

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155478	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/02/2015
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NAME OF PROVIDER OR SUPPLIER TIMBERS OF JASPER THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2909 HOWARD DR JASPER, IN 47546
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00183266.</p> <p>Complaint IN00183266 - Substantiated. Federal/State deficiencies related to the allegations are cited at F224, F225, and F226.</p> <p>Survey dates: October 1 and 2, 2015</p> <p>Facility number: 000314 Provider number: 155478 AIM number: 100274210</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type: Medicare: 9 Medicaid: 55 Other: 15 Total: 79</p> <p>Sample: 5</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on</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 0224 SS=D Bldg. 00	<p>October 8, 2015.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN 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 observation, interview and record review, the facility failed to implement the policy regarding abuse and mistreatment prohibition. The facility failed to immediately report an allegation of abuse and unexplained bruising to the Indiana State Department of Health, and by failing to thoroughly investigate the allegation of abuse and bruising, for 1 of 5 residents reviewed for abuse, in a sample of 5. Resident A</p> <p>Findings include: On 10/1/15 at 10:30 A.M., the Administrator provided a list of residents</p>			F 0224	<p>The creation and submission of this 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 of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on October 14, 2015.</p> <p>F224</p> <p>What corrective action(s) will be</p>		10/14/2015

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	<p>currently residing in the facility, and a list of residents discharged from the facility in the past 3 months. Resident A was not documented on either list.</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided documentation of incidents sent to the Indiana State Department of Health (ISDH) for the previous 3 months. There was no incident documented regarding Resident A.</p> <p>The closed record of Resident A was reviewed on 10/1/15 at 11:30 A.M. Diagnoses included, but were not limited to, vascular dementia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 8/27/15, indicated Resident A scored a 0 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two + staff for bed mobility and transfer.</p> <p>"Event Reports," dated 9/23/15, indicated the following:</p> <p>"Description: Bruise to R [right] proximal humerus [upper arm] # 1...7 cm [centimeters] x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to R proximal</p>		<p>accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident A affected by the alleged deficient practice has been identified by the interdisciplinary team and reported to ISDH. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. ED/DNS/Designee will review all bruises or allegation of abuse and the facility will immediately report an allegation of abuse and unexplained bruising to the Indiana State Department of Health and immediately investigate thoroughly. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Education on reporting/abuse provided to all staff by ED/DNS/ 				

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	<p>humerus # 2...9 cm x 5 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to R mid humerus ...7 cm x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L [left] AX [axilla] [under arm]...8 cm x 5 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L humerus...3.2 x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L distal humerus...7 x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to R side of nose...3 x 3 cm x 0...purple...."</p> <p>The resident was transferred to the Emergency Room on 9/24/15 at 1:42 A.M. due to "restless, agitation." A transfer form, dated 9/24/15 at 1:38 A.M., indicated, "Multiple bruises to arms and extremities."</p> <p>An ambulance record, dated 9/24/15 at 2:13 A.M., indicated, "Assessment: Extremity Findings: Bruising to upper extremities."</p> <p>A hospital skin assessment, dated 9/24/15, indicated, "Right arm...Bruising noted to front and under arm...Left chest</p>		<p>Designee by October 14, 2015.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>ED/DNS/ Designee will daily utilize abuse and Abuse Prohibition and Investigation CQI tool x 2weeks then weekly x 12 weeks then monthly x 6 months to ensure preventative measures are in place.</p> <p>If a threshold of 95% is not achieved an action plan will be developed. Findings will be reported in continuous quality improvement every month for a minimum of 6 months.</p> <p>Compliance date: October 14, 2015</p>	

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	<p>Bruise...Left arm...Multiple bruises to underarm and back of arm...."</p> <p>On 10/1/15 at 11:15 A.M., CNA # 1 was interviewed. CNA # 1 indicated on 9/23/15, at approximately 8:30 A.M., she was assisting Resident A in the dining room. She indicated Resident A was wearing a loose fitting v-neck shirt, and she saw bruises on both of the resident's shoulders. She indicated, "It looked like fingerprints." She indicated she knew the resident had been exhibiting behaviors during the previous night. She indicated she had CNA # 2 look at the bruises, and then immediately informed LPN # 1 and also the Director of Nursing (DON) and Administrator of the bruises. She indicated the DON said the bruises probably came from a hooyer lift, "but the hooyer doesn't touch the shoulders."</p> <p>On 10/1/15 at 2:15 P.M., CNA # 2 was interviewed. CNA # 2 indicated she was working on 9/23/15, and CNA # 1 asked her to look at Resident A. She indicated she observed "4 or 5 bruises on the shoulder." She indicated, "It looked a little like fingerprint bruises." She indicated she and CNA # 1 informed LPN # 1, and also informed the Unit Manager and DON, who said they would investigate. CNA # 2 indicated she had received a report from the night shift that</p>			

