

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 09/25/2014
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NAME OF PROVIDER OR SUPPLIER  KEEPSAKE VILLAGE OF COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2564 FOXPOINTE DR COLUMBUS, IN 47201
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R000000	<p>This visit was for the Investigation of Complaint IN00156101.</p> <p>Complaint IN00156101 - Substantiated. State deficiencies related to the allegations are cited at R050 and R052.</p> <p>Survey dates: September 23, 24 and 25, 2014.</p> <p>Facility number: 010680 Provider number: 010680 AIM number: NA</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: Residential: 37 Total: 37</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on October 2, 2014, by Brenda Meredith, R.N.</p>	R000000	<p>Submission and implementation of this plan of correction shall not constitute an admission by Keepsake Village of Columbus to any allegations or conclusions. Rather, this plan of correction is submitted for compliance with State and Federal rules</p>	
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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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R000050	<p>410 IAC 16.2-5-1.2(t)(1-10) Residents' Rights - Noncompliance (t) Residents have the right to manage their personal affairs and funds. When the facility manages these services, a resident may, by written request, allow the facility to execute all or part of their financial affairs. Management does not include the safekeeping of personal items. If the facility agrees to manage the resident ' s funds, the facility must:</p> <p>(1) provide the resident with a quarterly accounting of all financial affairs handled by the facility; (2) provide the resident, upon the resident ' s request, with reasonable access, during normal business hours, to the written records of all financial transactions involving the individual resident ' s funds; (3) provide for a separation of resident and facility funds; (4) return to the resident, upon written request and within no later than fifteen (15) calendar days, all or any part of the resident ' s funds given the facility for safekeeping; (5) deposit, unless otherwise required by federal law, any resident ' s personal funds in excess of one hundred dollars (\$100) in an interest-bearing account (or accounts) that is separate from any of the facility ' s operating accounts and that credits all interest earned on the resident ' s funds to his or her account (in pooled accounts, there must be a separate accounting for each resident ' s share); (6) maintain resident ' s personal funds that do not exceed one hundred dollars (\$100) in a noninterest-bearing account, interestbearing account, or petty cash fund;</p>			
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	<p>(7) establish and maintain a system that assures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident ' s personal funds entrusted to the facility on the resident ' s behalf;</p> <p>(8) provide the resident or the resident ' s legal representative with reasonable access during normal business hours to the funds in the resident ' s account;</p> <p>(9) provide the resident or the resident ' s legal representative upon request with reasonable access during normal business hours to the written records of all financial transactions involving the individual resident ' s funds;</p> <p>(10) provide to the resident or his or her legal representative a quarterly statement of the individual financial record and provide to the resident or his or her legal representative a statement of the individual financial record upon the request of the resident or the resident ' s legal representative; and (11) convey, within thirty (30) days of the death of a resident who has personal funds deposited with the facility, the resident ' s funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident ' s estate.</p> <p>Based on record review and interview, the facility failed to ensure that residents' petty cash funds did not exceed one hundred dollars (\$100), and to provide quarterly accounting of those petty funds, for 2 of 3 residents reviewed for resident funds (Residents A and D).</p> <p>Findings include:</p> <p>On 9/23/2014 at 11:45 a.m., the</p>	R000050	<p>1.) What corrective actions have been made for residents affected? VISA debit cards for Residents A &amp; D were returned to the residents/Power of Attorneys due to balance being over \$100. Also, statements were prepared and sent to residents affected showing balances for anything that was spent on the VISA debit cards. Statements will be sent monthly to all residents/POA's with their monthly billing</p>	10/24/2014			

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	<p>Executive Director (ED) indicated, "If [residents] want to go on outings, they get a [name of debit card] with no more than one hundred dollars [\$100]."</p> <p>On 9/23/2014 at 2:27 p.m., the Business Office Manager (BOM) indicated that she was responsible for managing resident funds. She indicated, "It [money] goes on a card. No cash ever comes in here....We don't handle any cash. You bring cash in, I make you leave with it [cash] and go put it on a [debit] card." She further indicated, "I prefer it's nothing over fifty dollars [\$50]."</p> <p>The BOM provided a copy of the current Resident Personal [name of debit card] Funds Policy and Procedure on 9/23/2014 at 2:25 p.m. The policy included, but was not limited to, "It is the policy of the facility to hold safeguard, manage and account for personal funds in a form of a [name of debit card] of any resident who request the facility to assist with managing for outings....The funds on the [name of debit card] cannot exceed \$100 at any given time....A detailed ledger will be mailed each quarter indicating withdraws from the</p>		<p>statements.2.) How will the facility identify other residents having the potential to be affected?All VISA debit cards will be audited by Business Office Manager to ensure that no balances exceed \$100.00. Any cards that are over the limit, will be returned to residents/POA's. Business Office Manager will provide monthly statements to residents/POA's of all monies spent on the cards and the balance of the card with their monthly billing statements.3.) What measures will be put in place to prevent recurrence? Business Office Manager will check all debit cards upon receipt to ensure that the balance is \$100 or less. If card is over the limit, the card will be returned to the resident/POA. Business Office Manger will provide monthly statements to all residents/POAs who use debit cards, which shows what was purchased and the balance of the card. Business Office Manager also sent out letters reminding residents/POAs of the \$100.00 limit on all VISA debit cards. 4.) How will the changes be monitored?Business Office Manager will be responsible to monitor all VISA debit cards to ensure that they are \$100 or less. Business Office Manager will also send out monthly statements to the residents/POAs that show debit card spending and balances on the cards. 5.) Changes will be</p>	

