| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (x2) multiple construction | (X3) DATE SURVEY COMPLETED |
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| F 0000 | INITIAL COMMENTS<br><br>COMPLAINT INVESTIGATION<br><br>COMPLAINT NUMBER 2806392<br><br>ADMINISTRATOR: Cameron Shreve, #7077<br><br>CERTIFIED BED CAPACITY: 87<br><br>CENSUS IN HOUSE: 84<br><br>The following deficiencies are based on the complaint investigation completed on 03/23/26. | F 0000 | | |

laboratory director's or provider/supplier representative's signature | title | (x6) date

CAMERON.SHREVE | 04/16/2026

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 | Continued From page 1 | F 0609 | | |
| F 0609 SS=D | 483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations<br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§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.<br><br>§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 | F 0609 | This plan of correction does not constitute an admission to any of the allegations contained within the State of Deficiency. Rather, this plan of corrections has been prepared and executed because state and federal law require it, and not because Park Health Center agrees with the citation. The facility maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents. This plan of correction is not meant to establish any standard of care contract, obligation or position, and Park Health Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. This plan of correction shall also operate as the facilities credible allegation of compliance. Please accept 4/10/2026 as our date of compliance. The facility will continue to report and investigate allegations of abuse thoroughly ensuring the safety and wellbeing of their residents. Resident #171 continues to reside at the facility and seen by CNP on 3/12/26 with no noted injuries or negative effects. Psych nurse practitioner assessed residents #171 on 3/19/26 with no changes noted to psychosocial wellbeing. Resident #171 denied any complaints and appeared calm and relaxed stating to the NP that she feels safe. CNA # 340, was suspended on 3/12/26 pending investigation. The Police department was called on 3/12/26 and reported to the facility. A thorough investigation completed and submitted on 3/19/26. Conclusion of abuse investigation noted no evidence that abuse occurred. HRD conducted new background check on CNA #340 on 3/26/26, | 04/10/2026 |

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| F 0609 | Continued From page 2<br>taken.<br><br>This STANDARD is not met as evidenced by:<br><br>Based on medical record review, facility policy review, facility investigation file review, police report review, resident observation, and resident and staff interview, the facility failed to report an allegation of staff to resident sexual abuse. This affected one resident (#171) of three residents reviewed for abuse. The facility census was 84.<br><br>Findings include:<br><br>Review of the medical record for the Resident #171 revealed an admission date of 02/17/24. Diagnoses included stroke, constipation, peripheral vascular disease, oxygen dependence, depression, hard of hearing, visual deficits, unspecified dementia without behavioral disturbances, lung disease, arthritis, and high blood pressure.<br><br>Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/03/26, revealed the resident had severe cognitive impairment with a brief interview for mental status score of 6/15. Further review revealed Resident #171 required extensive assistance of two staff for bed mobility, transfers, and ambulation. Review of the behavior and mood MDS | F 0609 | no negative findings noted. Resident #171 care plan was reviewed by the IDT on 4/8/26. The regional Clinician conducted an Audit of last 3 months of incidents and progress notes ensuring allegations of abuse were reported timely and thoroughly investigated. Initial audit was completed on 4/6/26. No negative findings noted. On 4/6/26, the Administrator, Nurse Management team, SSD and HRD were reeducated on the facility policies and procedures for reporting allegations timely, conducting a thorough and factual investigation and ensuring perpetrators are removed from the facility for resident's safety to prevent further abuse. Reeducation was conducted by the Regional Clinician. A QA committee meeting was held on 4/8/26 reviewing survey results and findings, investigation and medical record documentation requirements, policy and procedures for abuse prevention and reporting abuse, SS policy and procedure, and facilities change in condition policy and procedure. Weekly for 2 weeks, or as directed by the QA committee, audits will be conducted by the regional clinician ensuring abuse allegations are investigated thoroughly, factually documented and reported, and ensuring identified perpetrators are removed from the facility as indicated. Negative findings will be corrected immediately by reporting allegation and conducting a thorough investigation and providing reeducation. Negative findings will be reported to the QA committee for review. The Regional Administrator will ensure the completion of the weekly audits. The Administrator is responsible for the ongoing compliance. | |

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| F 0609 | Continued From page 3<br>assessments revealed no behaviors since prior annual assessment completed in November of 2025 and severe depression present with no change since prior assessment.<br><br>Review of the plan of care initiated on 02/25/22 and on-going revealed Resident #171 had alterations in mood/behaviors and occasionally exhibits delusional thinking and yelling out with interventions in place.<br><br>Observation and interview on 03/19/26 at 11:43 A.M. with Resident #171 revealed the resident was resting in bed and calm. Resident #171 quickly appeared guarded in posture and defensive in demeanor when asked about any incident of abuse occurring on 03/10/26 or 03/12/26. Resident #171 reported that she was told by the Administrator and the two police officers that she was safe now and "that man" would no longer be allowed to care for her. Resident #171 further reported she was told not to discuss the incident but would not elaborate who said that. Attempts were made twice for elaboration of events by Resident #171, but she raised her voice and adamantly declined to answer any further questions related to alleged incident.<br><br>Interview on 03/19/26 at 12:15 P.M. with the social worker designee (SWD) # 202 revealed she was made aware of an allegation of sexual abuse against certified nurse aide (CNA) #340 by | F 0609 | | |

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| F 0609 | Continued From page 4<br>Resident #171 on Tuesday 03/10/26 around 7:45 A.M. SWD #202 was notified by licensed practical nurse (LPN) #328 about Resident #171's allegation against CNA #340. SWD #202 further reported that she asked the Human Resources Director (HRD) #224 to go with her to interview Resident #171 as the nursing administration and the facility Administrator was not at the facility yet.<br><br>Further interview with SWD #202 revealed she spoke with Resident #171 who appeared upset and was yelling about a man trying to put his "thing" in her mouth. SWD #202 asked Resident #171 if she knew who the man was and Resident #171 responded "a man's proper name." Resident #171 was then asked if the man was still here and Resident #171 stated yes and reported he had a white sweatshirt on and dark hair. SWD #171 did confirm that CNA #340 was wearing a white sweatshirt that shift and had dark hair. She further reported that she told CNA #340 not to go into Resident #171 room anymore and to wait in the nursing office. SWD #202 further reported that Resident #171 complained of her right wrist hurting and she left the HRD #224 to get a nurse to check on Resident #171's wrist. SWD #202 reported that the facility Administrator was notified by phone call of the events and spoke with CNA #340 on speaker phone in the presence of the SWD #202 and HRD #224. CNA #340 was advised by the Administrator to leave the facility and | F 0609 | | |

