STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHEDRAL HEALTH CARE CENTER	520 W 9TH ST JASPER, IN 47546

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F 000 Bldg. 00	This visit was for the Recertification and State Licensure Survey. Survey dates: April 20, 21, 22, 23, 24, 2015 Facility number: 000315 Provider number: 155720 AIM number: 100289030 Census bed type: SNF/NF: 35 Total: 35 Census payer type: Medicare: 2 Medicaid: 26 Other: 7 Total: 35 These deficiencies also reflect state findings cited in accordance with 410 IAC16.2-3.1	F 000	By submitting the enclosed material we are not admitting thetruth or accuracy of any specific findings or allegations. We reserve the rightto contest the findings or allegations as part of any proceedings and submitthese responses pursuant to our regulatory obligations. The facility requests that the plan ofcorrection be considered our allegation of compliance effective May 8, 2015 tothe annual licensure survey completed on April 24, 2015. We respectfully request that a desk review beconsidered. The facility will provide additional information as needed to identify compliance	
F 225 SS=D Bldg. 00	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.			
	Based on interview and record review, the facility failed to ensure a resident allegation of abuse had been immediately reported to the state agency for 1 of 1 allegation of abuse reviewed. (Resident	F 225	**F225 It is the practice ofthis facility to assure that allegations of abuse are reported to theadministrator and to the appropriate agencies as identified per the**	05/08/2015

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	#3) Finding include: On 4/23/15 at 9:15 A.M., a facility incident report sent to the Indiana State Department of Health dated 1/19/15 was reviewed . The report indicated, "...On 1/19/15 at 5:30 am Resident [Resident #3] had just gotten up from bed via [by] staff assistance and self-propelled to nurse at med [medication] cart and stated 'she hit me.' [LPN #1's name] asked resident who hit him and he said 'the brown girl.' "...[LPN # 1's name] then contacted the Administrator at 5:37 am, informed Administrator of allegation..." The fax sheet included with the 1/19/15 facility allegation report sent to the Indiana State Department of Health was dated 1/19/15 at 13:32 (1:30 P.M.). On 4/23/15 at 9:40 A.M., the facility allegation report and the fax sheet dated 1/19/15 were reviewed with the Administrator. The Administrator was made aware that the allegation had occurred at 5:30 A.M. and had not been reported to the state agency until 8 hours later at 1:30 P.M. on 1/19/15. The Administrator indicated at that time he was aware an allegation of abuse needed to be reported to the State Department of		**regulation** ***The correction action taken for those residents found to beaffected by the deficient practice include:*** There have been no further abuse allegations that have notbeen reported timely at this time. Thepolicy related to abuse has been reviewed and revised. ***Other residents that have the potential to be affected havebeen identified by:*** Potentially all residents could be affected. There have been no allegations orobservations of incidents of abuse with any other residents that has not beenreported timely. ***The measures or systematic changes that have been put intoplace to ensure that the deficient practice does not recur include:*** The policy related to reporting of abuse has been revised toinclude notification of the state immediately. All staff has been in-serviced related to therevision in the policy and to assure a thorough understanding of the regulationincluding the reporting of abuse to the facility Administrator immediately andto other appropriate agencies as required by the regulation. ***The corrective action taken to monitor performance to assurecompliance through quality assurance is:*** A Performance Improvement Tool has been initiated that willbe utilized to review the proper following of the abuse policy	

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	Health within 2 hours. The facility's abuse policy entitled, "Abuse Prevention" (policy revision date 9/20/11) was reviewed on 4/23/15 at 10:30 A.M. The policy included, but was not limited to, "...4. [page 7] When an alleged or suspected case of mistreatment, neglect, injuries of an unknown source, or abuse is reported, the facility Administrator, or his/her designee, will notify the following persons or agencies of such incident when applicable: a. The State licensing/certification agency responsible for surveying/licensing the facility; ..." 3.1-28(c)		includingnotification of the appropriate state agencies in a timely manner. It is theAdministrator's responsibility to assure that the appropriate agencies arenotified of any allegations in a timely manner. The Administrator, or designee,will complete this audit monthly x3, quarterly x3 and then quarterly thereafter. Any identified issues will be immediatelyaddressed as needed. The Quality Assurance Committee will review the tool atthe scheduled meeting following the completion of the tool with recommendationsas needed based on the outcomes of the tool ***The date the systemic changes will be completed:*** May 8, 2015	
F 226 SS=D Bldg. 00	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit			

