

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365202	(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 07/08/2019
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NAME OF PROVIDER OR SUPPLIER LIMA REHAB AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 599 SOUTH SHAWNEE STREET LIMA OH, 45804
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F 0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT INVESTIGATION MASTER COMPLAINT NUMBER OH00105453, COMPLAINT NUMBER OH00105452 and COMPLAINT NUMBER OH00105436</p> <p>ADMINISTRATOR: Deb Sawyer, #6614 CERTIFIED BED CAPACITY: 88 CENSUS IN HOUSE: 77</p> <p>At the time of the complaint investigation completed on 07/08/19, no deficiencies were issued in regard to allegations contained in Master Complaint Number OH00105453, Complaint Number OH00105452 and Complaint Number OH00105436.</p> <p>The following deficiencies are based on incidental findings discovered during the course of this complaint investigation.</p> <p>The facility remains out of compliance from the surveys dated 04/23/19 and 07/02/19.</p>	F 0000		
F 0607 SS=D	<p>483.12(b)(1)-(3) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p>	F 0607		

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

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 0607	<p>Continued From page 1</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, This STANDARD is not met as evidenced by: Based on medical record review, review of Self-Reported Incidents (SRI's), review of social media postings, interview of local police detective, staff interview and policy review, the facility failed to implement their abuse policy to ensure an allegation of abuse was immediately reported to the State Agency and ensure the alleged abuse was thoroughly investigated. This affected one (#1) out of four residents reviewed for abuse. The current census is 77.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record revealed the resident was admitted to the facility on 04/12/19 and transferred to the hospital on 07/01/19. Diagnoses include Alzheimer's disease, chronic kidney disease, hypertension, heart disease, ventricular fibrillation, bradycardia, syncope and collapse, anemia, and diabetes.</p> <p>Review of Resident #1's comprehensive Minimum Data Set (MDS) assessment dated 04/19/19 revealed a Brief Interview</p>	F 0607		

