

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 11/24/2015
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NAME OF PROVIDER OR SUPPLIER TERRACE AT TOWNE CENTRE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00187188.</p> <p>Complaint IN00187188- Substantiated. State Residential deficiency related to the allegations are cited at R0053.</p> <p>Survey Dates: 11/24/15</p> <p>Facility number: 002392 Provider number: 002392 AIM number: N/A</p> <p>Census by bed type: Residential: 40 Total: 40</p> <p>Census Payor type: Other: 40 Total: 40</p> <p>Residential Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 26143, on November 29, 2015.</p>	R 0000	R 000	

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>R 053</p> <p>Disclaimer: "This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of The Terrace at Towne Centre as to the accuracy of the</p>	

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R 0053	410 IAC 16.2-5-1.2(w)		<p>surveyors' findings or</p> <p>the conclusions drawn therefrom. Submiss ion</p> <p>of this Plan of correction also does not constitute an admission that the findings constitute a deficiency or that the scope land severity regarding the deficiency cited are correctly applied. Any changes to the</p> <p>Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state</p> <p>rules of civil procedure and should be</p> <p>inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent ,</p> <p>officer,director,attorney,orshareho lder.</p> <p>lof the Community or affiliated companies."</p>	

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Bldg. 00	<p>Residents' Rights - Deficiency (w) Residents have the right to be free from verbal abuse.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free from verbal abuse, related to a CNA speaking loud and disrespectful to 1 of 3 residents reviewed for abuse, in a total sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>During an interview on 11/24/15 at 9:15 a.m., Resident #B indicated the staff at the facility treated her very well. The resident indicated there had been no abuse and the staff sometimes yelled at her, and then stated, "But I am hard of hearing". The resident stated, "It may sound like abuse but they have to shout." The resident indicated she felt safe and unafraid.</p> <p>Resident #B's record was reviewed on 11/24/15 at 1 p.m. The resident's diagnoses included, but were not limited to dementia, falls, and asthma.</p> <p>A Service Plan, dated 10/25/15, indicated the resident's judgement and memory were generally good, required assistance with activities of daily living, and was continent of bowel and bladder.</p>	R 0053	<p>R 053</p> <p>Resident B's POA was contacted by the Executive Director of the facility and was informed of the investigation, outcome, and the resulting termination of the offending CNA. The ADON or designee will interview 5 Residents daily beginning on 12/1/2015 to ensure all Residents' needs are being met and give them an opportunity to voice any concerns or complaints. All concerns or complaints will be investigated by the ADON or designee. All Residents will be interviewed by 12/10/2015. An all staff in-service to review Resident rights and abuse to be completed now and annually. Included in this in-service will be information on signs of caregiver burnout. During the quarterly service plan reviews the residents will have an opportunity to discuss any concerns or complaints. New residents are interviewed after 30 days of stay to review their service plan and discuss any concerns or complaints. These systemic changes will be completed by 12/14/2015.</p>	12/14/2015

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	<p>An Indiana State Department of Health (ISDH) Reportable Incident, dated 11/02/15, indicated on 11/02/15, the Resident's Grandson reported Resident #B requested CNA #1 to not take care of her because the CNA was, "mean". The report indicated the Grandson placed a recording device in the Resident's room and the facility listened to the recording, and heard verbal abuse by CNA #1. The recording occurred on 10/27/15 and 10/28/15 during the 6 p.m. to 6 a.m. shift.</p> <p>The Investigation indicated on November 2, 2015 at 10:50 a.m., CNA #1 was suspended pending an investigation of the alleged verbal abuse.</p> <p>A statement from Resident #B, dated 11/02/15, indicated the resident described the CNA as unpleasant and the CNA had thrown things at her and frequently raised her voice in an aggressive manner.</p> <p>The resident was interviewed by RN #1 on 11/05/15 and the resident indicated she had not liked how CNA #1 had thrown towels and dirty laundry when she was in her room and indicated the CNA had treated her mean.</p> <p>A typed statement, dated 11/11/15 and signed by RN #1 indicated while listening to the audio tape from the</p>			

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	<p>resident's grandson, RN #1 recognized CNA #1's voice and the CNA was, "barking orders" at the resident and the CNA's voice was abrupt and disrespectful.</p> <p>CNA #1's personnel file, indicated the CNA was terminated from the facility 11/11/15 after the investigation had been completed.</p> <p>The follow up on the ISDH reportable, dated 11/24/15, indicated the investigation revealed verbal abuse and the CNA had been terminated.</p> <p>During an interview on 11/24/15 at 10:43 a.m., the Director of Human Resources indicated CNA #1 had not returned to the facility after being placed on suspension.</p> <p>An undated facility policy, received from RN #1 on 11/24/15 at 10:08 a.m. as current, titled, "Abuse and Neglect Consumer Information Sheet", indicated, "...all residents in nursing homes are entitled to receive quality care...This includes freedom from neglect, abuse...Facility Abuse Policy...To establish guidelines for assuring the facility is free of all abusive acts..."</p> <p>This Residential Tag relates to complaint IN00187188.</p>			

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