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| F 0609 | Continued From page 5<br>was escorted out by staff at 9:17 A.M. pending investigation.<br><br>Interview on 03/19/26 at 12:45 P.M. with Human Resource Director (HRD) #224 revealed she was made aware of an allegation of sexual abuse against CNA # 340 by Resident #171 on Tuesday 03/10/26 around 7:45 A.M. when SWD #202 came to her office Tuesday morning on 03/10/26 and asked her to assist her with interviewing Resident #171. HRD #224 reported she called the Administrator while in Resident #171's room and had the Administrator on her cell phone in speaker phone mode to hear the interview and reported events. HRD #224 further confirmed that the Administrator discussed the events with herself, SWD #202, and CNA #340 in her office via speaker phone and determined CNA #340 needed to leave the facility until further investigation could be completed when the Administrator got on site.<br><br>Review of the facility's internal investigation revealed a file folder with date 03/10/26 and provided by the assistant director of nursing (ADON) #216. The file included an individual written statement authored by LPN #328 indicating the following, "I have never witnessed CNA #340 be abusive or threatening to any residents at any time." There were three additional similar statements from CNA #236, CNA #350, and LPN #341. There were no witness | F 0609 | | |

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| F 0609 | Continued From page 6<br>statements from SWD #202 or HRD #224. There was no detailed statement from LPN #328 who was caring for Resident #171 or CNA #340 had been providing care to Resident #171.<br><br>There was no documentation in Resident #171's medical record regarding the events.<br><br>Further review of the facility's investigation for 03/10/26 revealed a summary of incident determining that Resident #171 was confused and combative with CNA #340 during personal care but no abuse occurred. Resident #171's son was notified via phone of incident and reported that Resident #171 gets that way when she has a urinary tract infection. Resident #171's son reported to nursing staff that he did not think an investigation was warranted and he liked the male CNA #340.<br><br>Review on 03/18/26 at 4:30 P.M. of the Ohio Department of Health Gateway reporting abuse allegation reporting software revealed no Self-Reported Incidents (SRI) entered for 03/10/26 for the facility. Further review revealed a SRI was reported on 03/12/16 for allegation of physical abuse of Resident #171 by CNA #340. There was no allegation of sexual abuse listed.<br><br>Interview on 03/19/26 at 1:20 PM with registered nurse (RN) #365 confirmed the initial SRI entered into the system on | F 0609 | | |

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| F 0609 | Continued From page 7<br>03/12/26 was entered as physical abuse and not sexual abuse. RN #356 further reported she was unclear why the Administrator selected physical abuse and not sexual abuse but speculated that at the time of the entry prior to full investigation it was unclear if the allegations were physical abuse due to resident stating she was hit in the face or if allegations were sexual abuse and the allegation of sexual abuse was not determined until full investigation was completed.<br><br>Interview on 03/19/26 at 4:00 P.M. with the ADON #216 verified there were no signed statements from CNA #340, SWD #202, or HRD #224 for the 03/10/26 investigation. The ADON #216 further verified that the signed statements of CNA #236, CNA #350, and LPN #341 did not provide details of event and were not witness statements. ADON #216 confirmed that the Administrator was aware on 03/10/26 of the alleged incident. ADON #216 further revealed the facility did not continue into a deeper investigation on 03/10/26 or report the allegation of staff to resident sexual abuse to the Ohio Department of Health due to Resident #171's son stating he did not feel an investigation was needed and his mother may have an urinary infection.<br><br>Review on 03/23/26 of Police Report # CL-26-0454 filed on 03/12/26 indicated the police responded to a report of abuse sexual in nature. Further review of the | F 0609 | | |

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| F 0609 | Continued From page 8<br>police report revealed that the Administrator reported to police that the incident occurred on Tuesday 03/10/26 but the facility was not made aware of the allegation until SR #171 after the son reported concerns on 03/12/26. (Please note the Administrator's statement to the police on 03/12/26 was not accurate as the Administrator was aware of the allegation on 03/10/26).<br><br>Review of facility policy titled “Abuse, Neglect, Exploitation & Misappropriation of Resident Property,” dated 11/21/16, revealed the facility was to report any allegations or suspicion of all types of abuse to the state agency prior to investigation of the allegation.<br><br>This deficiency represents non-compliance investigated under Complaint Number 2806392. | F 0609 | | |

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| F 0610 | Continued From page 9 | F 0610 | | |
| F 0610 SS=E | 483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation<br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.<br><br>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.<br><br>§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.<br><br>This STANDARD is not met as evidenced by:<br><br>Based on medical record review, policy review, facility self-investigation report review, review of police reports, resident | F 0610 | The facility will continue to report and investigate allegations of abuse thoroughly ensuring the safety and wellbeing of their residents. Resident #171 continues to reside at the facility and seen by CNP on 3/12/26 with no noted injuries or negative effects. Psych nurse practitioner assessed residents #171 on 3/19/26 with no changes noted to psychosocial wellbeing. Resident #171 denied any complaints and appeared calm and relaxed stating to the NP that she feels safe. CNA # 340, was suspended on 3/12/26 pending investigation. The Police department was called on 3/12/26 and reported to the facility. All residents were interviewed and/or assessed for signs of abuse including Resident #102, #111, #121, #122, #124, #134, #142, and #143. No negative findings noted. A thorough investigation completed and submitted on 3/19/26. Conclusion of abuse investigation noted no evidence that abuse occurred. HRD conducted new background check on CNA #340 on 3/26/26, no negative findings noted. Resident #171 care plan was reviewed by the IDT on 4/8/26. The regional Clinician conducted an Audit of last 3 months of incidents and progress notes ensuring allegations of abuse were reported timely and thoroughly investigated. Initial audit was completed on 4/6/26 which included alleged preceptors were removed from facility when necessary. No negative findings noted. On 4/6/26, the Administrator, Nurse Management team, SSD and HRD were reeducated on the facility policies and procedures for reporting allegations timely, conducting a thorough and factual investigation and ensuring perpetrators are removed from the facility for resident's | 04/10/2026 |

