

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2013
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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F000000	<p>This visit was for the Investigation of Complaint IN00128150.</p> <p>Complaint IN00128150 substantiated, federal/state deficiencies related to the allegations are cited at F225 and F226.</p> <p>Survey dates: May 8, 9, 2013</p> <p>Facility Number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF: 15 SNF/NF: 115 Total: 130</p> <p>Census payor type: Medicare: 17 Medicaid: 103 Other: 10 Total: 130</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this as our credible allegation of compliance</p>	

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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	Quality review completed on May 10, 2013 by Randy Fry RN.				

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, 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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>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.</p> <p>Based on record review and interview, the</p>	F000225	I. The allegation of abuse was	05/16/2013			

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	<p>facility failed to ensure an allegation of abuse was reported to ISDH for review, for 1 of 2 allegations of abuse reviewed. (Resident C)</p> <p>Findings include:</p> <p>Two investigations of abuse allegations were provided by the AIT (Administrator-in-Training) on 5/8/13 at 1:30 P.M. One allegation had been submitted to the ISDH.</p> <p>The other allegation concerning Resident C had not been reported to ISDH for review. The allegation had been investigated and abuse had not been substantiated.</p> <p>During an interview with the Administrator on 5/9/13 at 11:30 A.M., she indicated she had debated over whether to report it, but in the second interview, the resident had denied there was any intent to harm, so the decision was made not to report this incident.</p> <p>A current facility policy, provided by the AIT on 5.8.13 at 3:00 P.M., dated 4/6/13, titled "Abuse Prohibition, Reporting and Investigation Policy and Procedure" indicated: "It is the policy of this facility that reports of abuse will be communicated to, and</p>		<p>discussed with the surveyor while at the facility. II. As all residents could be affected, the following corrective actions were taken. III. The Administrator and Department Heads again reviewed the regulatory requirement, as well as the ISDH Reportable Incidents Policy, to confirm understanding and acknowledge a commitment to ongoing compliance therewith. Reports of Concern and grievances lodged within the past 30 days were reviewed for content to ensure any incident which would meet the Reportable Unusual Occurrence Criteria, including but not limited to an allegation of abuse, were reported as per facility policy. IV. As a means of quality assurance, all grievances, reports of concerns and allegations shall be discussed with the assigned Nurse Consultant to confirm correct reporting, investigation and necessary steps taken in response to said report. Continued compliance with reporting allegations of abuse (as well as other reportable incidents) to ISDH shall be reported to the Quality Assurance Committee during quarterly meetings.</p> <p>Addendum: 1. Did the facility in-service staff in regard to reporting requirements for allegations of abuse/neglect/misappropriation of property.</p>				

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	<p>thoroughly investigated by, the correct authority....</p> <p>...2. This facility will ensure that all alleged violations, including mistreatment, neglect or abuse, including all injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility. Violations of the aforementioned will be reported to other officials in accordance with state law through established procedures (including to the state survey and certification agency) as outlined on paragraph #3.</p> <p>3. This facility will report all unusual occurrences, which includes abuse, within 24 hours of discovery, to the Long Term care Division of the Indiana State Department of Health...."</p> <p>This federal tag relates to Complaint IN00128150.</p> <p>3.1-28(c)</p>		<p>Staff were in-serviced on immediate reporting to the Administrator of any allegation of abuse/neglect/misappropriation of property.</p> <p>The Administrator and department heads were in-serviced on May 15, 2013 on the reporting regulatory requirement, as well as the ISDH Reportable Incidents Policy (which includes allegations of abuse/neglect/misappropriation of property). It was then reviewed to ensure understanding.</p> <p><i>1. Were any tools developed for monitoring for compliance with reporting guidelines?</i></p> <p>The ISDH Reportable Incidents Policy is used as the guideline for reporting. All reported incidents are logged and tracked by the corporate office in an effort to confirm ongoing compliance with reporting guidelines.</p> <p><i>1. Who will be responsible for ensuring the assigned nurse consultant implements reporting requirements and at what frequency will monitoring occur to ensure compliance?</i></p> <p>The Administrator will review all reports of concern, grievances, and allegations daily and implement investigations and report as indicated. The Administrator will additionally</p>		

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			<p>review all reports of concern, grievances, and allegations with the nurse consultant on a weekly basis, and more frequently as indicated as a second check to confirm correct reporting, investigation and necessary steps are taken in response to said report(s) on an ongoing basis. The nurse consultant is responsible to submit all reported incidents on a weekly basis to the Corporate Compliance Officer in an effort to monitor continued compliance with reporting requirements.</p> <p><i>1. Will monitoring be ongoing?</i></p> <p>Yes, the Administrator will review all reports of concern, grievances, and allegations daily and implement investigations and report as indicated. The Administrator will additionally review all reports of concern, grievances, and allegations with the nurse consultant on a weekly basis, and more frequently as indicated as a second check to confirm correct reporting, investigation and necessary steps are taken in response to said report(s) on an ongoing basis.</p>	

