04/16, revealed facility employees are required to report, without fear of reprisal, all known/suspected occurrences of abuse immediately to their immediate supervisor. The Administrator and/or Director of Nursing will immediately notify the physician and the residents family member or legal representative, will notify the Ombudsman, and will notify the local law enforcement agency of known suspected abuse.</p> <p>This deficiency represents non-compliance identified during the investigation of Complaint OH00160344.</p>		