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| F 0610 | Continued From page 10<br>observation, and interviews with residents and staff, the facility failed to complete a thorough investigation for an allegation of staff to resident sexual abuse. In addition, the facility failed to protect residents after an allegation of staff to resident sexual abuse when they permitted a specified perpetrator to continue to work and provide care to residents. This affected one resident (#171) of three residents reviewed for abuse, and eight residents (#102, #111, #121, #122, #124, #134, #142, and #143) who were provided care by a specified perpetrator who was the perpetrator identified in a staff to resident sexual abuse allegation and allowed to work. The facility census was 84.<br><br>Findings include:<br><br>Review of the medical record for the Resident #171 revealed an admission date of 02/17/24. Diagnoses included stroke, constipation, peripheral vascular disease, oxygen dependence, depression, hard of hearing, visual deficits, unspecified dementia without behavioral disturbances, lung disease, arthritis, and high blood pressure.<br><br>Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/03/26, revealed the resident had severe cognitive impairment with a brief interview for mental status score of 6/15. Further | F 0610 | safety to prevent further abuse. Reeducation was conducted by the Regional Clinician. A QA committee meeting was held on 4/8/26 reviewing survey results and findings, investigation and medical record documentation requirements, policy and procedures for abuse prevention and reporting abuse, SS policy and procedure, and facilities change in condition policy and procedure. Weekly for 2 weeks, or as directed by the QA committee, audits will be conducted by the regional clinician ensuring abuse allegations are investigated thoroughly, factually documented and reported, and ensuring identified perpetrators are removed from the facility as indicated. Negative findings will be corrected immediately by reporting allegation and conducting a thorough investigation and providing reeducation. Negative findings will be reported to the QA committee for review. The Regional Administrator will ensure the completion of the weekly audits. The Administrator is responsible for the ongoing compliance. | |

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| F 0610 | Continued From page 11<br>review revealed Resident #171 required extensive assistance of two staff for bed mobility, transfers, and ambulation. Review of the behavior and mood MDS assessments revealed no behaviors since prior annual assessment completed in November of 2025 and severe depression present with no change since prior assessment.<br><br>Review of the plan of care initiated on 02/25/22 and on-going revealed Resident #171 had alterations in mood/behaviors and occasionally exhibited delusional thinking and yelling out with interventions in place.<br><br>Observation and interview on 03/19/26 at 11:43 A.M. with Resident #171 revealed she was resting in bed and calm. Resident #171 quickly appeared guarded in posture and defensive in demeanor when asked about any incident of abuse occurring on 03/10/26 or 03/12/26. Resident #171 reported that she was told by the Administrator and the two police officers that she was safe now and "that man" would no longer be allowed to care for her. Resident #171 further reported she was told not to discuss the incident but would not elaborate who said that. Attempts were made twice for elaboration of events by Resident #171, but she raised her voice and adamantly declined to answer any further questions related to alleged incident.<br><br>Interview on 03/19/26 at 12:15 P.M. with | F 0610 | | |

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| F 0610 | Continued From page 12<br>the social worker designee (SWD) # 202 revealed she was made aware of an allegation of sexual abuse against certified nursing aide (CNA) # 340 by Resident #171 on Tuesday 03/10/26 around 7:45 A.M. by licensed practical nurse (LPN) #328. SWD #202 further reported that she asked the Human Resources Director (HRD) #224 to go with her to interview Resident #171 as the nursing administration and the facility Administrator was not at the facility yet.<br><br>Further interview with the SWD #202 revealed she spoke with Resident #171 who appeared upset and was yelling about a man trying to put his "thing" in her mouth. SWD #202 asked Resident #171 if she knew who the man was and Resident #171 responded "a man's proper name." Resident #171 was then asked if the man was still here and Resident #171 stated yes and reported he had a white sweatshirt on and dark hair. SWD #171 did confirm that CNA #340 was wearing a white sweatshirt that shift and had dark hair. She further reported that she told CNA #340 not to go into Resident #171 room anymore and to wait in the nursing office. SWD #202 further reported that Resident #171 complained of her right wrist hurting and she left the HRD #224 to get a nurse to check on Resident #171 wrists. SWD #202 reported that the facility Administrator was notified by phone call of events and spoke with CNA #340 on speaker phone in the presence of the SWD #202 and HRD | F 0610 | | |

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| PARK HEALTH CENTER | 100 PINE AVENUE ST CLAIRSVILLE OH, 43950 |

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| F 0610 | Continued From page 13<br>#224. CNA #340 was advised by the Administrator to leave the facility and was escorted out by staff at 9:17 A.M. pending investigation.<br><br>Interview on 03/19/26 at 12:45 P.M. with Human Resource Director (HRD) #224 revealed she was made aware of an allegation of sexual abuse against CNA # 340 by Resident #171 on Tuesday 03/10/26 around 7:45 A.M. when SWD #202 came to her office Tuesday morning on 03/10/26 and asked her to assist her with interviewing Resident #171. HRD #224 reports she called the Administrator while in Resident #171 and had him on her cell phone in speaker phone mode to hear the interview and reported events. HRD #224 further confirmed that the Administrator discussed the events with herself, SWD #202, and CNA #340 in her office via speaker phone and determined CNA needed to leave the facility until further investigation could be completed when the Administrator got on site.<br><br>Interview on 03/19/26 at 1:00 P.M. with LPN #328 revealed she was the nurse on duty caring for Resident #171 on 03/10/26. LPN #328 reported she was approached by CNA #340 and was told that Resident #171 was being combative when CNA #340 tried to get her off the bed pan. LPN #328 then went to assess Resident #171 and found her to be very agitated, and Resident #171 was reporting “he tried to put his thing in my mouth; you know that thing and gestured | F 0610 | | |

