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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/31/2016 |
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| NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 1109 E NATIONAL HWY WASHINGTON, IN 47501 |
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| F 0000 Bldg. 00 | <p>This visit is for the Investigation of Complaint IN00197363, Complaint IN00197620, and Complaint IN00201333.</p> <p>Complaint IN00197363 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00197620 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00201333 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225, F226, and F465.</p> <p>Survey dates: May 27 and 31, 2016</p> <p>Facility number: 000303 Provider number: 155708 AIM number: 100287530</p> <p>Census bed type: SNF: 3 SNF/NF: 8</p> | F 0000 | Please accept the following POC as Hillside Manor's credible allegation of compliance We are requesting a desk review for the validation of compliance We believe that our supporting documentation and monitoring program of the deficiencies will validate the support of a desk review | |

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>Total: 41</p> <p>Census payor type: Medicare: 6 Medicaid: 30 Other: 5 Total: 41</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on June 1, 2016.</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</p> <p>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 interview and record review, the facility failed to ensure that allegations of abuse were reported immediately to the Administrator, for 2 of 8 staff members interviewed regarding abuse. (CNA # 2, CNA # 4)</p> <p>Findings include:</p> <p>1. On 5/27/16 at 2:00 P.M., during an interview with CNA # 2, she indicated she was working on the evening of 5/24/16 with CNA # 1, CNA # 3, and CNA # 4. She indicated CNA # 1 called her and CNA # 3 into the shower room to look at Resident A, because of his ears bleeding. She indicated CNA # 3 reported the incident to LPN # 1. She indicated CNA # 3 thought that CNA # 1 had possibly hit Resident A. CNA # 2 indicated neither she nor CNA # 3 called the Administrator, but she thought that LPN # 1 called the Administrator. CNA # 2 indicated she was sure that LPN # 1 realized that CNA # 1 was alleging abuse.</p> <p>2. On 5/27/16 at 2:15 P.M., during an</p> | F 0225 | <p>F225 Hillside Manor shall always investigate and report allegations of abuse through our established reporting procedure to the State Board of Health in accordance to 410 IAC 162-3.1. Our facility history of filing even unsubstantiated reports timely has been exemplary. In-services are provided twice a year on "what is abuse" and how to report allegations and to who such reports are submitted Incidents or accidents get the same attention In the case of allegation of verbal, sexual, or physical abuse the accused is relieved and suspended from duty until an internal investigation either substantiates the allegations or the accused is proven innocent The administrator, or her designee, shall then report such investigation and findings within 5 days to the State Board of Health Our facility and nursing staff did not get a report of abuse We find that CNA #1 is not going to call additional staff members into the shower to observe blood on the resident's ear if they had just abused the resident The accident (not abuse) was reported to the staff nurse who did investigate the matter--but not as an</p> | 06/13/2016 |

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| | <p>interview with CNA # 4, she indicated she was working the evening of 5/24/16. She indicated she was working a different hall than CNA # 1 and CNA # 3. She indicated, "Apparently the hooyer lift hit [Resident A] in the face." She indicated the resident had a "black eye and bloody ears." CNA # 4 indicated she knew LPN # 1 was aware of the incident. She indicated she heard rumors that CNA # 1 "head-butted" Resident A. She indicated she did not call the Administrator to report the rumors she heard.</p> <p>On 5/27/16 at 10:45 A.M., during an interview with LPN # 1, she indicated she was informed by CNA # 1 that Resident A grabbed the hooyer bar, and it accidentally hit him on the side of the cheek. LPN # 1 indicated no staff member alleged that CNA # 1 hit the resident. LPN # 1 indicated she called the Administrator to report the incident, but at no time did staff allege abuse.</p> <p>On 5/27/16 at 3:15 P.M., during an interview with the Administrator, she indicated on 5/24/16 she was called and informed that the hooyer lift accidentally hit Resident A on his cheek. She indicated at no time did any staff member allege abuse. She indicated CNA # 3 no longer worked at the facility.</p> | | <p>allegation of abuse Hillside Manor, however, conducted a special in-service on "abuse" and the proper reporting of any allegations. Included was "what is abuse." Abuse cannot be an accident but rather has to be a wanton deliberate attempts to injure or harm in some way a 2nd party by verbal, sexual, or physical harm. The investigation process and who to file such allegations of abuse were covered with a special in-service to all personnel on June 2nd of this year.</p> <p>Hillside manor shall implement a new procedure to educate and properly inform new employees on abuse allegations and the proper reporting of such. Aside from the scheduled in-service on abuse and neglect, new employees shall be educated during "orientation" on what is abuse and who and how to report such allegations and they shall sign off their orientation sheet indicating such information has been provided.</p> <p>The quality assurance committee shall review quarterly the abuse/neglect reporting process and the process of information being provided new employees during orientation. This shall be ongoing for the next 12 months.</p> | | |