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	mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to ensure the facility's abuse policy indicated to immediately notify the state agency regarding any allegation of abuse for 1 of 1 resident allegation of abuse reviewed. (Resident #3) Findings include: On 4/23/15 at 9:15 A.M., a facility incident report sent to the Indiana State Department of Health (ISDH) dated 1/19/15 was reviewed. The report indicated: "...On 1/19/15 at 5:30 am Resident [Resident #3] had just gotten up from bed via [by] staff assistance and self-propelled to nurse at med [medication] cart and stated 'she hit me.' [LPN #1's name] asked resident who hit him and he said 'the brown girl.' "...[LPN # 1's name] then contacted the Administrator at 5:37 am, informed Administrator of allegation..." The fax sheet included with the 1/19/15 facility allegation report sent to the Indiana State Department of Health was dated 1/19/15 at 13:32 (1:30 P.M.). On 4/23/15 at 9:40 A.M., the facility	F 226	**F226 It is the practice ofthis facility to assure that the Administrator is notified immediately relatedto allegation of abuse, neglect, or misappropriation of property. The Administrator is then responsible fornotifying the appropriate agencies as required in a timely manner per thefacility policy and the regulation *The correction action taken for those residents found to beaffected by the deficient practice include:*** There have been no additional allegations for reporting atthis time. Please refer to systematic changes related tothe policy and reporting mechanisms to the Administrator and the appropriatestate agencies in a timely manner. ***Other residents that have the potential to be affected havebeen identified by:*** There have been no incidents of abuse related to anyadditional residents. Potentially allresidents could be affected and therefore the current policy has been revisedwith the appropriate training of staff on the revised policy. ***The measures or systematic changes that have been put intoplace to ensure that the deficient practice does not recur include:*** The policy related to the prevention and the	05/08/2015

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	allegation report and the fax sheet dated 1/19/15 were reviewed with the Administrator. The Administrator was made aware that the allegation had occurred at 5:30 A.M., and had not been reported to the state agency until 8 hours later at 1:30 P.M. on 1/19/15. The Administrator indicated he was aware that he had 2 hours to report an allegation of abuse to ISDH. On 4/23/15 at 11:43 A.M., the facility's abuse policy entitled "Abuse Prevention" (Revision date 09/2011) was reviewed with the Administrator. The policy included, but was not limited to, page 5 "...11. Allegations of abuse are reported to the state agency within 24 hours..." The Administrator was made aware the state agency needed to be notified immediately of any allegation of abuse. The Administrator indicated at that time the facility policy needed to be changed from 24 hours to 2 hours in regards to state agency notification of an allegation of abuse. 3.1-28(a)		reporting of anyform of abuse has been revised to include timely notification of ISDH inaccordance with the regulation. Allstaff has been in-serviced on the policy to assure a thorough understanding ofthe regulation including the immediate notification of the Administrator andthe reporting of allegations of abuse in a timely manner to the appropriateagencies. ***The corrective action taken to monitor performance to assurecompliance through quality assurance is:*** A Performance Improvement Tool has been initiated that willbe utilized to review reportable events to assure that they are reported timelyin accordance with the facility policy and the regulation. It is theAdministrator's responsibility to assure that the appropriate agencies are notifiedof any allegations in a timely manner. The Administrator, or designee, willcomplete this audit monthly x3, then quarterly x3. The Quality Assurance Committee will reviewthe tool at the scheduled meeting following the completion of the tool with recommendationsas needed. ***The date the systemic changes will be completed:*** May 8, 2015	

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