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| F 0610 | Continued From page 14<br>toward her own private area then the nurse's private area." LPN #328 reported not everything Resident #171 was saying was making sense, but she knew she should report the concern. LPN #328 then went to SWD #202 and reported concerns since administration was not at the facility yet. LPN #328 confirmed on 03/12/26 she was asked to write a statement about the Resident #171's cognitive and behavioral status only for 03/10/26 but nothing about Resident #171 statements or allegations of sexual abuse. LPN #328 did confirm there was a nothing in the medical record regarding Resident #171 having delusions and the Resident #171's son asking about a urinalysis on 03/10/26 in the medical record. LPN #328 denied any recent changes with Resident #171's cognition or mental status leading up to or since the alleged incident on 03/10/16.<br><br>Review of the facility's internal investigation revealed a file folder with date 03/10/26 and provided by the assistant director of nursing (ADON) #216 to the surveyor. The file included an individual written statement authored by LPN #328 indicating the following, "I have never witnessed CNA #340 be abusive or threatening to any residents at any time." There were three additional similar statements from CNA #236, CNA #350, and LPN #341. There were no witness statements from SWD #202 or HRD #224. There was no detailed statement from LPN #328 who was caring for Resident #171 or CNA #340 who had | F 0610 | | |

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| F 0610 | Continued From page 15<br>been providing care to Resident #171. There was no documentation in the medical record regarding the events.<br><br>Further review of the facility's investigation for 03/10/26 revealed a summary of incident determining that Resident #171 was confused and combative with CNA #340 during personal cares but no abuse occurred. Resident #171's son was notified via phone of the incident and reported that Resident #171 gets that way when she has a urinary tract infection. Resident #171's son reported to nursing staff that he did not think an investigation was warranted and he liked the male CNA #340.<br><br>Interview on 03/19/26 at 4:00 P.M. with the ADON #216 verified that there were no signed statements from CNA #340, SWD #202, or HRD #224 for the 03/10/26 investigation. The ADON #216 further verified that the signed statements of CNA #236, CNA #350, and LPN #341 did not provide details of event and were not witness statements. ADON #216 further revealed the facility did not continue into a deeper investigation on 03/10/26 or report the incident to the Ohio Department of Health due to Resident #171's son stating he did not feel an investigation was needed and his mother may have urinary infection.<br><br>Review of the schedule and time punch card dated 03/10/26 revealed CNA #340 clocked out at 9:17 A.M. and did not | F 0610 | | |

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| F 0610 | Continued From page 16<br>continue to work on 03/10/26. Further review of time punch card and daily assignment sheet revealed the CNA #340 returned to work on 03/11/26 for a full shift and was assigned as the shower aide for eight residents (#102, #111, #121, #122, #124, #134, #142, and #143).<br><br>Review of the nursing aide schedule for March 2026 revealed that on 03/12/26 CNA #340 was placed on administrative leave while a facility investigation was being completed for allegations of sexual abuse of Resident #171. As of 03/19/26 CNA #340 had not yet returned to the facility for assignment. This was verified by the ADON on 03/19/26 at 1:00 PM.<br><br>Interviews on 03/19/26 at 1:00 P.M. with the DON and ADON verified that on 03/10/26 CNA #340 was directed by the Administrator to leave facility pending investigation for allegations of sexual abuse made by Resident #171. The DON further reported CNA #340 did computer module training from home on abuse and prevention for the remainder of the day on 03/10/26.<br><br>Further interview with the ADON revealed that since the facility did not complete any further investigation after speaking with Resident #171's son that afternoon, CNA #340 was allowed to return to work on his next scheduled shift on 03/11/26. The DON verified that CNA #340 was assigned a different unit and was the shower aide on 03/11/26. The DON was | F 0610 | | |

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| F 0610 | Continued From page 17<br>able to verify there were eight residents (#102, #111, #121, #122, #124, #134, #142, and #143) who received showers from CNA #340 on 03/11/26. CNA #340 was then removed from work on 03/12/26 after a formal allegation of sexual abuse was made by Resident #171's son and another investigation was started at the facility.<br><br>Review of facility policy titled “Abuse, Neglect, Exploitation & Misappropriation of Resident Property,” dated 11/21/16, revealed the facility is to report any allegations or suspicion of all types of abuse to the state agency prior to investigation of the allegation.<br><br>This deficiency represents non-compliance investigated under Complaint Number 2806392. | F 0610 | | |

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| F 0745 | Continued From page 18 | F 0745 | | |
| F 0745 SS=D | 483.40(d) Provision of Medically Related Social Service<br>§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.<br><br>This STANDARD is not met as evidenced by:<br><br>Based on medical record review, review of the social services job description, and resident and staff interviews, the facility failed to provide medically related social services for a resident who had a change in her psychosocial status. This affected one resident (#171) of three residents reviewed for abuse.<br><br>Findings include:<br><br>Review of the medical record for Resident #171 revealed an admission date of 02/17/24. Diagnoses included stroke, constipation, peripheral vascular disease, oxygen dependence, depression, hard of hearing, visual deficits, unspecified dementia without behavioral disturbances, lung disease, arthritis, and high blood pressure.<br><br>Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/03/26, revealed the resident had severe cognitive impairment with a brief interview | F 0745 | The facility will continue to provide SS support and document in medical record accordingly to ensure emotion needs and support of their residents. Resident #171 continue to reside at the facility. SSD followed up with resident #171 on 3/18/26 and documented in the medical record. Psych nurse practitioner assessed residents #171 on 3/19/26 with no changes noted to psychosocial wellbeing. Resident #171 denied any complaints and appeared calm and relaxed stating to the NP that she feels safe. Further SSD follow up was conducted on 3/27/26 with resident #171, no negative findings noted. On 4/6/26, the SSD conducted a psychosocial assessment on resident. On 4/8/26, Resident #171 care plan was reviewed by the IDT team. An initial audit was conducted of all current facility residents, by the Regional LISW-S, of the last 30 days ensuring SSD has proper follow up and documentation in medical record for changes in condition related to mood and behavior. Initial audit was completed on 4/6/26. The DON reviewed the facilities change in condition policy with SSD on 3/27/26. The Regional LISW-S, reviewed Facility expectations for support of a resident with a change in condition and documentation requirements to ensure the psychosocial well-being of residents. Reeducation for facility SSD was completed on 3/31/26. A QA committee meeting was held on 4/8/26 reviewing survey results and findings, investigation and medical record documentation requirements, policy and procedures for abuse prevention and reporting abuse, SS policy and procedure, and facilities change in condition policy and | 04/10/2026 |