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to follow their policy for abuse reporting for 1 of 2 investigations of abuse allegations reviewed. (Resident C)</p> <p>Findings include:</p> <p>Two investigations of abuse allegations were provided by the AIT (Administrator-in-Training) on 5/8/13 at 1:30 P.M. One allegation had been submitted to the ISDH.</p> <p>The other allegation concerning Resident C had not been reported to ISDH for review. The allegation had been investigated and abuse had not been substantiated.</p> <p>During an interview with the Administrator on 5/9/13 at 11:30 A.M., she indicated she had debated over whether to report it, but in the second interview, the resident had denied there was any intent to harm, so the decision was made not to report this incident.</p>	F000226	<p>I. The allegation of abuse was discussed with the surveyor while at the facility. II. As all residents could be affected, the following corrective actions were taken. III. The Administrator and Department Heads again reviewed the regulatory requirement, the ISDH Reportable Incidents Policy, and facility policy to confirm understanding and acknowledge a commitment to ongoing compliance therewith. Reports of Concern and grievances lodged within the past 30 days were reviewed for content to ensure any incident which would meet the Reportable Unusual Occurrence Criteria, including but not limited to an allegation of abuse, were reported as per facility policy. IV. As a means of quality assurance, all grievances, reports of concerns and allegations shall be discussed with the assigned Nurse Consultant to confirm correct reporting, investigation and necessary steps taken in response to said report, as per facility policy. Continued compliance with reporting allegations of abuse (as well as</p>	05/16/2013	

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	<p>A current facility policy, provided by the AIT on 5.8.13 at 3:00 P.M., dated 4/6/13, titled "Abuse Prohibition, Reporting and Investigation Policy and Procedure" indicated:</p> <p>"It is the policy of this facility that reports of abuse will be communicated to, and thoroughly investigated by, the correct authority....</p> <p>...2. This facility will ensure that all alleged violations, including mistreatment, neglect or abuse, including all injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility. Violations of the aforementioned will be reported to other officials in accordance with state law through established procedures (including to the state survey and certification agency) as outlined on paragraph #3.</p> <p>3. This facility will report all unusual occurrences, which includes abuse, within 24 hours of discovery, to the Long Term care Division of the Indiana State Department of Health...."</p> <p>This federal tag relates to Complaint IN00128150.</p> <p>3.1-28(a)</p>		<p>other reportable incidents) to ISDH as per facility policy shall be reported to the Quality Assurance Committee during quarterly meetings.</p> <p>Addendum:</p> <p><i>1. Did the facility in-service staff in regard to reporting requirements for allegations of abuse/neglect/misappropriation of property.</i></p> <p>Staff were in-serviced on immediate reporting to the Administrator of any allegation of abuse/neglect/misappropriation of property. The Administrator and department heads were in-serviced on May 15, 2013 on the reporting regulatory requirement, as well as the ISDH Reportable Incidents Policy (which includes allegations of abuse/neglect/misappropriation of property). It was then reviewed to ensure understanding.</p> <p><i>1. Were any tools developed for monitoring for compliance with reporting guidelines?</i></p> <p>The ISDH Reportable Incidents Policy is used as the guideline for reporting. All reported incidents are logged and tracked by the corporate office in an effort to confirm ongoing compliance with reporting guidelines.</p> <p><i>1. Who will be responsible for</i></p>		

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			<p><i>ensuring the assigned nurse consultant implements reporting requirements and at what frequency will monitoring occur to ensure compliance?</i></p> <p>The Administrator will review all reports of concern, grievances, and allegations daily and implement investigations and report as indicated. The Administrator will additionally review all reports of concern, grievances, and allegations with the nurse consultant on a weekly basis, and more frequently as indicated as a second check to confirm correct reporting, investigation and necessary steps are taken in response to said report(s) on an ongoing basis. The nurse consultant is responsible to submit all reported incidents on a weekly basis to the Corporate Compliance Officer in an effort to monitor continued compliance with reporting requirements.</p> <p><i>1. Will monitoring be ongoing?</i></p> <p>Yes, the Administrator will review all reports of concern, grievances, and allegations daily and implement investigations and report as indicated. The Administrator will additionally review all reports of concern, grievances, and allegations with the nurse consultant on a weekly basis, and more frequently as indicated as a second check to</p>		

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			confirm correct reporting, investigation and necessary steps are taken in response to said report(s) on an ongoing basis.	