

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/16/2016
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NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7133 MEADOW TRAIL BROWNSBURG, IN 46112
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00195750.</p> <p>Complaint IN00195750 - Substantiated. - State Residential Rule finding is cited at R0052.</p> <p>Dates of survey: March 16 and 17, 2016.</p> <p>Facility number: 013356 Provider number: 013356 AIM number: N/A</p> <p>Census bed type: Residential: 91 Total: 91</p> <p>Census payor type: Other: 91 Total: 91</p> <p>This State finding is cited in accordance with IAC 16.2-5.</p> <p>Quality review completed 3/20/16 by 29479.</p>	R 0000	<p>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation This provider respectfully requests that this PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW</p>	
R 0052 Bldg. 00	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from:</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>(1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.</p> <p>Based on observation, interview, and record review, the facility to ensure a resident was provided care in a manner to prevent abuse for 1 of 1 allegation of abuse reviewed. (Resident C)</p> <p>Finding includes:</p> <p>On 3/16/16 at 10:45 a.m., Resident C was interviewed. The resident indicated a "big girl" had hurt her. The resident pointed to bruising on her left hand, and upper left arm. The resident was not able to clearly describe what had happened but indicated it was during care.</p> <p>On 3/16/16 at 12:15 p.m., the General Manager was interviewed. She indicated an investigation had been initiated after the allegation of abuse was reported. She indicated the CNA (certified nursing assistant) #31, who had provided care to the resident the night of the incident had been terminated. During the facility's investigation, the CNA indicated the resident had been agitated and she had held the resident's arm down while trying to put a shirt on her. The Administrator indicated she did not think the CNA</p>	R 0052	<p>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW</p> <p>R 0052</p> <p>1.Whatcorrective actions will be accomplished for those residents found to have beenaffected by the deficient practice? When Resident #31 was found to have an injury,the facility followed the Abuse Prohibition, Reporting, and Investigationpolicy. The incident was reported immediately to ISDH on 3/13/16.The identified employee was removed from the facility and suspended pending investigation and was terminated following the investigation. The resident had a physical assessment completed. The family and physician were notified. The resident</p>	04/16/2016

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	<p>intentionally hurt her.</p> <p>Resident C's clinical record was reviewed on 3/16/16 at 12:30 p.m. The resident's diagnoses included, but were not limited to, depression, metabolic encephalopathy, cerebral vascular accident, anemia, and depression. The resident's medications included, but were not limited to, Plavix (a blood thinner).</p> <p>A Resident Care Note, dated 3/13/16 on 7-3 shift, was noted of "Resident came to writer to show bruising on left hand and left upper arm. MD [medical doctor] notified no new orders, resident put on 72 hr [hour] check, unit manager & [and] clinical director notified, family notified by unit manager, will continue to monitor."</p> <p>Documentation in the care notes on 3/14/16, 7-3 shift was noted "Resident continues to have a 4 X 4 [centimeter] bruise on her left hand and a 5 X 6 [centimeter] bruise on her left upper arm, resident states it's tender to touch, will continue to monitor."</p> <p>An "All Staff Behavior Tracking Record" provided by the Memory Care Facilitator on, 3/17/16 at 1:50 p.m., documented on 9/7/15, at 7:30 a.m., the resident was awakened by an aide to get ready for</p>		<p>wasmonitored for 72 hours for physical and social well being. Resident #31has no recollection of the incident after it happened. Her care plan and behavior interventions were reviewed and updated by an interdisciplinary team. The team met with responsible party to review behavior interventions. All staff was in-serviced on the Abuse prevention, Reporting, and Investigation policy and the Residents Rights policy on March18-21, 2016 by the General Manager and Memory Care Facilitator. The Memory Care Facilitator or designee will also review all behavior sheets, update behavior care plans, and implement with behavior interventions that will be completed on March 30, 2016. The Memory Care Facilitator and General Manager will conduct an all staff behavior intervention in-service that will be completed on March 30, 2016.</p> <p><i>Addendum:Resident #31 and resident's family have been educated on how to report any Care and Concern & abuse through a meeting with the General Manager letting them know that if they have concerns to immediately notify the General Manager of any concerns.</i></p> <p>2.How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective actions will be</p>				