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| F 0745 | Continued From page 19<br>for mental status score of 6/15. Further review revealed Resident #171 required extensive assistance of two staff for bed mobility, transfers, and ambulation. Review of the behavior and mood MDS assessments revealed no behaviors since prior annual assessment completed in November of 2025 and severe depression present with no change since prior assessment.<br><br>Review of the plan of care initiated on 02/25/22 and on-going revealed Resident #171 had alterations in mood/behaviors and occasionally exhibits delusional thinking and yelling out with interventions in place.<br><br>Review of the medical record for Resident #171 revealed no evidence of an incident where the resident alleged staff to resident sexual abuse documented in the resident's medical record. There were no social services notes or psychosocial assessments by social services entered in the medical record on 03/10/26 through 03/19/26.<br><br>Observation and interview on 03/19/26 at 11:43 A.M. with Resident #171 revealed she was resting in bed and calm. Resident #171 quickly appeared guarded in posture and defensive in demeanor when asked about any incident of abuse occurring on 03/10/26 or 03/12/26. Resident #171 reported that she was told by the Administrator and the two police officers that she was safe now and "that | F 0745 | procedure. Weekly for 2 weeks, or as directed by the QA committee, audits will be conducted by the Regional LISW-S all aspects of the resident's medical record including but not limited to: clinical and social service documentation, behavioral alerts and Point Click Care dashboard ensuring changes in condition are addressed by the SSD and documented accordingly. Negative findings will be corrected by reeducation and providing immediate support to residents. Negative findings will be reported to the QA committee for review. The Regional Administrator will ensure the weekly audits are completed. The Administrator is responsible for the ongoing compliance. | |

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| F 0745 | Continued From page 20<br>man" would no longer be allowed to care for her. Resident #171 further reported she was told not to discuss the incident but would not elaborate who said that. Attempts were made twice for elaboration of events by Resident #171, but she raised her voice and adamantly declined to answer any further questions related to alleged incident.<br><br>Interview on 03/19/26 at 12:15 P.M. with the social worker designee (SWD) # 202 revealed she was made aware of an allegation of sexual abuse against certified nurse aide (CNA) # 340 by Resident #171 on Tuesday 03/10/26 around 7:45 A.M. by licensed practical nurse (LPN) #328. SWD #202 further reported that she asked the Human Resources Director (HRD) #224 to go with her to interview Resident #171 as the nursing administration and the facility Administrator was not at the facility yet.<br><br>Further interview with the SWD #202 revealed she spoke with Resident #171 who appeared upset and was yelling about a man trying to put his "thing" in her mouth. SWD #202 asked Resident #171 if she knew who the man was and Resident #171 responded "with a man's proper name." Resident #171 was then asked if the man was still here and Resident #171 stated yes and reported he had a white sweatshirt on and dark hair. SWD #202 did confirm that CNA #340 was wearing a white sweatshirt that shift and had dark hair. She further reported | F 0745 | | |

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| F 0745 | Continued From page 21<br>that she told CNA #340 not to go into Resident #171's room anymore and to wait in the nursing office. SWD #202 further reported that Resident #171 complained of her right wrist hurting and she left the HRD #224 to get a nurse to check on Resident #171's wrist. SWD #202 reported the facility Administrator was notified by phone call of events and spoke with CNA #340 on speaker phone in the presence of the SWD #202 and HRD #224.<br><br>Continued Interview with SWD #202 revealed she had met with Resident #171 several times since the alleged incident to follow up on her emotional and cognitive status and frequently checked in with her just to chat. SWD #202 verified there she did not document the behaviors or allegations of Resident #171 on 03/10/26 in the medical record. SWD #202 further verified she had not documented any follow visits with Resident #171 or any updated assessments of her psychosocial status since the alleged event.<br><br>Review of the job description for the Social Worker Designee dated and signed by SWD #202 on 05/06/24 revealed job responsibilities to included: providing guidance on various emotional, mental, environmental and/or physical concerns or limitations and accurately document psychosocial needs, interaction s and follow up actions with residents and families. | F 0745 | | |

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| F 0745 | Continued From page 22<br>This deficiency represents an incidental finding of non-compliance investigated under Complaint Number 2806392 | F 0745 | | |

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| F 0835 | Continued From page 23 | F 0835 | | |
| F 0835 SS=D | 483.70 Administration<br>§483.70 Administration.<br><br>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.<br><br>This STANDARD is not met as evidenced by:<br><br>Based on review of medical records, review of facility investigations, review of police reports, facility policy reviews, observations, and interviews with residents and staff the facility failed to provide effective administration when the facility's Administrator knowingly failed to report an allegation of staff to resident sexual abuse of Resident #171 and the Administrator knowingly provided false information to investigating police officers. This affected one resident (#171) of three residents reviewed for abuse. The facility census was 84.<br><br>Findings include:<br><br>Review of the medical record for the Resident #171 revealed an admission date of 02/17/24. Diagnoses included stroke, constipation, peripheral vascular disease, oxygen dependence, depression, hard of hearing, visual | F 0835 | The facility will continue to report allegations of abuse timely. Resident #171 continues to reside at the facility. Initial self-reported incident for resident #171 allegation was filed on 3/12/26 by the Administrator. Facility CNP assessed resident #171 on 3/12/26 with no noted injuries or negative effects. Psych nurse practitioner assessed residents #171 on 3/19/26 with no changes noted to psychosocial wellbeing. Resident #171 denied any complaints and appeared calm and relaxed stating to the NP that she feels safe. A thorough investigation was completed and submitted on 3/19/26. State reported incident conclusion was that abuse did not occur, there was no evidence to substantiate abuse. CNA #340, was suspended on 3/12/26 pending investigation. Police department called on 3/12/26. Final summary of State reported incident was reported to police department by the Regional Clinician on 3/19/26. HRD conducted new background check on CNA #340 on 3/26/26, no negative findings noted. The regional Clinician conducted an Audit of last 3 months of incidents and progress notes ensuring allegations of abuse were reported timely, factually documented and thoroughly investigated. Initial audit was completed on 4/6/26. No negative findings noted. On 4/6/26, the Administrator, Nurse Management team, SSD and HRD were reeducated on the facility policies and procedures for reporting allegations timely, conducting a thorough and factual investigation and ensuring perpetrators are removed from the facility for resident's safety to prevent further abuse. Reeducation was conducted by the regional clinician. On | 04/10/2026 |

