

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 12/19/2013
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NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ANDREW AVE LA PORTE, IN 46350
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R000000	<p>This visit was for the Investigation of Complaint IN00140726.</p> <p>Complaint IN00140726-Substantiated. State residential deficiencies related to the allegation are cited at R0041, R0052, R0053 and R0116.</p> <p>Survey date: December 19, 2013</p> <p>Facility number: 010890 Provider number: 010890 AIM number: N/A</p> <p>Survey team: Cynthia Stramel, R.N., T.C. Jennifer Redlin, R.N.</p> <p>Census bed type: Residential: 114 Total: 114</p> <p>Census payor type: Other: 114 Total: 114</p> <p>Sample: 6</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p>	R000000	<p>This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors</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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	Quality review completed on December 23, 2013, by Janelyn Kulik, RN.						

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R000041	<p>410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals.</p> <p>Based on record review and interview, the facility failed to ensure policies were implemented in regards to investigating matters in a timely manner related to not investigating injuries of unknown origin for 2 of 3 resident's with injuries of unknown origin reviewed; (Resident #B and #C) and failure to initiate an investigation regarding an allegation of abuse in a timely manner for one resident reviewed. (Resident #B)</p> <p>Findings include:</p> <p>1. a. The record for Resident #B was reviewed on 12/19/13 at 11:30 a.m. The resident was admitted to the facility on 4/22/13. The resident was transferred to the Memory Care Unit on 7/11/13. The Service Plan dated 7/12/13 indicated the resident was confused, oriented to self and family. Diagnoses included dementia with</p>	R000041	<p>Resident # B no longer resides at the community. Resident C's skin tear has resolved. An investigation was unable to determine the reason for the skin tear. No further changes in skin integrity have been noted. Staff has been retrained to report injuries of unknown origin to the Executive Director. The resident will have weekly skin checks completed for six months and reported findings made to the Quality Committee for review and recommendation. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; Licensed nursing professionals completed skin evaluations of all residents with cognitive impairment. Cognitively intact residents were interviewed to identify if there were concerns related to care or other complaints. No complaints or concerns were raised in those interviews. What</p>	01/15/2014			

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	<p>wandering and exit seeking. She had no skin issues.</p> <p>A fax communication to the Physician on 8/3/13 indicated the resident had a large purple bruise on her upper left arm approximately 3" x 1.5". The resident was unable to explain what happened. A Skin Integrity Monitoring form indicated the bruise was of "unknown origin", and monitored from 8/2/13 through 8/30/13. There was no documentation regarding how the bruise occurred, or that an investigation had been done.</p> <p>Nursing Note dated 11/22/13 at 10:00 a.m., indicated there were multiple discolorations on the Resident B's lower legs that were large, small, and varied from light brown to purple in color. The resident was unable to explain what happened. LPN #1 and the residents family member inspected the resident's furnishings and the family members vehicle for possible causes. The family member took the resident out of the facility and upon return told the LPN, "...car frame matches the areas and may be the cause."</p> <p>Interview with LPN #1 on 12/19/ at 1:45 p.m. She indicated on 11/22/13 the staff had discovered multiple</p>		<p>measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>All staff will be re-educated to the abuse/neglect policy and procedure, which includes reporting allegations of abuse/neglect/misappropriation to their supervisor and/or the ED. All staff will be re-educated to the grievance and concern process. Licensed Nursing staff will be re-educated on notifying the physician and family of changes in resident condition, including reporting and initiating investigations when skin discoloration of unknown origin is identified. The ED will be re-educated to the state reporting requirements for allegations of abuse/neglect/misappropriation.</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>Cognitively impaired residents will have skin checks weekly for one month to ensure that any areas of skin discoloration were identified and managed in accordance with policy. Findings will be reported to the Quality Committee for review recommendations. The Executive Director will review the Grievance and Concern log weekly for one month to validate grievances have been managed and acted upon. The Grievance</p>				

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	<p>bruises on the resident's lower legs. The LPN and the resident's daughter looked at furnishings and the daughter's vehicle to determine possible causes. The daughter took the resident out for a ride and upon return indicated, "...car frame matches the areas and may be the cause." No further investigation was done. On 11/30/13 the family came to the facility and informed the LPN they were moving the resident out of the facility. The resident's daughter voiced concerns to the LPN that someone on the midnight shift was hurting her mother. She further thought the bruises were going to be investigated more thoroughly. The LPN indicated she notified the Unit Manger and Resident Care Director immediately.</p> <p>A letter in the resident's record from the daughter dated 11/30/13 indicated she was moving out of on that date. She indicated concerns for her mother's safety, and that her mother had been, "...increasingly telling me that someone hits her,..." There was no documentation that an investigation to these allegations had been initiated at that time.</p> <p>The Facility Incident Reporting Form, undated, was sent to Indiana State</p>		<p>and Concern log will be reviewed in Quality Committee for trends and recommendations. The business office manager will review new hire records for 3 months to validate orientation and training has been completed and report findings to the ED and Quality Committee monthly for review and recommendations. By what date the systemic changes will be completed. Staff retraining for Abuse (including verbal), Neglect and Exploitation, Resident Rights and Reportable Events was completed across several shifts the weeks of December 9th and 15th. Implementation and retraining will be completed by 1/15/2014</p>				

