

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  06/03/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, observation, staff interview, and review of the facility policy review, the facility failed to ensure residents with pressure ulcers received appropriate and timely treatment and services to promote wound healing. This affected two (Residents #22 and #58) of three residents reviewed for pressure ulcers. The facility census was 55 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #22 revealed an admission date of 02/11/25 with diagnoses of congestive heart failure, respiratory failure, diabetes, and stage four kidney disease.</p> <p>Review of readmission notes for Resident #22 dated 03/10/25 revealed the resident returned from the hospital on [DATE] with pressure ulcers to right and left heels.</p> <p>Review of the wound note for Resident #22 dated 04/01/25 revealed the pressure ulcer to the right heel was resolved.</p> <p>Review of the physician's orders for Resident #22 revealed an order dated 05/13/25 to cleanse the left heel with normal saline, apply skin prep, and leave open to air.</p> <p>Observation on 06/02/25 at 10:30 A.M. of wound care for Resident #22 per Registered Nurse (RN) #60 revealed the nurse cleansed the resident's right heel, applied skin prep, and left the heel open to air. There was no pressure ulcer to the resident's right heel. RN #60 then removed the sock to the resident's left foot at the Surveyor's request revealing a dark scabbed area to the left heel which measured 3.1 centimeters (cm) in length by 2.0 cm in width. The wound bed was covered with eschar (dead or devitalized tissue.)</p> <p>Interview on 06/02/25 at 10:45 A.M. with RN #60 confirmed she had done the treatment on the wrong foot. RN #60 confirmed Resident #22 had a treatment was ordered for the left heel, not for the right heel.</p> <p>Review of the facility policy titled Skin Integrity Management Policy and Procedure revised 12/11/18 revealed treatment measures should include following the physician's orders for active treatment.</p> <p>2. Review of the closed medical record for Resident #58 revealed an admission date of 03/28/25 with diagnoses including stage three kidney disease, hypertension, and status post left hip replacement surgery.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the baseline care plan for Resident #58 dated 03/28/25 revealed the resident was at risk for skin breakdown but had no current skin issues.</p> <p>Review of the skin assessment for Resident #58 dated 03/28/25 per Licensed Practical Nurse (LPN) #66 revealed the resident had a pressure ulcer to the right upper buttock which measured 7.3 cm in length by 5.8 cm in width with no depth listed, a pressure ulcer to the upper coccyx which measured 1.0 cm by 0.5 cm with no depth listed.</p> <p>Review of a consult note for Resident #58 dated 04/01/25 per the wound nurse practitioner (WNP) revealed the resident was being seen for an initial consultation for wound care services. Resident #58 was admitted to the facility after having left hip replacement and at some point developed blistering to her coccyx and right buttock that had all merged together. Resident #58 had a stage two pressure ulcer to the coccyx which extended to the right buttock and measured 13 cm in length by 14 cm in width by 0.1 cm in depth. The WNP ordered Chamosyn with manuka honey to the area twice daily.</p> <p>Review of the Treatment Administration Record (TAR) for Resident #58 revealed the treatment to the resident's coccyx was started on 04/01/25.</p> <p>Interview on 06/02/25 at 1:30 P.M with Unit Manager RN #62 on 06/02/25 at 1:30 P.M. confirmed LPN #66 had filled out the skin grids on 03/31/25 but dated them for 03/28/25.</p> <p>Interview with the Director of Nursing on 06/02/25 at 1:30 P.M. confirmed skin grids should be dated the day they were actually done. The DON further confirmed treatment for Resident #58's pressure ulcers should have been obtained when the areas were noted and confirmed treatment was not started until 04/01/25.</p> <p>Review of an occupational therapy note for Resident #58 dated 04/05/25 revealed the resident had anti-embolism stockings on the left lower extremity. A nurse removed the hose and found an area to the resident's left heel.</p> <p>Review of a nursing progress note for Resident #58 dated 04/05/25 timed at 9:51 A.M. per LPN #61 revealed the nurse removed the resident's anti-embolism stockings and found a discolored blistered area to the resident's left heel. The nurse notified the physician and received new orders.</p> <p>Review of the skin grid for skin grid for Resident #58 dated 04/05/25 revealed the resident had a deep tissue pressure injury on the right heel which measured 2.0 cm by 5.0 cm and was purple and red in color.</p> <p>Review of the skin grid for Resident #58 dated 04/06/25 revealed the resident had a deep tissue pressure injury on the left heel which measured 2.5 cm by 4.0 cm and was purple and pink in color.</p> <p>Review of physician's orders for Resident #58 revealed an order dated 04/06/25 to cleanse bilateral heels with soap and water and apply skin prep every shift.</p> <p>Review of the TAR for Resident #58 dated April 2025 revealed the treatment to the resident's heels was started on 04/06/25.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with LPN #61 on 06/03/25 at 8:15 A.M. confirmed the physician was notified of the areas to Resident #58's heels on 04/05/25. LPN #61 confirmed the areas to the right and left heel were identified on 04/05/25 but the skin grid to the left heel was not completed until 04/06/25. LPN #61 confirmed the physician gave a treatment order to the bilateral heels on 04/05/25 but the treatment was not initiated until 04/06/25.</p> <p>Interview on 06/02/25 at 1:30 P.M. with the DON confirmed the treatment order for Resident #58's heels should have been initiated on 04/05/25, the day the areas were first identified.</p> <p>Review of the facility policy titled Skin Integrity Management Policy and Procedure revised 12/11/18 revealed the facility would establish and implement treatment plans for residents with existing pressure ulcers.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00165749.</p>