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	<p>the resident had been really restless during the night, and "wouldn't stay in bed."</p> <p>On 10/1/15 at 3:30 P.M., the Unit Manager was interviewed. The Unit Manager indicated on 9/23/15, a CNA notified her and stated, "I want to show you something." The Unit Manager indicated she observed bruising and reddened areas on the upper arms and creases of the arms, and the CNA stated, "These weren't here yesterday." The Unit Manager indicated the CNA stated, "These look like hand bruises." The Unit Manager indicated she immediately reported the bruises to the DON and Administrator, and showed them the bruises. The Unit Manager indicated the DON looked at the bruises and indicated the bruises "were too far apart to be hand bruises." The Unit Manager indicated the DON thought perhaps the bruises were from incorrect use of the hoyer, or from lifting up the resident under the arms.</p> <p>On 10/1/15 at 3:00 P.M., during an interview with the DON and Administrator, the Administrator indicated the bruising was not reported to the ISDH due to the bruising not being 10 cm. The DON indicated he did look at the bruising, but didn't feel like it looked like abuse or finger marks. He indicated</p>			

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	<p>he thought it may have been from the pressure of hoyer straps. He indicated he did inform the CNA and Unit Manager to write a statement, but that he never received a statement from the CNA. The Administrator indicated Resident A was to return to the facility that day, on 10/1/15.</p> <p>On 10/2/15 at 11:15 A.M., a skin assessment on Resident A was requested. 2 light purplish bruises were observed on the resident's left upper arm. 2 yellowish bruises were observed on the right upper arm. 3 yellowish bruises were observed on the resident's upper right chest, and 2 yellowish bruises were observed on the resident's upper left chest. A yellowish bruise was observed on the resident's right breast.</p> <p>On 10/2/15 at 12:00 P.M., the DON provided a "soft file" of the incident. The documentation did not include any statements except for the Unit Manager's statement. The documentation did not indicate which, if any, residents or staff were interviewed.</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided the current facility policy "Abuse Prohibition, Reporting, and Investigation," revised July 2015. The policy included: "Abuse</p>			

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	<p>is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, or mental anguish...Injuries of Unknown Source - An injury should be classified as an injury of unknown source when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and 2. The injury is suspicious because of the extent of the injury or the location of the injury...or the number of injuries observed at one particular point in time...The Executive Director/designee will report all unusual occurrences, which include allegations of abuse, neglect, misappropriation of property and injuries of unknown origin immediately, to the Long Term Care Division of the Indiana State Department of Health. Upon completion of the investigation, which must occur within 5 working days of the reporting of the occurrence, a report of the investigation must be reported to the Long Term Care Division of the Indiana State Department of Health. Copies of the completed investigation must also be sent to the Adult Protective Services, Ombudsman, and Director of Operations. <p>8. A comprehensive record of the abuse investigation is to be kept by the facility</p>			

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	<p>Executive Director and/or Director of Nursing Services...."</p> <p>This Federal tag relates to Complaint IN00183266.</p> <p>3.1-28(a)</p>			

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F 0225 SS=D Bldg. 00	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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</p>						

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	<p>(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 observation, interview, and record review, the facility failed to immediately report an allegation of abuse and bruises of unknown origin to the Indiana State Department of Health, and thoroughly investigate the bruising and allegation of abuse, for 1 of 5 residents reviewed for abuse, in a sample of 5. Resident A</p> <p>Findings include:</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided a list of residents currently residing in the facility, and a list of residents discharged from the facility in the past 3 months. Resident A was not documented on either list.</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided documentation of incidents sent to the Indiana State Department of Health (ISDH) for the previous 3 months. There was no incident documented regarding Resident A.</p> <p>The closed record of Resident A was reviewed on 10/1/15 at 11:30 A.M. Diagnoses included, but were not limited to, vascular dementia.</p>	F 0225	<p>The creation and submission of this 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 of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on October 14, 2015.</p> <p>F225</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident A affected by the alleged deficient practice has been identified by the interdisciplinary team and reported to ISDH.</p>	10/14/2015			