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| F 0835 | Continued From page 24<br>deficits, unspecified dementia without behavioral disturbances, lung disease, arthritis, and high blood pressure.<br><br>Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/03/26, revealed the resident had severe cognitive impairment with a brief interview for mental status score of 6/15. Further review revealed Resident #171 required extensive assistance of two staff for bed mobility, transfers, and ambulation. Review of the behavior and mood MDS assessments revealed no behaviors since prior annual assessment completed in November of 20256 and severe depression present with no change since prior assessment.<br><br>Review of the plan of care initiated on 02/25/22 and on-going revealed Resident #171 had alterations in mood/behaviors and occasionally exhibits delusional thinking and yelling out with interventions in place.<br><br>Observation and interview made on 03/19/26 at 11:43 A.M. with Resident #171 revealed she was resting in bed and calm. Resident #171 quickly appeared guarded in posture and defensive in demeanor when asked about any incident of abuse occurring on 03/10/26 or 03/12/26. Resident #171 reported that she was told by the administrator and the two police officers that she was safe now and "that man" would no longer be allowed to care for her. Resident #171 | F 0835 | 4/6/26, Administrator was reeducated on providing accurate information when reporting allegations of abuse including date of alleged occurrence. On 4/6/26, Administrator was reeducated on obtaining all information from all eye witness and staff with knowledge of allegation to ensure thorough and accurate investigation. A QA committee meeting was held on 4/8/26 reviewing survey results and findings, investigation and medical record documentation requirements, policy and procedures for abuse prevention and reporting abuse, SS policy and procedure, and facilities change in condition policy and procedure. Weekly for 2 weeks, or as directed by the QA committee, audits will be conducted by the regional clinician ensuring abuse allegations are investigated thoroughly, factually documented and reported, and ensuring identified perpetrators are removed from the facility as indicated. Audits will include but not limited to progress notes, incident reports and clinical alerts. Negative findings will be corrected immediately by reporting allegation and conducting a thorough investigation and providing reeducation. Negative findings will be reported to the QA committee for review. The Regional Administrator will ensure the completion of the weekly audits. The Administrator is responsible for the ongoing compliance. | |

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| F 0835 | Continued From page 25<br>further reported she was told not to discuss the incident but would not elaborate who said that. Attempts were made twice for elaboration of events by Resident #171, but she raised her voice and adamantly declined to answer any further questions related to alleged incident.<br><br>Interview on 03/19/26 at 12:15 P.M. with the social worker designee (SWD) # 202 revealed she was made aware of an allegation of sexual abuse against CNA # 340 by Resident #171 on Tuesday 03/10/26 around 7:45 A.M. by licensed practical nurse (LPN) #328. SWD #202 further reported that she asked the Human Resources Director (HRD) #224 to go with her to interview Resident #171 as the nursing administration and the facility Administrator was not at the facility yet.<br><br>Further interview with the SWD #202 revealed she spoke with Resident #171 who appeared upset and was yelling about a man trying to put his "thing" in her mouth. SWD #202 asked Resident #171 if she knew who the man was and Resident #171 responded "a man's proper name". Resident #171 was then asked if the man was still here and Resident #171 stated yes and reported he had a white sweatshirt on and dark hair. SWD #171 did confirm that CNA #340 was wearing a white sweatshirt that shift and had dark hair. She further reported that she told CNA #340 not to go into | F 0835 | | |

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| F 0835 | Continued From page 26<br>Resident #171 room anymore and to wait in the nursing office. SWD #202 further reported that Resident #171 complained of her right wrist hurting and she left the HRD #224 to get a nurse to check on Resident #171 wrist. SWD #202 reported that the facility Administrator was notified by phone call of events and spoke with CNA #340 on speaker phone in the presence of the SWD #202 and HRD #224. CNA #340 was advised by the Administrator to leave the facility and was escorted out by staff at 9:17 A.M. pending investigation.<br><br>Interview on 03/19/26 at 12:45 P.M. with Human Resource Director (HRD) #224 revealed she was made aware of an allegation of sexual abuse against CNA # 340 by Resident #171 on Tuesday 03/10/26 around 7:45 A.M. when SWD #202 came to her office Tuesday morning on 03/10/26 and asked her to assist her with interviewing Resident #171. HRD #224 reports she called the Administrator while in Resident #171 and had him on her cell phone in speaker phone mode to hear the interview and reported events. HRD #224 further confirmed that the Administrator discussed the events with herself, SWD #202, and CNA #340 in her office via speaker phone and determined CNA needed to leave the facility until further investigation could be completed when the Administrator got on site.<br><br>Interview on 03/19/26 at 1:00 P.M. with LPN #328 revealed she was the nurse on | F 0835 | | |