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	<p>[name of debit card]...."</p> <p>The BOM provided a copy of Resident A's Resident [name of debit card] Spend Down log. The document indicated, "...Date: July, 2014. [Name of debit card] Debit Cart #: [blank]. Starting Balance: \$300.00. Refill Date &amp; Amount: For Clothes...." The BOM indicated that Resident A's current balance was three hundred dollars (\$300) and that no purchases had been made by the resident or on his behalf since July, 2014.</p> <p>The BOM provided a copy of Resident D's Resident [name of debit card] Spend Down log. The document indicated, "...Date: 2-4-2014. [Name of debit card] Debit Cart #: [blank]. Starting Balance: \$200.00. Refill Date &amp; Amount: [blank]" The BOM indicated that Resident D's current balance was two hundred dollars (\$200) and that no purchases had been made by the resident or on her behalf since 2/4/2014.</p> <p>On 9/25/14 at 12:58 p.m., the BOM indicated that the facility does not send</p>		completed by October 24, 2014.	

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R000052	<p>out quarterly statements detailing resident funds, and stated, "We try to just let the family know when they're running low. Sometimes it's too late and I have to call [family members] &amp; say, 'Mom's out of money.' and we wait for them to bring in a new card....It's hard to control that [residents having over one hundred dollars (\$100) on their debit cards]. We hope and pray that they don't bring in any extra, but...[shrugged shoulders]."</p> <p>This Residential tag relates to Complaint IN00156101.</p> <p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure that 1 resident was free from physical abuse (Resident G) for 1 of 37 residents in the facility (Resident G).</p> <p>Findings include:</p>	R000052	1.) What corrective action was completed for resident affected? Abuse investigation yielded that abuse was verified and employee terminated. Resident was provided with Psychological Services to rule out any emotional distress related to the incident. All employees were inserviced on Abuse Prevention and Reporting on 9-9-14 and 9-22-14.2.) How	10/14/2014

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	<p>On 9/23/2014 at 11:40 a.m., the Executive Director (ED) provided a copy of Indiana State Department of Health...Incident Report Form. The Initial Report, dated 8/5/2014, indicated, "Incident Date: 8/4/2014. Incident Time: 9:00 p.m. Residents Involved: ... [Resident G]...."</p> <p>Additional typed documentation by the ED, dated 8/6/2014, indicated, "...5 day Follow-up report to incident that occurred on 8/4/14, involving [Resident G] and [LPN #2]....Allegation: [CNA #1] called ED at home...to report that she witnessed [LPN #4], forcing [Resident G] to go to the bathroom, and grabbing and pulling on [Resident G's] arm to get her to comply. [CNA #1] also stated that [LPN #4] pushed the resident onto the toilet. Injury to resident: [Resident G] was noted to have a small red mark on the top of her right hand, which was slightly swollen....No other injuries noted....Investigation: Per [CNA #1], the witnesses were: ...2.) [Dietary Staff #5]: '...[LPN #4] had a hold of [Resident G's] arm and was dragging her down the hallway. [Resident G] was saying, 'No, I don't want to go. Let go of me.' Interview with [Resident G]: ...she had no recollection of the event, but resident has Alzheimer's Dementia and usually cannot remember any incident after 15</p>		<p>will the facility identify other residents who have the potential to be affected?Per investigative process, alert and oriented residents were interviewed to ensure that no abuse occurred to them. No other residents reported any problems with the employee or other employees. Per investigative process, staff were also interviewed. Additionally, Executive Director and Director of Nursing do daily rounds, visiting residents to ensure that they are being treated with dignity and respect. 3.) What systemic measures will be put in place to prevent recurrence?Employee was terminated and all-staff inserviced on Abuse Prevention and Reporting on 9-9-14 and 9-22-14. Resident was provided Psychological services to rule out any emotional distress.4.) How will changes be monitored to prevent recurrence?Executive Director and Director of Nursing will continue to interview residents,staff and family members monthly via Quality Assurance program. Twice annually and as needed inservices for Abuse Prevention and Reporting will continue to be provided. Criminal history background checks and CNA/Nurse Registries will continue to be checked upon hire by Business Office Manager. Executive Director is the point of contact for all abuse allegations</p>				

