

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155530		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/12/2021	
NAME OF PROVIDER OR SUPPLIER  SOUTH SHORE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 353 TYLER ST GARY, IN 46402			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00356108 and IN00356745.</p> <p>Complaint IN00356108 - Substantiated. Federal/state deficiencies related to the allegations are cited at F585.</p> <p>Complaint IN00356745 - Substantiated. Federal/state deficiencies related to the allegations are cited at F585.</p> <p>Survey date: July 12, 2021</p> <p>Facility number: 000369 Provider number: 155530 AIM number: 100275190</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 5 Medicaid: 62 Other: 5 Total: 72</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/13/21.</p>		F 0000	<p><b>The facility requests paper compliance for this citation.</b></p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>			
F 0585 SS=D Bldg. 00	<p>483.10(j)(1)-(4) Grievances §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other</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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	<p>agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact</p>						

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	<p>information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to</p>						

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	<p>be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>Based on observation, record review and interview, the facility failed to ensure grievances were resolved in a timely manner related to missing clothing for 1 of 3 grievances reviewed. (Resident B)</p> <p>Finding includes:</p> <p>On 7/12/21 at 10:55 a.m., Resident B was observed in his room in bed sleeping. The resident was wearing a hospital gown. A pair of sweat pants, a tee shirt, and a pair of socks were on the chair next to the resident's bed. At 12:15 p.m., the resident was seated in his wheelchair. The resident was wearing the clothes that were on his chair earlier. He also had on a sweat jacket.</p> <p>On 7/12/21 at 2:30 p.m., the resident's closet was observed. The resident had two jackets, multiple white tee shirts and multiple pairs of socks. There were no pants observed. Interview with the resident's friend at that time, indicated she brought the resident clothes from home, but</p>	F 0585	<p><b>F585 Grievances</b></p> <p><b>The facility requests paper compliance for this citation.</b></p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>1) Immediate actions taken for those residents identified:</b></p>	08/11/2021			

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	<p>they "disappeared." She was informed the clothes would be marked by the facility once he arrived. She was told she needed a receipt for the clothes to be reimbursed. She indicated these were items from home the resident already had and she had no receipt. She indicated the resident had to wear the same thing all of the time.</p> <p>Interview with the Social Service Director on 7/12/21 at 2:20 p.m., indicated the resident's missing clothes had been reported to her and she told the resident's friend that she needed to provide a receipt for the clothes to be reimbursed. The Social Service Director indicated the resident's clothes were not labeled when he was first admitted.</p> <p>The Resident Concern/Compliment Form, dated 5/26/21, indicated the resident had lost property which involved missing clothing. The resident's friend brought in two lists of clothing items that had been brought into the facility, and all were missing. Copies of the lists were given to laundry. The bottom of the form indicating if the concern had been resolved and communication given with the resident or family member had not been completed.</p> <p>Interview with the Social Service Director on 7/12/21 at 4:10 p.m., indicated the grievance should have been resolved in a more timely manner and the form completed. She also indicated the resident's sister was contacted and told to buy the resident some clothes and she would be reimbursed.</p> <p>The Resident and Family Grievances policy was provided by the Social Service Director on 7/12/21 at 4:10 p.m. The policy indicated the facility will make prompt efforts to resolve</p>		<p>Resident #B's items will be replaced by his family and will be reimbursed by the facility once receipts are provided.</p> <p><b>2) How the facility identified other residents:</b> All residents have the potential to be affected by the alleged deficient practice.</p> <p><b>3) Measures put into place/ System changes:</b> Nursing and Laundry staff will be re-educated on labeling of resident clothing upon receipt of items. Once labeled the items will be entered on their inventory sheet. Staff will be educated on the Resident and Family Grievances program by the facility Grievance Officer/designee by August 11, 2021. New grievances will be reviewed by the Interdisciplinary Team during morning meetings for recommendations and will be added to the Grievance Log for tracking of compliance. The Grievance Officer will log all grievances on the Grievance Log and take steps to resolve the grievance within five business days when possible. The Grievance Log will be audited by the ED/designee weekly and documented on the Grievance Resolution audit tool to ensure compliance.</p>				

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	<p>grievances.</p> <p>This Federal tag relates to Complaints IN00356108 and IN00356745.</p> <p>3.1-7(a)(2)</p>				<p><b>4) How the corrective actions will be monitored:</b></p> <p>The results of these audits will be reviewed in QAPI Meeting monthly for 3 months. The QAPI Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>		