

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2015
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NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00180848, IN00182634, and IN00183346.</p> <p>Complaint IN00180848- Substantiated. A deficiency related to the allegations is cited at F309.</p> <p>Complaint IN00182634- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00183346- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: September 28 and 29, 2015</p> <p>Facility number 000149 Provider number 155245 AIM number 100266840</p> <p>Census bed type: SNF/NF: 42 Total: 42</p> <p>Census payor type: Medicare: 1 Medicaid: 37 Other: 4</p>	F 0000	Submission of this Plan of Correction shall not constitute or be construed as an admission by Castleton Healthcare Center that the allegations contained in the survey report are accurate or reflect accurately the provisions of nursing care and services to the resident's at Castleton Healthcare Center.	

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 0170 SS=D Bldg. 00	<p>Total: 42</p> <p>Sample: 3</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on September 30, 2015.</p> <p>483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. Based on record review and interview, the facility failed to ensure a resident's right to privacy in receiving unopened mail, by opening and reading a letter addressed to a resident (Resident C). 1 resident of 3 reviewed for privacy of mail in a sample of 3.</p> <p>Findings include:</p> <p>The record of Resident C was reviewed on 9/28/15 at 11:00 A.M. Diagnoses, obtained from the current Diagnoses page of Resident C's electronic medical record, included, but were not limited to, heart</p>			F 0170	<p>Resident C was notified of her opened mail by the employee #2. The employee explained to the resident, this was a mistake and she has since been educated with the policy and procedure. Employee #2 was in-serviced on the residents rights policy, regarding "Privacy in sending and receiving mail," on September 28, 2015, by the regional nurse consultant. A new employee has since been hired to deliver mail to the residents. She was in-serviced on 10/8/2015 on the Resident's Rights Privacy Policy. The administrator will do random interviews of the resident's reviewing mail to ensure the mail</p>		10/16/2015

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	<p>failure, chronic pain syndrome, diabetes mellitus, hypertension, anxiety, and a history of cancer of the skin.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 8/14/15 indicated Resident C had no cognitive deficits, required extensive to total assistance of staff for activities of daily living, did not ambulate, used a wheelchair for locomotion, and was incontinent of bowel and bladder.</p> <p>During an interview on 9/28/15 at 9/45 A.M., the Corporate Nurse Consultant indicated the facility had received a letter informing the facility an investigation was pending related to a complaint involving Resident C. The letter was provided, and it was noted to be addressed personally to Resident C at the facility address. Dated 9/16/15 and signed by the division Complaint Manager, The open letter was designated for the attention of the Administrator and had not been delivered to the resident.</p> <p>Upon review, the Nurse Consultant indicated the letter was a private communication intended for Resident C. She indicated it was facility policy to maintain confidentiality and privacy of resident mail, and this letter had been opened and read in violation of this</p>		<p>was delivered sealed. The random audits will take place weekly two times or two months, and then quarterly for six months. This will be monitored during the Q.A. meetings for review and recommendation.</p>	

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	<p>policy.</p> <p>Employee #2, identified as the person who had opened the letter, was interviewed on 9/28/15 at 2:00 P.M., She indicated she typically opened all mail to identify the appropriate recipient. She indicated she did not recognize the letter to Resident C as a personal letter, and prepared it to give to the facility Administrator. She indicated she had not had any specific training or direction in identifying and maintaining privacy of personal mail.</p> <p>Resident C was interviewed on 9/28/15 at 11:50 A.M., in private in her room. She was alert and oriented. She indicated she had been informed the facility had opened her mail, that she had not given the facility permission to open her personal mail, and was not pleased they had done so.</p> <p>A facility policy titled "Resident Rights" dated August 2011 received from the Nurse Consultant on 9/28/15 at 1:15 P.M., indicated:</p> <p>"Policy Statement: Employees shall treat all residents with kindness, respect, and dignity.</p> <p>Policy Interpretation and Implementation:</p>			

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F 0309 SS=G Bldg. 00	<p>Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's rights to...Privacy in sending and receiving mail."</p> <p>3.1-3(s)(1)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure adequate supervision and training were in place to prevent a staff member from inflicting injury on a resident (Resident B). 1 of 3 residents reviewed for injury in a sample of 3.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 9/28/15 at 10:00 A.M. Diagnoses, obtained from the current diagnoses page of Resident C's electronic medical record, included, but were not limited to, a history of pulmonary embolism, heart</p>	F 0309	Resident B was examined for any unusual markings on skin upon notification of injury. Bruises on left thumb and wrist were assessed, noted, and provided care. Resident B did not complain of pain or discomfort at this time. Other residents were checked for any bruising and unidentified markings on their body. Immediate attention was paid to residents under CNA in question. No new injuries were noticed at that time. The CNA was immediately questioned and then after investigation, terminated. Abuse education was given to staff on August 21, 2015 by D.O.N and Regional nurse. Previous abuse education was	10/16/2015