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F 0607	<p>Continued From page 2</p> <p>for Mental Status (BIMS) score of ten indicating Resident #1 was moderately cognitively impaired. Resident #1 required supervision with bed mobility, transfer, walking, locomotion, dressing, eating, toilet use, and personal hygiene.</p> <p>Review of Resident #1's physician orders revealed an order dated 06/05/19 for Apixaban (blood thinner) five mg (milligrams) two times a day and Aspirin 81 mg one time a day.</p> <p>Review of Resident #1's progress notes dated from 06/01/19 to 07/01/19 did not revealed any pertinent documentation regarding any abuse to the resident. No documentation of the resident reporting any abuse or showing any signs or symptoms of abuse was noted in the resident's progress notes.</p> <p>Review of Resident #1's care plans dated 05/02/19 revealed a focus for impaired thought process due to Alzheimer's disease characterized by deficit memory, judgment, and making decisions. Interventions for the focus include reduce distractions, keep care consistent, supervisions with decision making; offer simple choices, engaged in simple activities. A focus for a fractured nose was added to the care plans on 06/27/19. Interventions for the focus include monitoring for bruising and discoloration, medication for pain, and ice as needed.</p>	F 0607		
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F 0607	<p>Continued From page 3</p> <p>Further review of Resident #1's care plans revised on 06/27/19 revealed a focus for increased risk of falls. Interventions for the focus to include ensuring the resident was wearing appropriate footwear when ambulating or mobilizing in wheelchair, ensure call light was in reach and encourage use, decrease clutter with commonly used items in reach, report adverse medication effects to physician, encourage rest periods to avoid over tiring, physical therapy (PT) to evaluate for a walker, encourage resident to sit in bedside chair if resident wanted to sit up, on 04/27/19 a new intervention for a low bed to floor with floor mat next to the bed, and nonskid strips on the floor in front of the chair and next to the bed.</p> <p>Review of Resident #1's hospital records dated 06/30/19 revealed the resident was treated on 06/30/19 for facial trauma post fall from five days ago. Per the hospital records the resident's daughter had requested another evaluation due to increased facial swelling. Per the hospital record the resident was alert and answering questions appropriately during the evaluation. The hospital staff interviewed Resident #1 regarding abuse and the resident denied any abuse on the record.</p> <p>Further review of Resident #1's progress notes revealed on 06/26/19 at 11:25 P.M.</p>	F 0607		
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F 0607	<p>Continued From page 4</p> <p>the resident was found on the floor by an aide, the nurse assessed the resident post fall and noted a 'bump' on the resident's forehead. No other injuries were noted during the assessment, the resident's daughter was notified, they physician was notified, and the resident was transferred to the hospital. Further review of the progress notes revealed the resident was transferred back to the facility on next day, 06/27/19. On 06/29/19 at 1:50 A.M. the resident was noted to have increased swelling to her right eye and forehead, per the note the injuries were old and related to the 06/26/19 fall. Per the noted dated 06/30/19 at 5:54 A.M. the resident was having increased lethargy and her daughter was notified and the resident was sent back to the hospital for evaluation.</p> <p>Review of social media posts of pictures of Resident #1's injuries and allegations of abuse were noted to have originated on 07/01/19 by Resident #1's family. Further review of the posts revealed the comments were the facility had been contacted by several people reporting the alleged abuse of Resident #1 from 07/01/19 to 07/08/19.</p> <p>Interview on 07/08/19 at 8:00 A.M. with the Director of Nursing, (DON), and the Administrator revealed no SRI had been initiated for abuse for Resident #1 for the alleged abuse posted on the social media dated 07/01/19. The Administrator verified the local authorities were investigating the</p>	F 0607		
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F 0607	<p>Continued From page 5</p> <p>abuse allegation and police officers and the detective had been to the facility from 07/02/19 to 07/07/19 investigating the allegations. The DON and the Administrator confirmed they investigated Resident #1's fall incident; however, they did not further investigate the abuse allegation.</p> <p>Interview on 07/08/19 at 10:40 A.M. with Lima Police Department, (LPD), detective revealed the local authorities are currently investigating the allegations of abuse for Resident #1 due to the increased attention several pictures and videos uploaded to different social media platforms were discovered starting on 07/01/19. Per the LPD detective he has not been able to substantiate any of the claims of abuse made on the social media posts. The detective stated he did go to the facility and included interviews with the staff at the facility regarding the abuse alleged on the social media posts.</p> <p>Review of eight SRI's from 05/29/19 to 06/30/19 revealed no relevant findings to the allegation. There was no SRI involving the incident noted in the system.</p> <p>Review of the facility policy titled, 'Abuse Investigating and Reporting', dated 08/2018 documented all alleged violations involving abuse will be reported by the facility Administrator, or his/her designee, to the State licensing/certification agency</p>	F 0607		

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F 0607	<p>Continued From page 6</p> <p>responsible for surveying/licensing the facility. The alleged violations of abuse will be reported immediately, but not later than two hours if the alleged violation involves abuse or has resulted in serious bodily injury or 24 hours if the alleged violation does not involved abuse and has not resulted in serious bodily injury. The Administrator, or his/her designee, will provide the appropriate agencies with a written report of the findings of the investigation within five working days of the occurrence of the incident. The policy further documented all reports of alleged abuse will be investigated promptly per regulations.</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>	F 0607		
F 0609 SS=D	<p>483.12(c)(1)(4) Reporting of Alleged Violations</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§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</p>	F 0609		

