

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 01/15/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interview, record review, and policy review, the facility failed to maintain an infection and prevention and control program designed to help prevent the development and transmission of communicable disease, including COVID-19. This affected 55 of 55 residents residing in the facility. Findings include: Observations on 01/15/26 at 5:00 A.M. revealed a sign on the entrance door to the facility that stated: Staff and visitors, due to current outbreak of COVID-19, N95 mask is required at all times in the facility. Observations on 01/15/26 between 5:01 A.M. and 5:30 A.M. revealed that four of the five staff on night shift (Licensed Practical Nurse (LPN) #73, LPN #105, Certified Nursing Assistant (CNA) #95, and CNA #81) were not wearing any mask in the facility. Interview with LPN #73 on 01/15/26 at 5:01 A.M. at the nursing desk on the skilled unit, confirmed she was not wearing any mask. She stated that she had one resident (Resident #42) on her unit that currently had COVID-19. She confirmed staff were to be wearing a mask at all times. Interview with CNA #95 on 01/15/26 at 5:15 A.M. in the corridor connecting the skilled unit to the long term care unit confirmed that she was not wearing a mask. She stated she was not sure if staff were supposed to wear masks at all times or not. She stated she was working on the long term care unit. Interview with LPN #105 on 01/15/26 at 5:20 A.M. in the corridor on the long term care South Unit confirmed he was not wearing a mask. He stated he had one current resident diagnosed with COVID-19 (Resident #1) on his unit. He stated that he was not going to wear a mask as he did not believe that masks work. He stated he was not aware staff were to wear a mask. He further stated that he would wear a regular mask, not an N95 mask, if he went into a resident's room who had COVID-19. Interview with CNA #81 on 01/15/26 at 5:30 A.M. at the nurse desk on the skilled unit confirmed she was not wearing a mask. She stated she was unclear on whether staff were to wear masks when not in resident rooms. She stated the facility had recently had several residents with COVID-19. She stated since then, staff have gotten more relaxed and wear masks less at night when residents are in bed. Interview with Assistant Director of Nursing #127 on 01/15/26 at 6:15 A.M. confirmed the facility currently had two residents diagnosed with COVID-19 (Resident #1 and Resident #42). She stated staff were to wear an N95 mask at all times when there were cases of COVID-19 in the building. Observations on 01/15/26 at 8:05 A.M. revealed CNA #128 to take a breakfast tray into Resident #1's room (diagnosed with COVID-19 with sign on the door for droplet/contact precautions). CNA #128 put on a gown, gloves, and N95 mask. She did not put on eye protection. While in the room she touched and moved the bedside table, assisted with putting the bed up in eating position, and delivered the tray. When exiting the room, she removed the gown and gloves and washed her hands. She then applied a new N95 mask. She stated that she was new and did not know if she was supposed to wear eye protection when entering the room of someone with COVID-19. Interview with Registered Nurse #110 on 01/15/26 at 8:15 A.M. confirmed staff are to wear eye protection when going into the room of someone with COVID-19. Review of the record for Resident #1 revealed an admission date of 11/21/25. Review of nursing</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 366250
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>notes revealed on 01/09/26 at 5:10 P.M. she tested positive for COVID-19 and was placed on isolation per facility protocol. Review of the record for Resident #42 revealed an admission date of 12/04/25. Review of nursing notes revealed on 01/13/26 at 11:38 A.M. she tested positive for COVID-19. She was placed on droplet/contact isolation due to COVID-19. Review of facility infection tracking logs revealed that 18 residents had tested positive for COVID-19 since 12/26/25 as follows:On 12/26/25 Residents #35, #10, #36, and #39 tested positive.On 12/28/25 Residents #22, #16, #32, and #52 tested positive.On 12/29/25 Resident #19 tested positive.On 12/30/25 Residents #43, #53, #47, #49, and #56 tested positive.On 01/02/26 Residents #13, and #51 tested positive.On 01/09/25 Resident #1 tested positive.On 01/13/26 Resident #42 tested positive. All of the residents remained in the facility except Resident #56 who was transferred to the hospital on [DATE]. Review of the facility policy titled COVID-19 and revised 05/11/23 revealed the policy of the facility was to minimize exposures to respiratory pathogens, promptly identify residents or healthcare personnel with signs or symptoms of COVID-19, manage residents with suspected or confirmed COVID-19 and implement interventions based upon Federal and State/local recommendations. The policy stated that source control refers to the use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Source control is recommended for individuals in healthcare settings who have suspected or confirmed SARS-CoV-2 infection or other respiratory infection or had closed contact or a higher risk exposure (health care personnel) with someone with SARS-CoV-2. Source control is recommended more broadly by those residing or working on a unit or area of the facility experiencing a SARS-CoV-2 outbreak. Universal use of source control could be discontinued once the outbreak is over (no new cases have been identified for 14 days). It further stated that health care personnel who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should use a N95 mask, gown, gloves, and eye protection (goggles or a face shield that covers the front and sides of the face).This deficiency represents non-compliance investigated under Complaint Number 2703716.</p>		