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	<p>Department of Health on 12/6/13. The report indicated multiple areas of discoloration were noted on the resident's lower legs on 11/22/13. On 11/30/13 the POA (Power of Attorney) informed staff she was removing her mother from the facility. On 12/6/13 the Executive Director was contacted by an attorney regarding Brentwood staff had potentially harmed the resident, and an investigation was now underway.</p> <p>Interview with the interim Resident Care Director (RCD) on 12/19/13 at 12:40 p.m., she indicated suspicious injuries should be reported and investigated. She indicated bruises on upper arms and lower legs would be considered suspicious and should "most definitely" be investigated. She indicated an event report should have been completed related to Resident #B's bruises. She further indicated if a family member made an allegation of abuse, it should be investigated immediately. She further indicated the above event should have been investigated immediately.</p> <p>Interview with Regional Director of Operations (RDO) on 12/19/13 at 2:10 p.m., she indicated all injuries of unknown origin should be investigated. Further interview with</p>			

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	<p>the RCD and the RDO at 3:10 p.m., indicated they were unable to locate event reports for Resident #B's skin issues described above.</p> <p>The policy titled Policies and Procedures Regarding Investigation and Reporting of Alleged Violations of Federal or State Law Involving Mistreatment, Neglect, Abuse, Injuries of Unknown Source and Misappropriation of Resident's Property was received from the interim RCD on 12/19/13 at 8:37 a.m. The policy indicated, "It is the police of this facility to ensure that all alleged violations of Federal or State laws which involve mistreatment, neglect, abuse, injuries of unknown source and misappropriation of resident property, are reported immediately to the Community Director of the facility. Such violations will also be reported to State agencies in accordance with existing State law. The facility will investigate each such alleged violation thoroughly and report the results of all investigations to the Community Director..."</p> <p>2. The record for Resident #C was reviewed on 12/19/13 at 2:00 p.m. The resident was admitted to the facility on 11/22/13. The resident's</p>			

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	<p>Service Plan dated 11/19/13 indicated he was always confused and oriented to person only. His skin was intact on admission.</p> <p>Nursing Note dated 12/11/13 at 8:00 p.m. indicated the resident was observed in the hallway "dabbing" at a skin tear on his leg. A fax communication to the Physician on 12/12/13 stated, "Found skin tear on R (right) shin 1/2 inch. May we have an order for Bacitracin and Band-Aid until healed". There was no further documentation in the nursing notes regarding how the resident got the skin tear.</p> <p>A Skin Integrity Monitoring form indicated the resident was being monitored for a skin tear on his right shin beginning 12/13/13. The next entry on the form was 12/16/13 which indicated there was a skin tear on the right forearm that was "closed", and a skin tear on the right shin. The next entry was 12/17/13 that indicated there was no sign of infection and the treatment of Bacitracin and Band-Aid was done as ordered.</p> <p>Interview with Regional Director of Operations (RDO) on 12/19/13 at 2:10 p.m., she indicated all injuries of unknown origin should be</p>			

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	<p>investigated. Further interview with the RCD and the RDO at 3:10 p.m., indicated they were unable to locate event reports for Resident #C's skin issues described above.</p> <p>The Policy titled Events to be Reported was received from the RDO on 12/19/13 at 3:50 p.m. The policy stated events on the form should be reported within 24-hrs. The events listed included skin areas, such as skin tear/ abrasions and hematoma/ discoloration.</p>			

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R000052	<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 interview and record review, the facility failed to ensure a resident was free from physical abuse for one of three residents reviewed for abuse. (Resident # B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 12/19/13 at 11:30 a.m. The resident was admitted to the facility on 4/22/13. The resident was transferred to the Memory Care Unit on 7/11/13. The Service Plan dated 7/12/13 indicated the resident was confused, oriented to self and family. Diagnoses included dementia with wandering and exit seeking behaviors. Resident was discharged from facility on 11/30/13.</p> <p>Interview with LPN #1 on 12/19/ at 1:45 p.m. She indicated on 11/22/13 the staff had discovered multiple bruises on the resident's lower legs. The LPN and the resident's daughter</p>	R000052	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident # B no longer resides at the community. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; Licensed nursing professionals completed skin assessments of all residents with cognitive impairment. Cognitively intact residents were interviewed to identify if there were concerns related to care or other complaints. No complaints or concerns were raised in those interviews. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Residents have the right to be free from physical abuse, sexual abuse, mental abuse, corporal punishment, neglect and involuntary seclusion. Staff members will identify and report allegations or suspicions of abuse or violations of Resident Rights to their supervisor. The</p>	01/15/2014			