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F 0609	<p>Continued From page 7</p> <p>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.</p> <p>§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:</p> <p>Based on medical record review, review of Self-Reported Incidents (SRI's), review of social media postings, interview of local police detective, staff interview and policy review, the facility failed to immediately report an allegation of abuse to the State Agency. This affected one (#1) out of four residents reviewed for abuse. The current census is 77.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record revealed the resident was admitted to the facility on 04/12/19 and transferred to the</p>	F 0609		
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F 0609	<p>Continued From page 8</p> <p>hospital on 07/01/19. Diagnoses include Alzheimer's disease, chronic kidney disease, hypertension, heart disease, ventricular fibrillation, bradycardia, syncope and collapse, anemia, and diabetes.</p> <p>Review of Resident #1's comprehensive Minimum Data Set (MDS) assessment dated 04/19/19 revealed a Brief Interview for Mental Status (BIMS) score of ten indicating Resident #1 was moderately cognitively impaired. Resident #1 required supervision with bed mobility, transfer, walking, locomotion, dressing, eating, toilet use, and personal hygiene.</p> <p>Review of Resident #1's physician orders revealed an order dated 06/05/19 for Apixaban (blood thinner) five mg (milligrams) two times a day and Aspirin 81 mg one time a day.</p> <p>Review of Resident #1's progress notes dated from 06/01/19 to 07/01/19 did not revealed any pertinent documentation regarding any abuse to the resident. No documentation of the resident reporting any abuse or showing any signs or symptoms of abuse was noted in the resident's progress notes.</p> <p>Review of Resident #1's care plans dated 05/02/19 revealed a focus for impaired thought process due to Alzheimer's disease characterized by deficit memory, judgment, and making decisions.</p>	F 0609		
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F 0609	<p>Continued From page 9</p> <p>Interventions for the focus include reduce distractions, keep care consistent, supervisions with decision making; offer simple choices, engaged in simple activities. A focus for a fractured nose was added to the care plans on 06/27/19. Interventions for the focus include monitoring for bruising and discoloration, medication for pain, and ice as needed.</p> <p>Further review of Resident #1's care plans revised on 06/27/19 revealed a focus for increased risk of falls. Interventions for the focus to include ensuring the resident was wearing appropriate footwear when ambulating or mobilizing in wheelchair, ensure call light was in reach and encourage use, decrease clutter with commonly used items in reach, report adverse medication effects to physician, encourage rest periods to avoid over tiring, physical therapy (PT) to evaluate for a walker, encourage resident to sit in bedside chair if resident wanted to sit up, on 04/27/19 a new intervention for a low bed to floor with floor mat next to the bed, and nonskid strips on the floor in front of the chair and next to the bed.</p> <p>Review of Resident #1's hospital records dated 06/30/19 revealed the resident was treated on 06/30/19 for facial trauma post fall from five days ago. Per the hospital records the resident's daughter had requested another evaluation due to increased facial swelling. Per the hospital</p>	F 0609		

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F 0609	<p>Continued From page 10</p> <p>record the resident was alert and answering questions appropriately during the evaluation. The hospital staff interviewed Resident #1 regarding abuse and the resident denied any abuse on the record.</p> <p>Further review of Resident #1's progress notes revealed on 06/26/19 at 11:25 P.M. the resident was found on the floor by an aide, the nurse assessed the resident post fall and noted a 'bump' on the resident's forehead. No other injuries were noted during the assessment, the resident's daughter was notified, they physician was notified, and the resident was transferred to the hospital. Further review of the progress notes revealed the resident was transferred back to the facility on next day, 06/27/19. On 06/29/19 at 1:50 A.M. the resident was noted to have increased swelling to her right eye and forehead, per the note the injuries were old and related to the 06/26/19 fall. Per the noted dated 06/30/19 at 5:54 A.M. the resident was having increased lethargy and her daughter was notified and the resident was sent back to the hospital for evaluation.</p> <p>Review of social media posts of pictures of Resident #1's injuries and allegations of abuse were noted to have originated on 07/01/19 by Resident #1's family. Further review of the posts revealed the comments were the facility had been contacted by several people reporting the alleged abuse</p>	F 0609		
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F 0609	<p>Continued From page 11 of Resident #1 from 07/01/19 to 07/08/19.</p> <p>Interview on 07/08/19 at 8:00 A.M. with the Director of Nursing, (DON), and the Administrator revealed no SRI had been initiated for abuse for Resident #1 for the alleged abuse posted on the social media dated 07/01/19. The Administrator verified the local authorities were investigating the abuse allegation and police officers and the detective had been to the facility from 07/02/19 to 07/07/19 investigating the allegations. The DON and the Administrator confirmed they investigated Resident #1's fall incident; however, they did not further investigate the abuse allegation.</p> <p>Interview on 07/08/19 at 10:40 A.M. with Lima Police Department, (LPD), detective revealed the local authorities are currently investigating the allegations of abuse for Resident #1 due to the increased attention several pictures and videos uploaded to different social media platforms were discovered starting on 07/01/19. Per the LPD detective he has not been able to substantiate any of the claims of abuse made on the social media posts. The detective stated he did go to the facility and included interviews with the staff at the facility regarding the abuse alleged on the social media posts.</p> <p>Review of eight SRI's from 05/29/19 to 06/30/19 revealed no relevant findings to</p>	F 0609		