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| F 0835 | Continued From page 27<br>duty caring for Resident #171 on 03/10/26. LPN #328 reported she was approached by CNA #340 and was told that Resident #171 was being combative when CNA #340 when he tried to get her off the bed pan. LPN #328 then went to assess Resident #171 and found her to be very agitated and reporting “he tried to put his thing in my mouth; you know that thing and gestured toward her own private area then the nurse’s private area.” LPN #328 reported not everything Resident #171 way saying was making sense, but she knew she should report the concerns. LPN #328 then went and reported concerns to SWD #202 since administration was not at the facility yet. LPN #328 confirmed she was not asked to write a witness statement about events on 03/10/26 and was asked on 03/12/26 to write a statement about the residents cognitive and behavioral status for 03/10/26. LPN #328 did confirm there was a note in the medical record regarding the resident having delusions and the son asking about a urinalysis on 03/10/26 but no reference to the alleged incident or Resident #171 statements. LPN #328 denied any recent changes with Resident #171 cognition or mental status leading up to or since the alleged incident on 03/10/16.<br><br>Review on 03/18/26 at 4:30 P.M. of the Ohio Department of Health Gateway abuse neglect and misappropriation reporting software revealed no Self-Reported Incidents (SRI) for | F 0835 | | |

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| F 0835 | Continued From page 28<br>allegation of sexual abuse entered for 03/10/26. Further review revealed a SRI reported on 03/12/26 by the facility Administrator for an allegation of physical abuse.<br><br>Interview on 03/19/26 at 1:20 PM with registered nurse (RN) #365 confirmed the initial SRI entered into the system on 03/12/26 was entered as physical abuse and not sexual abuse. RN #356 further reported she was unclear why the Administrator selected physical abuse and not sexual abuse but speculated that at the time of the entry prior to full investigation it was unclear on if the allegations were physical abuse due to resident stating she was hit in the face or if allegations were sexual abuse and the allegation of sexual abuse was not determined until full investigation was completed.<br><br>Interview on 03/19/26 at 4:00 P.M. with the ADON #216 confirmed that the Administrator was aware on 03/10/26 of the alleged incident of staff to resident sexual abuse. ADON #216 further revealed the facility did not continue into a deeper investigation on 03/10/26 or report incident to the Ohio Department of Health due to Resident #171's son stating he did not feel an investigation was needed and his mother may have urinary infection.<br><br>Review of Police Report # CL-26-0454 filed on 03/12/26 revealed the police responded to a sex offense report. | F 0835 | | |

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| F 0835 | Continued From page 29<br>Further review of the police report revealed that the Administrator reported to police that the incident occurred on Tuesday 03/10/26 but the facility was not made aware of the allegation until Resident #171's son reported concerns on 03/12/26.<br><br>However, interviews with SWD #202, HRD #240, and ADON #216 all confirmed the Administrator was immediately made aware on 03/10/26 of the alleged incident.<br><br>Review of facility policy titled “Abuse, Neglect, Exploitation & Misappropriation of Resident Property,” dated 11/21/16, revealed the facility was to report all allegations or suspicion of any types of abuse to the state agency prior to investigation of the allegation.<br><br>This deficiency represents an incidental finding of non-compliance investigated under Complaint Number 2806392. | F 0835 | | |

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| F 0842 | Continued From page 30 | F 0842 | | |
| F 0842 SS=D | 483.20(f)(5),483.70(h)(1)-(5) Resident Records - Identifiable Information<br>§483.20(f)(5) Resident-identifiable information.<br><br>(i) A facility may not release information that is resident-identifiable to the public.<br><br>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(h) Medical records.<br><br>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br><br>(i) Complete;<br><br>(ii) Accurately documented;<br><br>(iii) Readily accessible; and<br><br>(iv) Systematically organized<br><br>§483.70(h)(2) The facility must keep confidential all information contained in | F 0842 | The facility will continue to maintain accurate resident medical records. Resident #171 continues to reside at the facility and seen by CNP on 3/12/26 with no noted injuries or negative effects. Psych nurse practitioner assessed residents #171 on 3/19/26 with no changes noted to psychosocial wellbeing. Resident #171 denied any complaints and appeared calm and relaxed stating to the NP that she feels safe. Further SSD follow up was conducted on 3/27/26 with resident #171, no negative findings noted. On 4/8/26, Resident #171 care plan was reviewed by the IDT team on 4/8/26. On 3/18/2026, care conference was completed with son and Administrator reviewing allegation of sexual abuse discussing everything done throughout investigation. Son voiced understanding and was appreciative of the thoroughness of reviewing the matter. On 4/9/26, care conference was conducted with son and IDT Team reviewing resident's medical record. Son voiced understand and had no concerns at this time. An initial audit was conducted, by the Regional LISW-S, of the last 30 days ensuring SSD has proper follow up and documentation in medical record for changes in condition related to mood and behavior. Initial audit was completed on 3/30/26. The DON reviewed the facilities change in condition policy with SSD on 3/27/26.The Regional LISW-S, reviewed Facility expectations for support of a resident with a change in condition and documentation requirements to ensure the psychosocial well-being of residents. Reeducation for facility SSD was completed on 3/31/26. The regional Clinician conducted an Audit of last 3 | 04/10/2026 |

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| F 0842 | Continued From page 31<br>the resident's records,<br><br>regardless of the form or storage method of the records, except when release is-<br><br>(i) To the individual, or their resident representative where permitted by applicable law;<br><br>(ii) Required by Law;<br><br>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;<br><br>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.<br><br>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.<br><br>§483.70(h)(4) Medical records must be retained for-<br><br>(i) The period of time required by State | F 0842 | months of incidents and progress notes ensuring proper documentation is noted in resident's medical record related to incidents. Initial audit was completed on 4/6/26. No negative findings noted. On 4/6/26, the Administrator, Nurse Management team, and SSD were reeducated on the facility procedures for maintaining an accurate and complete record related to allegations of abuse, accidents and incidents and current changes in mood and behavior by the Regional Clinician. A QA committee meeting was held on 4/8/26 reviewing survey results and findings, investigation and medical record documentation requirements, policy and procedures for abuse prevention and reporting abuse, SS policy and procedure, and facilities change in condition policy and procedure. Weekly for 2 weeks, or as directed by the QA committee, the Regional Clinician or designee will audit facility incidents and accidents and allegations of abuse, ensuring accuracy in the medial record. Negative findings will be corrected immediately and reported to the QA committee for review. Weekly for 2 weeks, or as directed by the QA committee, audits will be conducted by the Regional LISW-S. Negative findings will be corrected by reeducation and providing immediate support to residents. Negative findings will be reported to the QA committee for review. The Regional Administrator will ensure the completion of the audits. The Administrator is responsible for the ongoing compliance. | |