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	<p>failure, diabetes mellitus, cerebrovascular disease, dementia with behavioral disturbance, psychosis, hypertension, and chronic ischemic heart disease.</p> <p>A quarterly Minimum Data Set (MDS) assessment indicated Resident B was significantly cognitively impaired, required staff assistance for all activities of daily living, ambulated infrequently with staff assistance, could not balance without stabilization of staff, and was incontinent of bowel and bladder.</p> <p>A Skin Assessment for Resident B documented on 8/18/15 at 4:15 P.M., indicated no areas of bruising or discoloration, and noted Resident B's skin was "CDI" (clean, dry, and intact).</p> <p>A facility Reported Incident, filed with the Department on 8/21/15 at 3:57 P.M., included, but was not limited to:</p> <p>" Incident date: 08/21/2015, Incident time: 12:15 P.M., Residents Involved: (Resident B), Staff Involved: (CNA #1),</p> <p>Brief description of incident: Resident noted to have discoloration to left upper extremities.</p> <p>Type of Injury: Left thumb discoloration 3.0 x 3.0 CM (centimeters); Left medial</p>		<p>given on April 15th, 2015. This included staff involved in current allegation. Additionally, the Social Service Director or designee will randomly select 20% of resident population for interview each week for two months. Each interviewed resident will be questioned, "how are you being treated by the staff"? Based on affirmative outcomes, then 10% of the resident population will be interviewed every other week for two months. Based on affirmative outcomes, then 5% of the resident population will be interviewed each month for a remainder of a year. Negative findings will be reviewed by the D.O.N and administrator. Finally , all new hires will have extra emphasis places on understanding abuse or protocols for reporting abuse. D.O.N/Designee will monitor residents skin by doing a skin survey weekly for 2 months, then quarterly for six months. Any unidentified markings or unusual conditions will be investigated immediately by the D.O.N. This process will be reviewed at monthly Q.A. meetings for recommendations and effectiveness by the 2 A. team.</p> <p>The facility is doing an IDR because the the SS is punitive for a facility reported incident; the staff has and is continuing to be trained in abuse and reporting; and even the surveyor indicated the facility handled the situation</p>	

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	<p>thumb 2.0 x 2.0 CM; Left knuckle 1.5 x 2.5 CM; Left wrist 0.1 x 0.1 CM all discolorations.</p> <p>Immediate action taken: CNA was suspended pending investigation.</p> <p>Follow up: Investigation completed along with staff education...employee involved in investigation was terminated."</p> <p>A nurse's progress note entered by the Director of Nursing on 8/21/15 at 2:30 P.M., indicated "Resident with multiple discolorations to lue (left upper extremity) left thumb, 3.0 x 3.0cm, left knuckle area 1.5 x 2.5cm, left medial aspect of the thumb 2.0 x 2.4cm. No edema note to areas bright red in color...M.D. notified...resident's son notified as well..."</p> <p>An "Investigation" report completed by the Director of Nursing and dated 08/21/15 included, but was not limited to:</p> <p>"On 08/21/15 (CNA #4) reported...a housekeeper observed (CNA #1) hitting on (Resident B)...Upon assessment of (Resident B) was found (sic) with multiple discolorations to left upper extremity of unknown origins. One of the areas of discolorations had tiny abrasions</p>		appropriately. The Tag is understandable; the SS is not.	

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	<p>consistent with fingernail injuries...</p> <p>Writer then went to (CNA #1) to notify her that there was an allegation of abuse against her and she was suspended pending further investigation...</p> <p>...(Dietary Aide #3)...stated she did not witness the incident but knows who the eyewitness is...she declined to speak any further...</p> <p>(CNA #1) was contacted via telephone... (she) stated to writer that she really doesn't want to come up to the facility at all...writer then notified (CNA #1) the allegations had been substantiated and the decision was made to terminate. (CNA #1) then stated okay and hung up the phone."</p> <p>During an interview on 9/28/15 at 3:15 P.M. the Director of Nursing indicated CNA #1 had been terminated for a substantiated instance of resident abuse against Resident B, and that Dietary Aide #3 was terminated for failure to report abuse and refusing to cooperate with an abuse investigation.</p> <p>An undated facility policy titled "Abuse Protection and Response Policy" received from the Director of Nursing on 9/28/15 at 11:00 A.M. Indicated:</p>			

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	<p>"Policy: Abuse, as hereafter defined, will not be tolerated by anyone, including staff, patients, consultants and volunteers, family members or legal guardians, friends or any other individual Castleton Health Care Center (sic).</p> <p>Definitions: Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain or mental anguish. Physical Abuse: includes hitting, slapping, punching and kicking..."</p> <p>This Federal tag relates to Complaint IN00180848.</p> <p>3.1-37(a)</p>			