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	<p>A quarterly Minimum Data Set (MDS) assessment, dated 8/27/15, indicated Resident A scored a 0 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two + staff for bed mobility and transfer.</p> <p>"Event Reports," dated 9/23/15, indicated the following:</p> <p>"Description: Bruise to R [right] proximal humerus [upper arm] # 1...7 cm [centimeters] x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to R proximal humerus # 2...9 cm x 5 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to R mid humerus ...7 cm x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L [left] AX [axilla] [under arm]...8 cm x 5 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L humerus...3.2 x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L distal humerus...7 x 4 cm x 0...reddish/blue...."</p>		<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. ED/DNS/Designee will review all bruises or allegation of abuse and the facility will immediately report an allegation of abuse and unexplained bruising to the Indiana State Department of Health and immediately investigate thoroughly.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Education on reporting/abuse provided to all staff by ED/DNS/Designee by October 14, 2015.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p>				

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	<p>"Description: Bruise to R side of nose...3 x 3 cm x 0...purple...."</p> <p>The resident was transferred to the Emergency Room on 9/24/15 at 1:42 A.M. due to "restless, agitation." A transfer form, dated 9/24/15 at 1:38 A.M., indicated, "Multiple bruises to arms and extremities."</p> <p>An ambulance record, dated 9/24/15 at 2:13 A.M., indicated, "Assessment: Extremity Findings: Bruising to upper extremities."</p> <p>A hospital skin assessment, dated 9/24/15, indicated, "Right arm...Bruising noted to front and under arm...Left chest Bruise...Left arm...Multiple bruises to underarm and back of arm...."</p> <p>On 10/1/15 at 11:15 A.M., CNA # 1 was interviewed. CNA # 1 indicated on 9/23/15, at approximately 8:30 A.M., she was assisting Resident A in the dining room. She indicated Resident A was wearing a loose fitting v-neck shirt, and she saw bruises on both of the resident's shoulders. She indicated, "It looked like fingerprints." She indicated she knew the resident had been exhibiting behaviors during the previous night. She indicated she had CNA # 2 look at the bruises, and then immediately informed LPN # 1 and</p>		<p>·ED/DNS/ Designee will daily utilize abuse and Abuse Prohibition and Investigation CQI tool x 2weeks then weekly x 12 weeks then monthly x 6 months to ensure preventative measures are in place.</p> <p>·If a threshold of 95% is not achieved an action plan will be developed. Findings will be reported in continuous quality improvement every month for a minimum of 6 months.</p> <p>Compliance date: October 14, 2015</p>				

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	<p>also the Director of Nursing (DON) and Administrator of the bruises. She indicated the DON said the bruises probably came from a hooyer lift, "but the hooyer doesn't touch the shoulders."</p> <p>On 10/1/15 at 2:15 P.M., CNA # 2 was interviewed. CNA # 2 indicated she was working on 9/23/15, and CNA # 1 asked her to look at Resident A. She indicated she observed "4 or 5 bruises on the shoulder." She indicated, "It looked a little like fingerprint bruises." She indicated she and CNA # 1 informed LPN # 1, and also informed the Unit Manager and DON, who said they would investigate. CNA # 2 indicated she had received a report from the night shift that the resident had been really restless during the night, and "wouldn't stay in bed."</p> <p>On 10/1/15 at 3:30 P.M., the Unit Manager was interviewed. The Unit Manager indicated on 9/23/15, a CNA notified her and stated, "I want to show you something." The Unit Manager indicated she observed bruising and reddened areas on the upper arms and creases of the arms, and the CNA stated, "These weren't here yesterday." The Unit Manager indicated the CNA stated, "These look like hand bruises." The Unit Manager indicated she immediately</p>			

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	<p>reported the bruises to the DON and Administrator, and showed them the bruises. The Unit Manager indicated the DON looked at the bruises and indicated the bruises "were too far apart to be hand bruises." The Unit Manager indicated the DON thought perhaps the bruises were from incorrect use of the hoyer, or from lifting up the resident under the arms.</p> <p>On 10/1/15 at 3:00 P.M., during an interview with the DON and Administrator, the Administrator indicated the bruising was not reported to the ISDH due to the bruising not being 10 cm. The DON indicated he did look at the bruising, but didn't feel like it looked like abuse or finger marks. He indicated he thought it may have been from the pressure of hoyer straps. He indicated he did inform the CNA and Unit Manager to write a statement, but that he never received a statement from the CNA. The Administrator indicated Resident A was to return to the facility that day, on 10/1/15.</p> <p>On 10/2/15 at 11:15 A.M., a skin assessment on Resident A was requested. 2 light purplish bruises were observed on the resident's left upper arm. 2 yellowish bruises were observed on the right upper arm. 3 yellowish bruises were observed on the resident's upper right chest, and 2</p>			