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| F 0842 | Continued From page 32<br>law; or<br><br>(ii) Five years from the date of discharge when there is no requirement in State law; or<br><br>(iii) For a minor, 3 years after a resident reaches legal age under State law.<br><br>§483.70(h)(5) The medical record must contain-<br><br>(i) Sufficient information to identify the resident;<br><br>(ii) A record of the resident's assessments;<br><br>(iii) The comprehensive plan of care and services provided;<br><br>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;<br><br>(v) Physician's, nurse's, and other licensed professional's progress notes; and<br><br>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.<br><br>This STANDARD is not met as evidenced by: | F 0842 | | |

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| F 0842 | Continued From page 33<br><br>Based on medical record review and staff interview the facility failed to maintain an accurate and complete medical record. This affected one resident (#171) of three residents reviewed for abuse. The facility census was 84.<br><br>Findings include:<br><br>Review of the medical record for Resident #171 revealed an admission date of 02/17/24. Diagnoses included stroke, constipation, peripheral vascular disease, oxygen dependence, depression, hard of hearing, visual deficits, unspecified dementia without behavioral disturbances, lung disease, arthritis, and high blood pressure.<br><br>Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/03/26, revealed the resident had severe cognitive impairment with a brief interview for mental status score of 6/15. Further review revealed Resident #171 required extensive assistance of two staff for bed mobility, transfers, and ambulation. Review of the behavior and mood MDS assessments revealed no behaviors since prior annual assessment completed in November of 20256 and severe depression present with no change since prior assessment. | F 0842 | | |

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| F 0842 | Continued From page 34<br><br>Review of the plan of care initiated on 02/25/22 and on-going revealed Resident #171 had alterations in mood/behaviors and occasionally exhibits delusional thinking and yelling out with interventions in place.<br><br>Review of medical record for Resident #171 revealed there was no documentation of the events on 03/10/26 related to the allegations of staff to resident sexual abuse.<br><br>Observation and interview made on 03/19/26 at 11:43 A.M. with Resident #171 revealed she was resting in bed and calm. Resident #171 quickly appeared guarded in posture and defensive in demeanor when asked about any incident of abuse occurring on 03/10/26 or 03/12/26. Resident #171 reported that she was told by the Administrator and the two police officers that she was safe now and "that man" would no longer be allowed to care for her. Resident #171 further reported she was told not to discuss the incident but would not elaborate who said that. Attempts were made twice for elaboration of events by Resident #171, but she raised voice and adamantly declined to answer any further questions related to alleged incident.<br><br>Interview on 03/19/26 at 12:15 P.M. with the social worker designee (SWD) # 202 revealed she was made aware of an allegation of sexual abuse against CNA # | F 0842 | | |

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| F 0842 | Continued From page 35<br>340 by Resident #171 on Tuesday 03/10/26 around 7:45 A.M. by licensed practical nurse (LPN) #328. SWD #202 further reported that she asked the Human Resources Director (HRD) #224 to go with her to interview Resident #171 as the nursing administration and the facility Administrator was not at the facility yet.<br><br>Further interview with the SWD #202 revealed she spoke with Resident #171 who appeared upset and was yelling about a man trying to put his "thing" in her mouth. SWD #202 asked Resident #171 if she knew who the man was and Resident #171 responded "a man's proper name." Resident #171 was then asked if the man was still here and Resident #171 stated yes and reported he had a white sweatshirt on and dark hair. SWD #171 did confirm that CNA #340 was wearing a white sweatshirt that shift and had dark hair. She further reported that she told CNA #340 not to go into Resident #171 room anymore and to wait in the nursing office. SWD #202 further reported that Resident #171 complained of her right wrist hurting and she left to get a nurse to check on Resident #171 wrist. SWD #202 reported that the facility Administrator was notified by phone call of events and spoke with CNA #340 on speaker phone in the presence of the SWD #202 and HRD #224.<br><br>Continued Interview with SWD #202 revealed she had met with Resident #171 | F 0842 | | |

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| F 0842 | Continued From page 36<br>several times since the alleged incident to follow up on her emotional and cognitive status and frequently checked in with her just to chat. SWD #202 verified there she did not document the behaviors or allegations of Resident #171 on 03/10/26 in the medical record. SWD #202 further verified she had not documented any follow-up visits with Resident #171 or any updated assessments of her psychosocial status since the alleged event.<br><br>Interview on 03/19/26 at 1:00 P.M. with LPN #328 revealed she was the nurse on duty caring for Resident #171 on 03/10/26. LPN #328 reported she was approached by CNA #340 and was told that Resident #171 was being combative when CNA #340 tried to get her off the bed pan. LPN #328 then went to assess Resident #171 and found her/him to be very agitated, and Resident #171 was reporting “he tried to put his thing in my mouth; you know that thing and gestured toward her own private area then the nurse’s private area.” LPN #328 reported not everything Resident #171 was saying was making sense, but she knew she should report the concern. LPN #328 then went to SWD #202 and reported concerns since administration was not at the facility yet. LPN #328 did confirm she entered a note on 03/10/26 at 4:12 P.M in the medical record of Resident #171 noting she was "having increased delusions and false beliefs. States she has some discomfort to left wrist after becoming combative. Son updated and stated she | F 0842 | | |

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| F 0842 | Continued From page 37<br>gets like this when she has a UTI." LPN #328 confirmed she did not record the statements, gestures, or emotional status of Resident #171 from the interview and assessment she observed earlier that morning.<br><br>Interview on 03/19/26 at 4:00 P.M. with the ADON #216 verified that there was no documentation of the incident that occurred on 03/10/26 in the medical record and reported that the nurse noted resident was having increased delusions and complaints of left wrist pain but there was no detailed explanation of the what the delusions were or what led to the resident becoming combative. ADON #216 also confirmed that there was no entry made in the medical record for Resident #171 by social services department on 03/10/26 through 03/19/26.<br><br>This deficiency represents an incidental finding of non-compliance investigated under Complaint Number 2806392. | F 0842 | | |