

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365376	(X2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 02/24/2025
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name of provider or supplier OHIO VALLEY MANOR NURSING AND REHABILITATION	street address, city, state, zip code 5280 STATE ROUTES 62 68 RIPLEY OH, 45167
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F 0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT INVESTIGATION MASTER COMPLAINT NUMBER OH00162528 AND COMPLAINT NUMBER OH00162018 FOCUSED INFECTION CONTROL SURVEY</p> <p>ADMINISTRATOR: Shari Shafer, #7450 CERTIFIED BED CAPACITY: 140 CENSUS IN HOUSE: 136</p> <p>The following deficiency is based on the complaint investigation completed on 02/24/25.</p> <p>At the time of the complaint investigation, a Focused Infection Control Survey was also completed with no deficiencies.</p>	F 0000		
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laboratory director's or provider/supplier representative's signature	title SHARON.SHAFER	(x6) date 03/10/2025
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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.

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F 0609 F 0609 SS=D	Continued From page 1 483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This STANDARD is not met as evidenced by:	F 0609 F 0609	Resident has had no further vaginal bleeding. Skin assessment of resident was completed on 3/3/25 by staff nurse with no suspicious findings. Medical record was reviewed by ADON on 3/7/25 and resident has had no decline in status as evidenced by stable mood and behavior, no decline in intakes, and no other decline in status. All current resident records were reviewed by ADON, unit manager or MDS to identify any suspicious injuries/injuries of unknown source. None were identified. This review was completed on 3/7/25. Administrator reviewed facility complaints for the last 3 months on 3/7/25 and there were no complaints that were suspicious for abuse. The facility did not identify any other reportable events from the complaints or medical record reviews. Administrator and DON were educated on 3/11/25 on reporting to State Agency as outlined in the facility policy by the Corporate DON. See inservice attached. To ensure ongoing compliance, the facility administrator will review all complaints and any injuries without a known cause weekly with Corporate DON x 4 weeks. The results of these reviews will be forwarded to the QAPI Committee to determine a schedule for ongoing monitoring or additional interventions.	03/11/2025

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F 0609	<p>Continued From page 2</p> <p>Based on record reviews, interviews, review of facility Self Reported Incidents (SRIs), and review of facility policy, the facility failed to ensure a SRI was filed with the State Agency following an allegation of sexual abuse. This affected one resident (#83) out of the three residents reviewed for abuse. The facility census was 136.</p> <p>Findings include:</p> <p>Record review for Resident #83 revealed the resident was admitted to the facility on 10/29/15 and had diagnoses which included bipolar disorder, anxiety disorder, and dementia.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 10/29/15, revealed the resident was assessed by staff to have a long term memory problem.</p> <p>Review of the physicians order, dated 12/30/24, revealed the resident was to be referred to a gynecologist related to vaginal bleeding.</p> <p>Review of the gynecologist visit note, dated 01/28/25, revealed resident in with acute bleeding for one month duration status post complete hysterectomy and Computed Tomography (CT) scan showed no uterus. Emergency Room (ER) reported on 01/16/25 speculum was full of blood and cleaned once, filled up with blood again. Patient has dementia</p>	F 0609		

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F 0609	<p>Continued From page 3</p> <p>and reported being sexually active with husband and bleeding started after sex. Physical exam revealed no blood in vagina, intact cuff, urethral meatus normal, external genitalia normal. Assessment/plan- no active vaginal bleeding, concern for prior vaginal laceration based on ER report from 01/16/25. Laceration likely has healed, vaginal cuff intact. The potential of an acute vaginal laceration raises concern for potential sexual assault. Unable to fully assess patient due to mobility issues. Visualization was poor but confident no longer actively bleeding from the vagina. Unable to visualize if possible prior laceration.</p> <p>Review of the SRI's filed by the facility revealed no SRI was filed with the State Agency related to the potential sexual assault alleged by the physician at the gynecologist office.</p> <p>Interview with the Administrator on 02/24/25 at 2:45 P.M. confirmed there had not been an SRI filed with the State Agency following the documented allegation of sexual assault from the gynecologist office.</p> <p>Review of the facility policy titled, "Abuse, Neglect, Exploitation, and Misappropriation of Resident Property," implemented on 09/15/21, revealed if the event that caused the allegation involves abuse or serious bodily injury, it should be reported to the State Agency immediately,</p>	F 0609		

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F 0609	Continued From page 4 but no later than two hours after the allegation was made. This deficiency represents non-compliance investigated under Complaint Number OH00162528.	F 0609		