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	<p>yellowish bruises were observed on the resident's upper left chest. A yellowish bruise was observed on the resident's right breast.</p> <p>On 10/2/15 at 12:00 P.M., the DON provided a "soft file" of the incident. The documentation did not include any statements except for the Unit Manager's statement. The documentation did not indicate which, if any, residents or staff were interviewed.</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided the current facility policy "Abuse Prohibition, Reporting, and Investigation," revised July 2015. The policy included: "Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, or mental anguish...Injuries of Unknown Source - An injury should be classified as an injury of unknown source when both of the following conditions are met: 1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and 2. The injury is suspicious because of the extent of the injury or the location of the injury...or the number of injuries observed at one particular point in time...The Executive Director/designee</p>			

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	<p>will report all unusual occurrences, which include allegations of abuse, neglect, misappropriation of property and injuries of unknown origin immediately, to the Long Term Care Division of the Indiana State Department of Health. Upon completion of the investigation, which must occur within 5 working days of the reporting of the occurrence, a report of the investigation must be reported to the Long Term Care Division of the Indiana State Department of Health. Copies of the completed investigation must also be sent to the Adult Protective Services, Ombudsman, and Director of Operations.</p> <p>8. A comprehensive record of the abuse investigation is to be kept by the facility Executive Director and/or Director of Nursing Services...."</p> <p>This Federal tag relates to Complaint IN00183266.</p> <p>3.1-28(c) 3.1-28(d)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2015

FORM APPROVED

OMB NO. 0938-0391

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F 0226 SS=D Bldg. 00	<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 observation, interview, and record review, the facility failed to implement their policy of abuse of residents, by failing to immediately report bruising and an allegation of abuse to the Indiana State Department of Health, and thoroughly investigating the bruising and allegation of abuse, for 1 of 5 residents reviewed for abuse, in a sample of 5. Resident A</p> <p>Findings include:</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided a list of residents currently residing in the facility, and a list of residents discharged from the facility</p>	F 0226	<p>The creation and submission of this 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 of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on October 14, 2015. F226</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident A affected by the alleged deficient practice has been identified by the interdisciplinary team and reported to ISDH. How will you identify other residents having the potential to be affected by the same deficient</p>	10/14/2015

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	<p>in the past 3 months. Resident A was not documented on either list.</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided documentation of incidents sent to the Indiana State Department of Health (ISDH) for the previous 3 months. There was no incident documented regarding Resident A.</p> <p>The closed record of Resident A was reviewed on 10/1/15 at 11:30 A.M. Diagnoses included, but were not limited to, vascular dementia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 8/27/15, indicated Resident A scored a 0 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two + staff for bed mobility and transfer.</p> <p>"Event Reports," dated 9/23/15, indicated the following:</p> <p>"Description: Bruise to R [right] proximal humerus [upper arm] # 1...7 cm [centimeters] x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to R proximal humerus # 2...9 cm x 5 cm x 0...reddish/blue...."</p>		<p>practice and what corrective action will be taken? · All residents have the potential to be affected by the alleged deficient practice. ED/DNS/Designee will review all bruises or allegation of abuse and the facility will immediately report an allegation of abuse and unexplained bruising to the Indiana State Department of Health and immediately investigate thoroughly. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>· Education on reporting/abuse provided to all staff by ED/DNS/Designee by October 14, 2015.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>· ED/DNS/ Designee will daily utilize abuse and Abuse Prohibition and Investigation CQI tool x 2weeks then weekly x 12 weeks then monthly x 6 months to ensure preventative measures are in place.</p> <p>· If a threshold of 95% is not achieved an action plan will be developed. Findings will be reported in continuous quality improvement every month for a minimum of 6 months.</p> <p>Compliance date: October 14, 2015</p>				

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	<p>"Description: Bruise to R mid humerus ...7 cm x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L [left] AX [axilla] [under arm]...8 cm x 5 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L humerus...3.2 x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to L distal humerus...7 x 4 cm x 0...reddish/blue...."</p> <p>"Description: Bruise to R side of nose...3 x 3 cm x 0...purple...."</p> <p>The resident was transferred to the Emergency Room on 9/24/15 at 1:42 A.M. due to "restless, agitation." A transfer form, dated 9/24/15 at 1:38 A.M., indicated, "Multiple bruises to arms and extremities."</p> <p>An ambulance record, dated 9/24/15 at 2:13 A.M., indicated, "Assessment: Extremity Findings: Bruising to upper extremities."</p> <p>A hospital skin assessment, dated 9/24/15, indicated, "Right arm...Bruising noted to front and under arm...Left chest Bruise...Left arm...Multiple bruises to underarm and back of arm...."</p>			