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| | <p>On 5/27/16 at 10:25 A.M., the Administrator provided the current facility policy on "Abuse/Neglect," undated. The policy included: "...Any and all allegations/complaints shall be filed immediately to the administrator or designee 24 hours per day 7 days per week...."</p> <p>This Federal tag relates to Complaint IN00201333.</p> <p>3.1-28(c)</p> | | | |

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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 interview and record review, the facility failed to implement the facility policy to ensure that allegations of abuse were reported immediately to the Administrator, for 2 of 8 staff members interviewed regarding abuse.(CNA # 2, CNA # 4)</p> <p>Findings include:</p> <p>1. On 5/27/16 at 2:00 P.M., during an interview with CNA # 2, she indicated she was working on the evening of 5/24/16 with CNA # 1, CNA # 3, and CNA # 4. She indicated CNA # 1 called her and CNA # 3 into the shower room to look at Resident A, because of his ears bleeding. She indicated CNA # 3 reported the incident to LPN # 1. She indicated CNA # 3 thought that CNA # 1 had possibly hit Resident A. CNA # 2 indicated neither she nor CNA # 3 called</p> | F 0226 | <p>F226 Hillside Manor shall always investigate and report allegations of abuse through our established reporting procedure to the State Board of Health in accordance to 410 IAC 122-31 In-services are provided twice a year on "what is abuse" and how to report allegations and to who such reports are submitted Incidents or accidents get the same attention In the case of allegation of verbal, sexual, or physical abuse the accused is relieved and suspended from duty until an internal investigation either substantiates the allegations or the accused in proven innocent The administrator, or her designee, shall then report such allegations within 24 hours to the State Board of Health and the results of the investigation and findings within 5 days to the State Board of Health Our facility and nursing staff did not get a report of abuse We find that CNA #1 is</p> | 06/13/2016 |

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| | <p>the Administrator, but she thought that LPN # 1 called the Administrator. CNA # 2 indicated she was sure that LPN # 1 realized that CNA # 1 was alleging abuse.</p> <p>2. On 5/27/16 at 2:15 P.M., during an interview with CNA # 4, she indicated she was working the evening of 5/24/16. She indicated she was working a different hall than CNA # 1 and CNA # 3. She indicated, "Apparently the hoyer lift hit [Resident A] in the face." She indicated the resident had a "black eye and bloody ears." CNA # 4 indicated she knew LPN # 1 was aware of the incident. She indicated she heard rumors that CNA # 1 "head-butted" Resident A. She indicated she did not call the Administrator to report the rumors she heard.</p> <p>On 5/27/16 at 10:45 A.M., during an interview with LPN # 1, she indicated she was informed by CNA # 1 that Resident A grabbed the hoyer bar, and it accidentally hit him on the side of the cheek. LPN # 1 indicated no staff member alleged that CNA # 1 hit the resident. LPN # 1 indicated she called the Administrator to report the incident, but at no time did staff allege abuse.</p> <p>On 5/27/16 at 3:15 P.M., during an interview with the Administrator, she</p> | | <p>not going to call additional staff members into a shower to observe blood on a resident's ear if they had just abused the resident The accident (not abuse) was reported to the staff nurse who did investigate the matter--but not as an allegation of abuse Hillside Manor, however, conducted a special in-service on "abuse" and the proper reporting of any allegation Included was "what is abuse" Abuse cannot be an accident but rather has to be a wanton deliberate attempts to injure or harm in some way a 2nd party by verbal, sexual or physical harm The investigation process and who to file such allegations of abuse were covered with a special in-service to all personnel on June 2nd of this year Hillside Manor shall implement a new procedure to educate and properly inform new employees on abuse allegations and the proper reporting of such Aside from the scheduled in-service on abuse and neglect, new employees shall be educated during "orientation" on what is abuse, and who and how to report such allegations and they shall sign off their orientation sheet indicating such information has been provided The quality assurance committee shall review quarterly the abuse/neglect reporting process and the process of information being provided to new employees during orientation. This shall be</p> | | |

