

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Athens Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 South Main St Athens, PA 18810	
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)		
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on review of select facility policies and procedures, clinical record review, and resident and staff interview, it was determined that the facility failed to thoroughly investigate and report to the appropriate agencies incidents of potential resident physical abuse for one of 10 residents reviewed (Resident 1). Findings include: The current facility policy entitled Abuse Policy, revealed all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of source shall be promptly reported to local, state, and federal agencies (as defined by current regulations), and thoroughly investigated by the administrator or designee. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) and suspicion of a crime resulting in bodily injury will be reported immediately, but not later than two hours if the alleged violation involves abuse or resulted in serious bodily injury, or 24 hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury. Clinical record review revealed the facility admitted Resident 1 on January 3, 2026. Nursing documentation dated May 31, 2026, at 11:25 AM revealed a licensed practical nurse on Sage nursing unit requested the registered nurse assess Resident 1's wrist. The registered nurse noted Resident 1 had two large bruises on her right wrist. Resident 1's right forearm bruise measures three centimeters by six and a half centimeters, and the bruise on her right wrist measured four and a half centimeters by nine centimeters, and purple in color. Review of the facility investigation revealed a statement from Resident 1 noting Employee 1 (nurse aide) came to change her in the morning on May 29, 2026, and threw the covers off her and grabbed her arm when she rolled her over. Resident 1 noted she screamed because it hurt. Review of Employee 1's statement revealed she denied using Resident 1's arm to roll her, Employee 1 stated she uses residents' shoulders and backs. The facility failed to report to the above alleged incident to appropriate authorities to rule out potential physical abuse or neglect. Interview with the Nursing Home Administrator and Director of Nursing on July 7, 2026, at 1:30 PM confirmed the above findings for Resident 1. 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(a)(c) Resident rights		

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