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	<p>On 10/1/15 at 11:15 A.M., CNA # 1 was interviewed. CNA # 1 indicated on 9/23/15, at approximately 8:30 A.M., she was assisting Resident A in the dining room. She indicated Resident A was wearing a loose fitting v-neck shirt, and she saw bruises on both of the resident's shoulders. She indicated, "It looked like fingerprints." She indicated she knew the resident had been exhibiting behaviors during the previous night. She indicated she had CNA # 2 look at the bruises, and then immediately informed LPN # 1 and also the Director of Nursing (DON) and Administrator of the bruises. She indicated the DON said the bruises probably came from a hooyer lift, "but the hooyer doesn't touch the shoulders."</p> <p>On 10/1/15 at 2:15 P.M., CNA # 2 was interviewed. CNA # 2 indicated she was working on 9/23/15, and CNA # 1 asked her to look at Resident A. She indicated she observed "4 or 5 bruises on the shoulder." She indicated, "It looked a little like fingerprint bruises." She indicated she and CNA # 1 informed LPN # 1, and also informed the Unit Manager and DON, who said they would investigate. CNA # 2 indicated she had received a report from the night shift that the resident had been really restless during the night, and "wouldn't stay in</p>			

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	<p>bed."</p> <p>On 10/1/15 at 3:30 P.M., the Unit Manager was interviewed. The Unit Manager indicated on 9/23/15, a CNA notified her and stated, "I want to show you something." The Unit Manager indicated she observed bruising and reddened areas on the upper arms and creases of the arms, and the CNA stated, "These weren't here yesterday." The Unit Manager indicated the CNA stated, "These look like hand bruises." The Unit Manager indicated she immediately reported the bruises to the DON and Administrator, and showed them the bruises. The Unit Manager indicated the DON looked at the bruises and indicated the bruises "were too far apart to be hand bruises." The Unit Manager indicated the DON thought perhaps the bruises were from incorrect use of the hoyer, or from lifting up the resident under the arms.</p> <p>On 10/1/15 at 3:00 P.M., during an interview with the DON and Administrator, the Administrator indicated the bruising was not reported to the ISDH due to the bruising not being 10 cm. The DON indicated he did look at the bruising, but didn't feel like it looked like abuse or finger marks. He indicated he thought it may have been from the pressure of hoyer straps. He indicated he</p>			

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	<p>did inform the CNA and Unit Manager to write a statement, but that he never received a statement from the CNA. The DON and Administrator acknowledged that no residents or staff on the unit had been interviewed regarding the possibility of rough treatment. The Administrator indicated Resident A was to return to the facility that day, on 10/1/15.</p> <p>On 10/2/15 at 11:15 A.M., a skin assessment on Resident A was requested. 2 light purplish bruises were observed on the resident's left upper arm. 2 yellowish bruises were observed on the right upper arm. 3 yellowish bruises were observed on the resident's upper right chest, and 2 yellowish bruises were observed on the resident's upper left chest. A yellowish bruise was observed on the resident's right breast.</p> <p>On 10/2/15 at 12:00 P.M., the DON provided a "soft file" of the incident. The documentation did not include any statements except for the Unit Manager's statement. The documentation did not indicate which, if any, residents or staff were interviewed.</p> <p>On 10/1/15 at 10:30 A.M., the Administrator provided the current facility policy "Abuse Prohibition,</p>			

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	Reporting, and Investigation," revised July 2015. The policy included: "Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, or mental anguish...Injuries of Unknown Source - An injury should be classified as an injury of unknown source when both of the following conditions are met: 1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and 2. The injury is suspicious because of the extent of the injury or the location of the injury...or the number of injuries observed at one particular point in time...The Executive Director/designee will report all unusual occurrences, which include allegations of abuse, neglect, misappropriation of property and injuries of unknown origin immediately, to the Long Term Care Division of the Indiana State Department of Health. Upon completion of the investigation, which must occur within 5 working days of the reporting of the occurrence, a report of the investigation must be reported to the Long Term Care Division of the Indiana State Department of Health. Copies of the completed investigation must also be sent to the Adult Protective Services, Ombudsman, and Director of Operations. 8. A comprehensive record of the abuse			

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	<p>investigation is to be kept by the facility Executive Director and/or Director of Nursing Services...."</p> <p>This Federal tag relates to Complaint IN00183266.</p> <p>3.1-28(a)</p>			

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