

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 12/04/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure residents received showers per their preferred shower schedule. This affected three (#5, #8 and #47) of four residents reviewed for showers. The facility census was 54. Findings include: 1. Review of Resident #5's medical record revealed an admission date of 04/26/23 and diagnoses including but not limited to dementia, hypertension, anxiety and depression. Review of Resident #5's quarterly Minimum Data Set, dated [DATE] revealed a Brief Interview for Mental Status score of one (1) indicating the resident had severe cognitive impairment. Further review revealed the resident was dependent on the facility staff for bathing/showering needs. Review of Resident #5's care plan revealed an activities of daily living care plan initiated on 09/16/25 that indicated the resident was dependent on one staff member for assistance with her shower. Further review of the care plan revealed the facility was to assist the resident with a shower twice a week. Review of Resident #5's shower record revealed the resident was to receive showers on Sunday and Thursday each week. Further review of Resident #5's shower record revealed she did not receive showers on 11/20/25, 11/23/25 and 11/30/25. In an interview on 12/02/25 at 3:42 P.M. Certified Nursing Assistant (CNA) #175 revealed she felt people were taking short cuts when there were staffing challenges in the building and the showers were not being completed. In an interview on 12/02/25 at 3:58 P.M. Licensed Practical Nurse (LPN) #159 revealed that showers were not completed when there were staffing challenges in the building. In an interview on 12/03/25 at 2:40 P.M. CNA #145 revealed that she felt staffing for the facility was often not good and showers were not being completed. In an interview on 12/04/25 at 10:35 A.M. Registered Nurse (RN) #173 revealed that on days that did not have enough staff showers are not completed in order to keep residents turned, changed when they are incontinent and assisted with eating. In an interview on 12/04/25 at 11:00 A.M. CNA #133 revealed that a lot of the time she is the only aide working on her hall and showers were not completed on those days in favor of making sure that residents were changed, turned, and assisted with eating. She was unable to give specific dates that she had worked by herself and this occurred. In an interview on 12/04/25 at 1:25 P.M. Acting Director of Nursing revealed nursing asks residents about shower preferences which days and how often they want to shower on admission and then sets the shower schedule. She confirmed Resident #5 did not receive showers on 11/20/25, 11/23/25 and 11/30/25. 2. Review of Resident #8's medical record revealed an admission date of 04/26/19 and diagnoses including but not limited to schizoaffective disorder, diabetes, dementia, hypertension, anxiety and major depressive disorder. Review of Resident #8's annual Minimum Data Set, dated [DATE] revealed a Brief Interview for Mental Status score of one indicating the resident had severe cognitive impairment. Further review revealed the resident was dependent on the facility staff for bathing/showering needs. Review of Resident #8's care plan revealed an activities of daily living care plan initiated on 08/27/25 that indicated the resident was dependent on one staff member for assistance with her shower. Further review of the care plan revealed the facility was to assist the resident with a shower twice a week. Review of Resident #8's shower record revealed the resident was to receive showers on Monday and Friday each week. Further review of Resident #5's shower record revealed she did not receive showers on 11/14/25, and 11/21/25. In an interview on 12/04/25 at 1:25 P.M. Acting Director of Nursing revealed nursing asks residents about shower preferences which days and how often they want to shower on admission and then sets the shower schedule. She confirmed Resident #8 did not receive showers on 11/14/25, and 11/21/25. 3. Review of Resident #47's medical record revealed an admission date of 07/29/25 and diagnoses including but not limited to aphasia following cerebral infarction, osteoarthritis, diabetes, depression, asthma, and dementia. Review of Resident #47's quarterly Minimum Data Set, dated [DATE] revealed a Brief Interview for Mental Status score of two indicating the resident had severe cognitive impairment. Further review revealed the resident required substantial/maximal assistance from the facility staff for bathing/showering needs. Review of Resident #47's care plan revealed an activities of daily living care plan initiated on 08/11/25 that indicated the resident required maximum assistance with her shower. Further review of the care plan revealed the facility was to assist the resident with a shower twice a week. Review of Resident #47's shower record revealed the resident was to receive showers on Sunday and Thursday each week. Further review of Resident #5's shower record revealed she did not receive showers on 10/02/25, 10/09/25, 10/26/25, 11/09/25, 11/16/25, 11/20/25, 11/23/25, and 11/27/25. In an interview on 12/03/25 at 9:26 A.M. Resident #47's daughter revealed that she does not think her mom's hygiene is as good as it was</p>		