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F 0609	Continued From page 12 the allegation. There was no SRI involving the incident noted in the system. Review of the facility policy titled, 'Abuse Investigating and Reporting', dated 08/2018 documented all alleged violations involving abuse will be reported by the facility Administrator, or his/her designee, to the State licensing/certification agency responsible for surveying/licensing the facility. The alleged violations of abuse will be reported immediately, but not later than two hours if the alleged violation involves abuse or has resulted in serious bodily injury or 24 hours if the alleged violation does not involved abuse and has not resulted in serious bodily injury. The Administrator, or his/her designee, will provide the appropriate agencies with a written report of the findings of the investigation within five working days of the occurrence of the incident. The policy further documented all reports of alleged abuse will be investigated promptly per regulations. This deficiency is based on incidental findings discovered during the course of this complaint investigation.	F 0609		
F 0610 SS=D	483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 0610		

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F 0610	<p>Continued From page 13</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§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 medical record review, review of Self-Reported Incidents (SRI's), review of social media postings, interview of local police detective, staff interview and policy review, the facility failed to ensure an allegation of abuse was thoroughly investigated. This affected one (#1) out of four residents reviewed for abuse. The current census is 77.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record revealed the resident was admitted to the facility on 04/12/19 and transferred to the hospital on 07/01/19. Diagnoses include Alzheimer's disease, chronic kidney</p>	F 0610		

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F 0610	<p>Continued From page 14</p> <p>disease, hypertension, heart disease, ventricular fibrillation, bradycardia, syncope and collapse, anemia, and diabetes.</p> <p>Review of Resident #1's comprehensive Minimum Data Set (MDS) assessment dated 04/19/19 revealed a Brief Interview for Mental Status (BIMS) score of ten indicating Resident #1 was moderately cognitively impaired. Resident #1 required supervision with bed mobility, transfer, walking, locomotion, dressing, eating, toilet use, and personal hygiene.</p> <p>Review of Resident #1's physician orders revealed an order dated 06/05/19 for Apixaban (blood thinner) five mg (milligrams) two times a day and Aspirin 81 mg one time a day.</p> <p>Review of Resident #1's progress notes dated from 06/01/19 to 07/01/19 did not revealed any pertinent documentation regarding any abuse to the resident. No documentation of the resident reporting any abuse or showing any signs or symptoms of abuse was noted in the resident's progress notes.</p> <p>Review of Resident #1's care plans dated 05/02/19 revealed a focus for impaired thought process due to Alzheimer's disease characterized by deficit memory, judgment, and making decisions. Interventions for the focus include reduce distractions, keep care consistent,</p>	F 0610		