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	<p>looked at furnishings and the daughter's vehicle to determine possible causes. The daughter took the resident out for a ride and upon return indicated, "...car frame matches the areas and may be the cause." No further investigation was done. On 11/30/13 the family came to the facility and informed the LPN they were moving the resident out of the facility. The resident's daughter voiced concerns to the LPN that someone on the midnight shift was hurting her mother. She further thought the bruises were going to be investigated more thoroughly. The LPN indicated she notified the Unit Manger and Resident Care Director immediately.</p> <p>A letter in the resident's record from the daughter dated 11/30/13 indicated she was moving out of Brentwood on that date. She indicated concerns for her mother's safety, and that her mother had been, "...increasingly telling me that someone hits her,..." There was no documentation to indicate an investigation was initiated.</p> <p>The Facility Incident Reporting Form, undated, was sent to Indiana State Department of Health (ISDH) on 12/6/13. The report indicated multiple areas of discoloration were noted on</p>		<p>Executive Director or his/her designee will be made aware of reports of alleged or suspected abuse or violation of resident rights. Staff has been retrained on Residents Rights, Abuse, Neglect and Exploitation and on Reportable Events. Staff will receive training on these subjects at the time of hire and annually, or on an as needed basis, thereafter. Documentation of all such training will be retained by the community. 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; The Business Office Director/designee will complete staff training and orientation records including training for Abuse, Neglect and Exploitation, Reportable Events and Resident Rights at the time of hire. These records will be updated as the year progresses and include these same trainings annually. The Executive Director/designee will review new hire records monthly for three months and on a random basis thereafter for completion. Residents with cognitive impairment will have weekly skin checks completed by the Resident Care Director/Designee for four weeks, five family members of cognitively intact residents will be interviewed weekly for four weeks; results will be discussed at the Quality Improvement Committee meeting</p>				

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	<p>the resident's lower legs on 11/22/13. On 11/30/13 the POA (Power of Attorney) informed staff she was removing her mother from the facility. On 12/6/13 the Executive Director was contacted by an attorney regarding staff had potentially harmed the resident, and an investigation was now underway.</p> <p>Another Facility Incident Reporting Form, undated, was sent to ISDH on 12/6/13, indicated an incident date of 11/22/13. The report indicated that a family member of a discharged resident had provided video of an interaction between staff and the resident to an attorney.</p> <p>Interview with the Regional Director of Operation on 12/19/13 at 2:10 p.m., she indicated the video showed the resident sitting on her bed and CNA #1 pushing her on her shoulder, the resident would fall backwards then sit up again. The CNA also hit the resident on the head with a dry brief. CNA #2 entered the room and assisted CNA #1 with the resident. CNA #1 was making inappropriate remarks to the resident related to the resident soiling herself as they walked her to the bathroom, "Look at you, you s*** all over yourself."</p>		<p>for review and recommendations to changes in frequency if no concerns are identified. Five Cognitively intact residents will be interviewed weekly for four weeks by the Executive Director/designee; results will be discussed at the Quality Improvement meeting for review and recommendation to changes in frequency if there are no concerns are identified.</p> <p>By what date the systemic changes will be completed.</p> <p>Staff retraining for Abuse (including verbal), Neglect and Exploitation, Resident Rights and Reportable Events was completed across several shifts the weeks of December 9th and 15th. An audit of employee training records has been conducted to confirm completion for all current staff. Audit and training to be completed by January 15, 2014</p>				

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	<p>A form titled Termination of Employment was dated 12/11/13. CNA #1 was terminated for allegations of physical and verbal abuse substantiated by a video tape provided by the resident's family.</p> <p>A form titled Termination of Employment was dated 12/11/13. CNA #2 was terminated for unprofessional behavior substantiated by the video tape related to not reporting misconduct of a fellow employee.</p> <p>The policy Abuse Prevention, Identification & Reporting received from the interim Resident Care Director on 12/19/13 at 9:22 a.m., indicated policy was, "To protect residents from physical, mental, fiduciary (financial), sexual and verbal abuse or neglect." The policy definition of abuse was, "the willful action or inaction that inflicts injury, unreasonable confinement, intimidation or punishment with with resulting physical harm or pain or mental anguish."</p>						