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	<p>minutes. Interview with [LPN #4]: "...I was not pulling or grabbing at her. I did not injure her hand."</p> <p>Resident G's clinical record was reviewed on 9/23/2014 at 2:40 p.m. Diagnoses included, but were not limited to, senile dementia and anxiety. An 8/25/2014 Progress Report indicated Resident G was disoriented to time, place, and situation.</p> <p>A Nurse's Note by LPN #7, the previous Director of Nursing (DON), dated 8/5/2014 at 8:00 a.m., indicated, "Resident is [with] raised area on right hand. Has no memory of occurrence [sic]. Investigation began d/t [due to] combativeness during toileting episode the night before (8/4/14) @ [at] approximately 9 p.m...." There was no documentation in the Nurse's Notes between 8/1/2014 and the 8/5/2014 at 8:00 a.m.</p> <p>On 9/24/2014 at 1:46 p.m., the ED indicated, "[CNA #1] called me [after the incident occurred]. There were enough witnesses there that we did verify that [allegation of abuse]." The ED further indicated, "They [staff] probably didn't document it [incident with Resident G]...that anything had occurred. [LPN</p>		and phone number is available to all staff at the nurse's office and the reception desk. 5.) Changes will be completed by 10/14/14.				

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	<p>#7/previous DON] charted the next day. He didn't come in...I did not tell them [staff] I was doing an investigation...I did not want to...you know...I wasn't called [by staff] until 9:30 [p.m.]. By the time I got a hold of [LPN #7/previous DON] to have him come in, she [LPN #4] was already gone [due to her shift ending]. He [DON] didn't come in [the date of the allegation]. He said, 'I'll suspend her [LPN #4] tomorrow.' ...When I spoke to the nurses [on duty during the incident], I said, 'Can you make sure that [Resident G's] o.k.? I'm going to have to do an investigation.' They [facility staff] came back and said they found an itty-bitty red mark on [Resident G's] hand...."</p> <p>CNA #1 was interviewed on 9/23/2014 at 2:50 p.m. She indicated, "[Resident G] doesn't like to get ready for bed sometimes...she wets herself. It's our [CNA's] responsibility to get her changed. Each CNA tried her [to assist with incontinence care/changing clothes]...it's an every day occurrence. We went to the nurse [LPN #4]...[and told her] 'She's wet...soaking chairs.' [LPN #4] said, 'Well, she's gotta [sic] go</p>			

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	<p>[to receive incontinence care/be changed].' [LPN #4] basically just told [Resident G] 'You need to get up, you're soaked.' [LPN #4] started grabbing her and told me to grab the other side. [Resident G] got even more irritated and [LPN #4] got irritated and [Resident G] started fighting against her. [LPN #4] started tugging on [Resident G]. [LPN #4] said, '[CNA #1], just pull her up!' [Resident G] was shifting all her weight towards the chair. I said, 'It's alright, we'll try again later.' [LPN #4] basically just drug her to the bathroom and [Resident G] kept fighting....I believe [Resident G] even got a skin tear...or not a skin tear...something where there was blood on the toilet. It may have been [something with] her bra..." CNA #1 indicated that Resident G was in the front living room/common area directly following the incident and for the rest of CNA 1's shift. CNA #1 indicated, "After dinner...but before nine oclock...around 7:30 - 8 [p.m.], [Resident G] kept complaining...she had like a bruise on her hand. I went to call [ED]....I know [LPN #4] kept going over to [Resident G] after it happened because she, like, knew she</p>			

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	<p>did something wrong. [LPN #4] was rubbing [Resident G's] hand where it was bruised. I felt like it [Resident G's hand] was getting more swollen. [Resident G] kept complaining to the other sitter that was there...."</p> <p>A current copy of Abuse, Neglect and Exploitation Reporting and Investigating Policy and Procedure was provided by the ED on 9/23/2014 at 10:54 a.m. The policy included, but was not limited to, "This facility is committed to maintaining a safe environment for each resident... 'Abuse' is defined... as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain...."</p> <p>A current copy of Resident's Bill of Rights was provided by the Business Office Manager on 9/23/2014 at 2:25 p.m. Resident Rights included, but were not limited to, "...2. Resident shall be free from physical and mental abuse .... "</p> <p>This Residential tag relates to Complaint IN00156101.</p>			