

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2016
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NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00203485.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on May 27, 2016.</p> <p>Complaint IN00203485 - Substantiated. Federal/State deficiencies related to the allegations are cited at F226.</p> <p>Survey dates: July 12 and 13, 2016.</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Census bed type: SNF: 06 SNF/NF: 63 Total: 69</p> <p>Census payor type: Medicare: 11 Medicaid: 42 Other: 16 Total: 69</p> <p>Sample: 3</p>	F 0000		

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 0226 SS=D Bldg. 00	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 34233 on July 14, 2016.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to implement their policy to immediately report an allegation of missing money to the State agency, all other agencies and the resident's legal representative. This deficient practice affected 1 of 3 residents reviewed for misappropriation of resident property. (Resident B).</p> <p>Findings include:</p> <p>Review of Resident B's Quarterly Minimum Data Set (MDS) assessment dated 5/31/16 indicated the resident scored a 14/15 on her Brief Interview Mental Status which determined the</p>	F 0226	<p>F-226 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident B was reimbursed money that was reported missing and the incident was reported to the State Agency along with other required agencies. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? ·All residents have the potential to be affected by the alleged deficient practice ·All residents were interviewed utilizing the QIS questionnaire by their customer care representatives. Any allegations 	07/18/2016

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	<p>resident was cognitively able to make decisions.</p> <p>During an interview with Resident #B on 7/12/16 at 8:40 a.m., the resident indicated on Saturday 7/9/16, a CNA (Certified Nursing Assistant) (no name given) needed to get something out of her drawer, so she gave her the key. She further indicated that she gave another CNA whom she felt could be trusted (no name given) the key again on Sunday 7/10/16 to get something from her drawer.</p> <p>Resident #B indicated that when she was getting ready to go out for the day on Sunday, 7/10/16, she discovered the \$20 she had taken out of her personal account a few days earlier was missing from her locked dresser drawer. Resident #B further indicated she always wore the key on a key ring around her wrist even when she slept. After discovering the money was missing Resident #B indicated she went to the nurses station and spoke with the charge nurse to report the missing money and asked her what she should do indicating she wanted the police to be notified. She indicated the nurse told her to do what she felt was best, so she herself contacted the police to report the missing money. The police did arrive and completed a report on the missing money.</p>		<p>of missing money were reported to the State Agency along with other required agencies. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> All staff have been in-serviced on the abuse prohibition policy with emphasis on misappropriation of resident property and reporting timely to the ED by SDC/designee on or before 7/18/16. How the Corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? To ensure compliance the ED/designee is responsible for the completion of the Abuse Prohibition and Investigation-QAPI tool weekly times 4 weeks and monthly ongoing. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to ensure compliance. <p>July 18, 2016 Attachments A, B, C</p>	

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	<p>In an interview on 7/12/16 at 9:00 a.m., the Social Worker indicated she did receive a call from the nurse over the weekend to report the resident's allegation of missing money, that Resident B did call the police herself to make a report and and asked what she should do. She indicated she told the nurse to complete a grievance report and she would begin an investigation. The Social Worker further indicated she did not report the allegation to the State or any other agency.</p> <p>In an interview with the Administrator on 7/12/16 at 9:15 a.m., she indicated the Social Worker did get a call from the nurse over the weekend and began the initial investigation. The Administrator further indicated she did not report the allegation immediately to the State agencies, but that she was waiting on the police report and for the finished investigation.</p> <p>During an interview with the Administrator on 7/12/16 at 9:40 a.m.,The Administrator indicated she has not reported the allegation to the State or any other agency.</p> <p>On 7/12/16 at 10:00 a.m., the Administrator presented a copy of the</p>			

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	<p>facility's current policy titled "Abuse Prohibition, Reporting, and Investigation." Review of this policy at this time included, but was not limited to: "It is the policy of American Senior Living Communities to protect residents from abuse including...misappropriation of resident property and/or funds...Policy/Procedure:...5. All abuse allegations must be reported to the Executive Director immediately and to the resident's legal representative within 24 hours of the report...6. The Executive Director is the designated individual responsible for coordinating all efforts in the investigation of abuse allegations, and for assuring that all policies and procedures are followed...7. The Executive Director/designee will report all unusual occurrences, which include allegations of...misappropriation of property...immediately..."</p> <p>This Federal tag relates to complaint IN00203485.</p> <p>3.1-28(a)</p>			