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| | <p>indicated on 5/24/16 she was called and informed that the hoyer lift accidentally hit Resident A on his cheek. She indicated at no time did any staff member allege abuse. She indicated CNA # 3 no longer worked at the facility.</p> <p>On 5/27/16 at 10:25 A.M., the Administrator provided the current facility policy on "Abuse/Neglect," undated. The policy included: "...Any and all allegations/complaints shall be filed immediately to the administrator or designee 24 hours per day 7 days per week...."</p> <p>This Federal tag relates to Complaint IN00201333.</p> <p>3.1-28(a)</p> | | ongoing for the next 12 months. | | |

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| F 0465 SS=D Bldg. 00 | <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure resident rooms, including privacy curtains, were clean and free of soiling and debris, and the hall free of offensive odors, for 2 of 4 rooms reviewed for cleanliness.(Room 5 and Room 8.)</p> <p>Findings include:</p> <p>1. On 5/27/16 at 9:30 A.M. at 11:45 A.M., and at 2:50 P.M., Room 5 was observed to have debris of paper, crumbs, etc. scattered throughout the floor of the room. The privacy curtain of 5 A was soiled with a large amount of brown material. A strong urine odor was noted outside of this room at each time.</p> <p>On 5/31/16 at 9:15 A.M., the privacy curtain in Room 5 A continued to be soiled with a large amount of brown material. Debris remained on the floor, with ants observed crawling on the floor.</p> | F 0465 | <p>F465 Hillside Manor shall provide a safe and comfortable environment for its residents Hillside Manor has taken great pride in a nursing home without the typical urine stench Food and paper debris found in rooms 5 and 8 are of great embarrassment and no amount of excuse will remedy what was not accomplished by the housekeeper Hillside Manor shall work with the new housekeepers (as we think they are capable to good performance) Hopefully we do not need to in-service the staff on "what is dirt or debris" We do not feel the cleaning technique is in question but rather the thorough complete cleaning process of covering all the rooms, halls, bathrooms on a routine schedule. Since our long time housekeeping supervisor most recently died, we have employed no one et to capably supervise the cleaning schedule and process. We feel the new people in the housekeeping department could</p> | 06/13/2016 |
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| | <p>A strong urine odor was noted in the hall.</p> <p>2. On 5/27/16 at 9:30 A.M. and at 2:50 P.M., Room 8 was observed to have debris of paper and food particles on the floor.</p> <p>On 5/27/16 at 3:00 P.M., during an interview with Housekeeper # 1, she indicated she worked from 7:00 A.M. until 3:00 P.M. She indicated she was the only housekeeper for the facility on day shift and there was not an evening shift housekeeper.</p> <p>On 5/31/16 at 9:20 A.M., Room 8 was observed to have debris of paper and food on the floor.</p> <p>On 5/31/16 at 9:30 A.M., the Administrator was shown the soiling on the privacy curtain, and the debris on the floor of both of the rooms. She indicated it appeared as if the floors needed to be mopped. She indicated the facility always had 1 housekeeper from 7:00 A.M. to 3:00 P.M., but that the housekeeper was fairly new.</p> <p>This Federal tag relates to Complaint IN00201333.</p> <p>3.1-19(f)</p> | | <p>use additional training on routines and schedules and such shall be provided by the Administrator until a capable supervisor can be employed.</p> <p>The "brown" stain on the cubicle curtain in 5A was immediately laundered and rehung. All debris and food was properly cleaned in rooms 5 and 8</p> <p>The environment condition of the facility and rooms shall be monitored daily by the DON, staff nurses, and the maintenance supervisor who shall report any areas of concern to the administrator who shall supervise proper resolve</p> <p>Odors, debris, and food left on floors shall be given immediate attention daily if necessary the DON shall make daily a cursory investigation of the entire facility at shift end (3:00 pm) and report any areas of concern to the Administrator in the follow AM staff meeting The administrator or the new hire housekeeping supervisor shall be responsible for proper performance and compliance For the next 12 months</p> | |

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

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OMB NO. 0938-0391

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