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	<p>breakfast. The resident had a lot of confusion and refused to put on a brief. The resident refused to put on a shirt. Documentation of refusal of care was noted on the behavior tracking records on 3/6/16, 10/8/15, and 9/7/15,</p> <p>A form titled "Behavioral Symptoms" was noted for 9/24/15 and included "[Resident's name] is often resistive to care evidence by resisting movement by stiffening extremities, grabbing and pushing staff." The desired goals/outcomes was noted of resident will receive and comfortably engage in daily care. Staff will use simple instruction, provide care comfortably to the resident's pace, adjust accordingly and engage the resident in meaningful conversation during care.</p> <p>An Individual Service Plan, dated 9/4/15, indicated the resident was independent for transfers and ambulation and needed hands on assistance for dressing and hygiene.</p> <p>Documentation in the report of the facility's investigation included a statement from CNA #31. It included, but was not limited to, the resident was attempting to have a bowel movement and the CNA was attempting to put a clean shirt on her. "...I wasn't going to</p>		<p>taken? All residents have the potential to be affected by the same deficient practice. All staff was in serviced on the Abuseprevention, Reporting, and Investigation policy and the Residents Rights policy on or before March 21, 2016 by the General Manager and/or Memory Care Facilitator. The Memory Care Facilitator or designee will also review all behavior sheets, update behavior care plans, and implement with behavior interventions that will be completed on March 30, 2016. The Memory Care Facilitator and General Manager will conduct an all staff behavior intervention in-service that will be completed on March 30, 2016. Addendum: <i>Interviews of staff members, residents and family members have been completed. No additional concerns were identified throughout this process. Clinical Director/Designee will implement regular skin assessments during assistance with showers for those residents who are cognitively impaired. Concerns will be reported to Clinical Director and policies followed accordingly.</i></p> <p>3.What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur? The facility will continue to follow the AbuseProhibition, Reporting, and Investigation policy. All staff was</p>				

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	<p>leave her half naked so I told her I was going to help put her shirt on and I began trying to put the shirt over her head. She started hitting me in my stomach again so I held her arms down to get the shirt on her really quick, and to keep her from hitting me while I was doing it. I was NOT trying to hurt her. At that point I decided to leave because all she needed to do was stand up and pull her pants up which I knew she could do....I told the nurse about the resident being combative and that it was mostly about the shirt so I said maybe she didn't like the shirt or something and she agreed...."</p> <p>A document titled "Abuse Prohibition, Reporting and Investigation Policy and Procedure", no date, provided by the General Manager on 3/17/16 at 10:07 a.m., included but was not limited to, "...Staff is to document any refusals. Never try to "hold down" a resident by the hand, arm, or other body part. Protect resident from skin tears, bruising etc. If resident refuses re approach, have co-worker re approach. Ultimately the Resident has the right to refuse....REMEMBER THE PERSON IS MORE IMPORTANT THAN THE TASK...."</p> <p>The facility policy titled "Abuse Prohibition, Reporting, and Investigation</p>		<p>in serviced onthe Abuse Prevention, Reporting, and Investigation policy, and the Residents Rights policy on March 18-21, 2016 by the General Manager and Memory CareFacilitator. The Memory Care Facilitator or designee also conducts thesein-services for all new employees on hire, annually, and as needed for ongoingtraining. Addendum: The facility will also review all behavior sheets, update behavior careplans, and implement or adapt interventions as appropriate. Completion date: March 30, 2016. IDT to routinely review behaviors and care plans no less than semi-annually and upon any change of condition. Behaviors, root causes, care plans, etc to be reviewed at monthly QA meeting. The Memory Care Facilitator and General Manager will conduct an all staff behavior intervention in-service that will be completed on March 30, 2016. Ongoing education will be provided to staff no less than quarterly x4 and as needs are identified. <i>Care & Concern calls will continue to be done monthly to inquire of any concerns that are in need of attention. General Manager will ensure concerns are addressed and resolved.</i></p> <p>4.How the corrective actions will be monitored toensure the deficient practice will not reoccur i.e. what quality</p>				

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	<p>Policy and Procedure" with most recent revision date of June, 2013, provided by the Unit Manager on 3/16/16 at 12:00 p.m. The definition of abuse included, but was not limited to, "Neglect - failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness..."</p> <p>This State Residential finding relates to Complaint IN00195750,</p>		<p>assurance program will be put into place? To ensure compliance, the General Manager/Designee is responsible for completion of the Abuse Prohibition and Investigation IDT team tool weekly x 4 weeks, bi-monthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the IDT committee over seen by the General Manager/Designee. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p> <p><i>Addendum: As part of our quarterly QA, the IDT will be interviewing residents, family members/responsible parties and staff regarding resident rights and reporting allegations of abuse. Ongoing education on resident rights and reporting abuse allegations will be provided to residents, family members/responsible parties and staff. Upon move in, facility staff member reviews resident rights and reporting guidelines with all new admissions. They are provided a copy of the resident rights and sign acknowledgement of receipt. An audit will be performed to ensure that all residents have a signed acknowledgement form confirming receipt and knowledge of resident's rights and reporting of allegations of abuse no later</i></p>	

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			<p><i>than 4/15/15. If any missing acknowledgements are identified, the General Manager will provide follow up to the resident and the responsible party for all those who are cognitively impaired. Furthermore, the General Manager/Designee provides overview/education on resident rights & abuse during resident council annually. Family members or responsible parties of those residents who are cognitively impaired will be invited to an annual meeting and educated on residents right and reporting allegations of abuse. Resident Rights are posted in designated common areas throughout the community. Meeting scheduled for April 15, 2016 to review Residents Rights, and reporting abuse. All residents and responsible parties were invited to participate through letter</i></p>	