STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365978	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scarlet Oaks Nursing and Rehabilitation Center	440 Lafayette Avenue Cincinnati, OH 45220

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, provider interview, email communication reviews and policy reviews, the facility failed to implement the policy to ensure a nurse practitioner (NP) immediately reported an allegation of abuse to facility management when made aware of the allegation, resulting in late reporting to the state agency by the facility. This affected one (#59) of three residents reviewed for abuse. The facility census was 65. Findings included: Review of the admission record revealed Resident #59 was admitted on [DATE]. Resident #59 had a medical history including diagnoses of chronic respiratory failure with hypoxia, epilepsy, tracheostomy status, gastrostomy status, dependence on respiratory (ventilator) status, and dependence on supplemental oxygen. Review of the quarterly Minimum Data Set assessment (MDS), with an Assessment Reference Date (ARD) of 12/04/24, revealed Resident #59 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident had no behaviors during the assessment period. The MDS revealed the resident had two or more falls with no injury since the prior assessment or reentry. Review of Resident #59's care plan included a focus area, initiated 06/06/24, indicated the resident was dependent on staff for meeting emotional, intellectual, physical and social needs related to cognitive deficits, disease process (ventilator dependency, tracheostomy status, aphasia, pulmonary fibrosis, chronic obstructive pulmonary disease, and pneumonia), and immobility and physical limits. The care plan also included a focus area, initiated on 07/29/24, that indicated the resident had a behavior problem and was at risk for falls and injuries related to overt behaviors. The focus area revealed the resident pulled at the ventilator circuit and held their breath at times, causing the ventilator alarm to sound. Review of an email dated 01/06/25 at 1:35 P.M., addressed from Nurse Practitioner (NP) #11 to the Assistant Director of Nursing (ADON), revealed, last week [Resident #59] complained to me about a night shift nurse being abusive. Per the email, Resident #59 reported when they fell out of bed, the nurse was verbally abusive to them, and had kicked them while they were on the floor and also pinched them. Per the email, the resident was unable to remember the nurse's name, but identified them as a male night shift nurse and reported that the nurse had been verbally abusive on several occasions and had also pinched them on several occasions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365978	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scarlet Oaks Nursing and Rehabilitation Center	440 Lafayette Avenue Cincinnati, OH 45220

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Self Reported Incident Form, dated 01/03/25, revealed the facility became aware of the abuse allegation on 01/03/25. Per the form, the date, time, and location of the occurrence was 01/03/25 at 12:00 P. M. in the resident's room. Interview on 01/23/25 at 1:41 P.M., via telephone, with NP #11 stated she was informed of the allegation of abuse reported by Resident #59 against a nurse on 12/31/24. She stated she did not believe that reporting the allegation was urgent at that moment because the resident said it occurred a couple weeks prior, and it had not happened since. NP #11 stated it was also a holiday, so there was no one around to whom to report the allegation. NP #11 stated, on 01/03/25, the resident remembered the name of the nurse (alleged perpetrator), and she reported the allegation to Registered Nurse #16 at that time. Review of an email confirmation titled, Immediate (24 Hour) Facility Reported Incident #255730, indicated the facility notified the state survey agency of the abuse allegation on 01/03/25 at 3:16 P.M., which was not in compliance with the required reporting timeframe for an abuse allegation received on 12/31/24. An email confirmation titled, Final Facility Reported Incident #255730 revealed the facility submitted the required 5-day investigation report to the state agency on 01/08/25, which was not compliant with the required timeframe for an abuse allegation received on 12/31/24. Interview on 01/23/25 at 3:50 P.M., with the Administrator stated she expected staff to report allegations of abuse immediately. The Administrator stated if the allegation involved physical abuse, the allegation should be reported to the state agency within two hours. The Administrator said she thought she had reported the allegation within two hours. The Administrator stated she was unaware Resident #59 had reported an allegation of abuse to NP #11 on 12/31/24. Review of the policy titled, Abuse, Neglect, Exploitation and Misappropriation - Reporting and Investigating, revised in 09/2022, revealed, If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown or source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The policy revealed, Immediately is defined as: Within two hours of an allegation involving abuse or result in serious bodily injury; or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. Review of the policy titled, Abuse and Neglect Protocol, dated 09/18/24, revealed, Employees, facility consultants and/or Attending Physicians must immediately report any suspected abuse or incidents of abuse to the Director of Nursing Services. In the absence of the Director of Nursing Services such reports may be made to the Nurse Supervisor on duty. This deficiency represents the non compliance investigated under Complaint Number OH00161750.