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NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT LAPORTE				STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ANDREW AVE LA PORTE, IN 46350			
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R000053	<p>410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency (w) Residents have the right to be free from verbal abuse.</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from verbal abuse for one of three residents reviewed for abuse. (Resident # B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 12/19/13 at 11:30 a.m. The resident was admitted to the facility on 4/22/13. The resident was transferred to the Memory Care Unit on 7/11/13. The Service Plan dated 7/12/13 indicated the resident was confused, oriented to self and family. Diagnoses included dementia with wandering and exit seeking behaviors. Resident was discharged from facility on 11/30/13.</p> <p>Review of a Facility Incident Reporting Form, undated, indicated an incident date of 11/22/13 was sent to Indiana State Department of Health on 12/6/13. The report indicated that a family member of a discharged resident had provided video of an interaction between staff and the resident to an attorney.</p>	R000053	<p>Resident # B no longer resides at the community. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; Residents were interviewed to determine if there were concerns related to care or other complaints No complaints were received. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; All staff will be re-educated to the abuse/neglect policy and procedure, which includes reporting allegations of abuse/neglect/misappropriation to their supervisor and/or the ED. All staff will be re-educated to the grievance and concern process. Licensed Nursing staff will be re-educated on notifying the physician and family of changes in resident condition, including reporting and initiating investigations when skin discoloration of unknown origin is identified. The ED will be re-educated to the state reporting requirements for allegations of abuse/neglect/misappropriation. How the corrective action(s) will be monitored to</p>	01/15/2014			

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	<p>Interview with the Regional Director of Operation on 12/19/13 at 2:10 p.m., she indicated the video showed the resident sitting on her bed and CNA #1 pushing her on her shoulder, the resident would fall backwards then sit up again. The CNA also hit the resident on the head with a dry brief. CNA #2 entered the room and assisted CNA #1 with the resident. CNA #1 was making inappropriate remarks to the resident related to the resident soiling herself as they walked her to the bathroom, "Look at you, you s*** all over yourself."</p> <p>A form titled Termination of Employment was dated 12/11/13. CNA #1 was terminated for allegations of physical and verbal abuse substantiated by a video tape provided by the resident's family.</p> <p>A form titled Termination of Employment was dated 12/11/13. CNA #2 was terminated for unprofessional behavior substantiated by the video tape related to not reporting misconduct of a fellow employee.</p> <p>The policy Abuse Prevention, Identification & Reporting received from the interim Resident Care</p>		<p>ensure the deficient practice will not The Business Office Director/designee will complete staff training and orientation records including training for Abuse, Neglect and Exploitation, Reportable Events and Resident Rights at the time of hire. These records will be updated as the year progresses and include these same trainings annually. The Executive Director/ designee will review new hire records monthly for three months and on a random basis thereafter for completion. Residents with cognitive impairment will have weekly skin checks completed by the Resident Care Director/Designee for four weeks, five family members of cognitively intact residents will be interviewed weekly for four weeks; results will be discussed at the Quality Improvement Committee meeting for review and recommendations to changes in frequency if no concerns are identified. Five Cognitively intact residents will be interviewed weekly for four weeks by the Executive Director/designee; results will be discussed at the Quality Improvement meeting for review and recommendation to changes in frequency if there are no concerns are identified. By what date the systemic changes will be completed. Staff retraining for Abuse (including verbal), Neglect and Exploitation, Resident Rights and</p>				

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	Director on 12/19/13 at 9:22 a.m., indicated policy was, "To protect residents from physical, mental, fiduciary (financial), sexual and verbal abuse or neglect." The policy definition of mental abuse includes, "...verbal assault that includes ridiculing, intimidating, yelling or swearing."		Reportable Events was completed across several shifts the weeks of December 9th and 15th. An audit of employee training records has been conducted to confirm completion for all current staff. Audit and training to be completed by January 15, 2014.		

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R000116	<p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on record review and interview, the facility failed to thoroughly screen potential employees related to checking references for 2 of 5 employee records reviewed. (Employee #1 and #2)</p> <p>Finding include:</p> <p>The employee records were reviewed on 12/19/13 at 10:30 a.m. The record for Employees' #1 and #2 did not have any personal references.</p> <p>Interview with the Regional Director of Operations and the interim Resident Care Director (RCD) on 12/19/13 at 3:10 p.m., indicated potential employees were screened by doing background checks and checking references. The RCD indicated it was standard to check at least 2 references. They indicated there were no references in Employee #1 or #2's record.</p>	R000116	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Employee #1 and #2 are no longer employed at the community. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; Residents were interviewed to determine if there were concerns related to care or other complaints. No concerns were verbalized. Employee records were reviewed to validate that reference checks were completed as part of the pre-employment hiring process. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; The Business Office Director or his/her designee will complete screenings for prospective employees, including 2 reference checks. The reference checks will be documented in the employee file.</p>	01/15/2014			

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			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; and The Executive Director or his/her designee will review new hire records monthly for six months to ensure pre-hiring requirements including reference checks were completed and findings will be reported to the Quality Committee for review and recommendation to change in frequency based upon audit findings. By what date the systemic changes will be completed. Staff retraining has been completed.	