

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/04/2024
NAME OF PROVIDER OR SUPPLIER  Orchards of East Liverpool, The		STREET ADDRESS, CITY, STATE, ZIP CODE 709 Armstrong Lane East Liverpool, OH 43920	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33019</p> <p>Based on medical record review, facility investigation review, facility policy review, and interviews, the facility failed to timely report an allegation of misappropriation. This affected one resident (#1) of three residents reviewed for abuse. The facility census was 42.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease, diabetes mellitus, anemia, heart failure, major depressive disorder, and intermittent explosive disorder. The resident was cognitively intact.</p> <p>Review of complaint information received by the Ohio Department of Health (ODH) on 08/29/24 revealed on 08/27/24 at 10:27 P.M., Resident #1 reported to Licensed Practical Nurse (LPN) #40 that she checked her wallet and \$60.00 was missing; the resident stated that she had \$100.00 and now only \$20.00. Concierge #54 confirmed she had not recently given the resident any monies from her fund. Resident #1's guardian visited on 08/27/24 and did not report any missing money. The resident has a history of confusion and diagnoses including anxiety disorder and intermittent explosive disorder.</p> <p>Interview on 10/04/24 at 11:15 A.M. with the director of nursing (DON) revealed she accidentally filed a complaint a with ODH rather than a Self-Reported Incident (SRI). She stated it was her first time filing and she submitted the wrong report, submitting a complaint instead of an SRI. The DON confirmed that she did not file an SRI.</p> <p>Review of the facility investigation revealed the allegation was unsubstantiated without evidence to support the allegation.</p> <p>Interview on 10/04/24 at 1:08 P.M. with the Administrator confirmed an SRI was not filed to report Resident #1's allegation of misappropriation as it should have been.</p> <p>Review of the facility's policy titled, Ohio Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/27/21, revealed the Administrator or his designee will notify ODH of all alleged violations involving abuse, neglect, exploitation, mistreatment of a resident, or misappropriation of resident property and injuries of unknown source as soon as possible, but no event later than 24 hours from the time the incident/allegation was made known to the staff member.</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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F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	This deficiency represents non-compliance investigated under Complaint Number OH00157339.		