

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>366171</b>	(x2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2025</b>
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name of provider or supplier <b>CRIDERSVILLE HEALTHCARE CENTER</b>	street address, city, state, zip code <b>603 EAST MAIN STREET CRIDERSVILLE OH, 45806</b>
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F 0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT INVESTIGATION COMPLAINT NUMBER OH00163275</p> <p>ADMINISTRATOR: Valerie Tischler, #7870 CERTIFIED BED CAPACITY: 50 CENSUS IN HOUSE: 43</p> <p>At the time of the complaint investigation completed on 03/19/25, no deficiencies were issued in regard to allegations contained in Complaint Number OH00163275.</p> <p>The following deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>	F 0000		
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laboratory director's or provider/supplier representative's signature  <b>VALERIE.TISCHLER</b>	title  <b>VALERIE.TISCHLER</b>	(x6) date  <b>03/26/2025</b>
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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: Based on review of facility submitted	F 0609 F 0609	F-0609 On 3/21/2025, Administrator completed a review of the ODH gateway and all SRI's have been reported timely/appropriately since 3/21/2025. SRI for Resident #3 will be submitted to the ODH Gateway EIDC system on or before 3/21/2025 for POC compliance. The facility Administrator was educated by the Regional Director of Operations on company Abuse, Neglect, Exploitation, Mistreatment and Misappropriation prevention and reporting policy on 3/21/2025. The facility Administrator or facility designee will audit 2x's a week for a period of 2 weeks then 1x a week for a period of 2 weeks to ensure all submitted State Reportable Incidents were reported timely/appropriately per reporting policy. The DON or designee will educate all staff on abuse and abuse reporting by 3/28/2025. Education included Abuse Policy and Timeliness of Abuse Reporting for Cridersville Healthcare. The DON or designee will review resident records for the last 2 weeks to ensure that there were no other allegations of abuse that were not reported by 3/24/2028. There was a total of 52 residents that were reviewed because they were in the building during this timeframe. Administrator reviewed all abuse allegations for last 30 days to make sure there was nothing else that wasn't reported. All results will be submitted to QAPI for review and determined if any further action is needed.	03/28/2025

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F 0609	<p>Continued From page 2</p> <p>Self-Reported Incident (SRIs), medical record review, staff interview, review of the facility investigation and review of facility policy, the facility failed to report an allegation of resident abuse to the Ohio Department of Health (ODH). This affected one (#03) of three residents reviewed for abuse. The facility census was 43.</p> <p>Findings include:</p> <p>Review of Resident #03's medical record revealed an admission date of 08/09/24. Diagnoses include dementia, depression, anxiety disorder, and psychotic disorder with delusions.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/21/25, revealed Resident #03 was cognitively impaired and required maximal staff assistance with activities of daily living (ADLs) and supervision with ambulation.</p> <p>Further review of Resident #03's medical record revealed no evidence of an incident involving potential abuse.</p> <p>Review of the facility submitted SRIs from 01/30/25 through 03/10/25 revealed no reported allegations of abuse involving Resident #03.</p> <p>Interview on 03/19/25 at 8:35 A.M. with the Administrator revealed on 03/03/25, Certified Nursing Assistant (CNA) #110 reported an allegation of abuse against</p>	F 0609		

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F 0609	<p>Continued From page 3</p> <p>Resident #03, perpetrated by Registered Nurse (RN) #112. CNA #110 did not witness the alleged abuse, but was informed about it by CNA #175. Former Director of Nursing (FDON) #200 was immediately notified and interviewed CNA #108, CNA #107, and RN #112. The Administrator stated Resident #03 had required a lot of attention from RN #112 that day. A CNA reported to RN #112 that another resident was having respiratory distress and needed RN #112. Reportedly, RN #112 rushed past Resident #03 and bumped shoulder to shoulder with the resident. Resident #03 did not stumble or fall during the incident. The Administrator stated CNA #110 apologized before the end of the shift and retracted the allegation. The Administrator confirmed the incident was not reported to the Ohio Department of Health as she felt the incident had been fully investigated and found the facility was not out of compliance.</p> <p>Review of the facility investigation, dated 03/03/25, confirmed the facility investigated the allegation of abuse, with no negative findings.</p> <p>Review of the facility policy titled, "Abuse, Mistreatment, Exploitation, and Misappropriation of Resident Property", undated, revealed all allegations of abuse or serious bodily injury should be reported to ODH immediately, but no later than two hours after the allegation was made. All other allegations involving neglect,</p>	F 0609		

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F 0609	Continued From page 4 exploitation, mistreatment, misappropriation of resident property and injuries of unknown source should be reported immediately, but in no event later than 24 hours from the time the incident/allegation was made known to the staff member. Further review revealed once the Administrator and ODH were notified, an investigation of the allegation violation would be conducted.  This was an incidental finding discovered during the complaint investigation.	F 0609		