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NAME OF PROVIDER OR SUPPLIER LIMA REHAB AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 599 SOUTH SHAWNEE STREET LIMA OH, 45804
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F 0610	<p>Continued From page 15</p> <p>supervisions with decision making; offer simple choices, engaged in simple activities. A focus for a fractured nose was added to the care plans on 06/27/19. Interventions for the focus include monitoring for bruising and discoloration, medication for pain, and ice as needed.</p> <p>Further review of Resident #1's care plans revised on 06/27/19 revealed a focus for increased risk of falls. Interventions for the focus to include ensuring the resident was wearing appropriate footwear when ambulating or mobilizing in wheelchair, ensure call light was in reach and encourage use, decrease clutter with commonly used items in reach, report adverse medication effects to physician, encourage rest periods to avoid over tiring, physical therapy (PT) to evaluate for a walker, encourage resident to sit in bedside chair if resident wanted to sit up, on 04/27/19 a new intervention for a low bed to floor with floor mat next to the bed, and nonskid strips on the floor in front of the chair and next to the bed.</p> <p>Review of Resident #1's hospital records dated 06/30/19 revealed the resident was treated on 06/30/19 for facial trauma post fall from five days ago. Per the hospital records the resident's daughter had requested another evaluation due to increased facial swelling. Per the hospital record the resident was alert and answering questions appropriately during</p>	F 0610		

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F 0610	<p>Continued From page 16</p> <p>the evaluation. The hospital staff interviewed Resident #1 regarding abuse and the resident denied any abuse on the record.</p> <p>Further review of Resident #1's progress notes revealed on 06/26/19 at 11:25 P.M. the resident was found on the floor by an aide, the nurse assessed the resident post fall and noted a 'bump' on the resident's forehead. No other injuries were noted during the assessment, the resident's daughter was notified, they physician was notified, and the resident was transferred to the hospital. Further review of the progress notes revealed the resident was transferred back to the facility on next day, 06/27/19. On 06/29/19 at 1:50 A.M. the resident was noted to have increased swelling to her right eye and forehead, per the note the injuries were old and related to the 06/26/19 fall. Per the noted dated 06/30/19 at 5:54 A.M. the resident was having increased lethargy and her daughter was notified and the resident was sent back to the hospital for evaluation.</p> <p>Review of social media posts of pictures of Resident #1's injuries and allegations of abuse were noted to have originated on 07/01/19 by Resident #1's family. Further review of the posts revealed the comments were the facility had been contacted by several people reporting the alleged abuse of Resident #1 from 07/01/19 to 07/08/19.</p>	F 0610		

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F 0610	<p>Continued From page 17</p> <p>Interview on 07/08/19 at 8:00 A.M. with the Director of Nursing, (DON), and the Administrator revealed no SRI had been initiated for abuse for Resident #1 for the alleged abuse posted on the social media dated 07/01/19. The Administrator verified the local authorities were investigating the abuse allegation and police officers and the detective had been to the facility from 07/02/19 to 07/07/19 investigating the allegations. The DON and the Administrator confirmed they investigated Resident #1's fall incident; however, they did not further investigate the abuse allegation.</p> <p>Interview on 07/08/19 at 10:40 A.M. with Lima Police Department, (LPD), detective revealed the local authorities are currently investigating the allegations of abuse for Resident #1 due to the increased attention several pictures and videos uploaded to different social media platforms were discovered starting on 07/01/19. Per the LPD detective he has not been able to substantiate any of the claims of abuse made on the social media posts. The detective stated he did go to the facility and included interviews with the staff at the facility regarding the abuse alleged on the social media posts.</p> <p>Review of eight SRI's from 05/29/19 to 06/30/19 revealed no relevant findings to the allegation. There was no SRI involving the incident noted in the system.</p>	F 0610		
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F 0610	<p>Continued From page 18</p> <p>Review of the facility policy titled, 'Abuse Investigating and Reporting', dated 08/2018 documented all alleged violations involving abuse will be reported by the facility Administrator, or his/her designee, to the State licensing/certification agency responsible for surveying/licensing the facility. The alleged violations of abuse will be reported immediately, but not later than two hours if the alleged violation involves abuse or has resulted in serious bodily injury or 24 hours if the alleged violation does not involved abuse and has not resulted in serious bodily injury. The Administrator, or his/her designee, will provide the appropriate agencies with a written report of the findings of the investigation within five working days of the occurrence of the incident. The policy further documented all reports of alleged abuse will be investigated promptly per regulations.</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>	F 0610		