

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155681	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/30/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WOODS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2911 GREEN VALLEY RD NEW ALBANY, IN 47150
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00176800.</p> <p>Complaint IN00176800 - Substantiated. Federal/State deficiencies related to the allegations are cited at F223.</p> <p>Survey date: June 30, 2015</p> <p>Facility number: 002657 Provider number: 155681 AIM number: 200308930</p> <p>Census bed type: SNF: 38 SNF/NF: 47 Total: 85</p> <p>Census payor type: Medicare: 20 Medicaid: 32 Private: 33 Total: 85</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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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F 0223 SS=D Bldg. 00	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on observation, interview and record review, the facility failed to ensure a resident was free from physical abuse by a staff member. This deficient practice affected 1 of 3 residents reviewed for abuse. (Resident #B).</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 6/30/15 at 9:45 a.m. Diagnoses included, but were not limited to, dementia with behavior disturbance, agitation and anxiety. The clinical record lacked documentation of Resident #B having any behaviors before, during or after the incident.</p> <p>The Minimum Data Set [MDS] assessment, dated 4/29/15, indicated</p>	F 0223	<p>The submission of this Plan of Correction does not indicate an admission by Autumn Woods that the findings contained herein are accurate and true representations of the quality of care and services provided to the residents of Autumn Woods. This facility recognized it's obligation to provide legally and medically necessary care and services to it residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (Title 18/19 programs.) to this end; this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. 1.</p>	07/17/2015

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	<p>Resident #B was totally dependent with all activities of daily living.</p> <p>On 6/30/15 at 11:51 a.m., the Administrator provided a copy of an investigative report to the Indiana State Department of Health (ISDH). It indicated CNA (Certified Nursing Assistant) #1 was observed hitting Resident #B in the abdominal area.</p> <p>The investigative report indicated the facility initiated and completed an investigation immediately. The investigation included, but was not limited to, staff interviews, resident interviews, resident skin assessments, staff inservices, and notification of law enforcement.</p> <p>The facility notified ISDH of the incident in a timely manner.</p> <p>The written statement by LPN (Licensed Practical Nurse) #2, dated 6/27/15 and untimed, indicated the following, "I entered [resident's name] room to perform a blood sugar check on her roommate and I saw CRCA [Certified Resident Care Assistant] [CNA #1] being rough [c with line over it] [with] [resident's name] and yanked her gown off her left arm before I can [sic] say anything [CNA #1] punched [the with</p>		<p>Resident B was immediately assessed by licensed nurse on 6/27/15, including a full skin assessment. Resident B was transported to the emergency room for further evaluation by a physician. X-Ray of the chest and pelvis was performed on 6/27/15 with normal findings. Resident B returned to the campus with orders to treat her urinary tract infection. Responsible party of resident B was notified immediately of the incident by Executive Director (ED). ISDH was immediately notified of the incident on 6/27/15 by the ED. Law enforcement was notified on 6/27/15 by the Nurse. Nursing, Social Services and Life Enrichment followed up with resident to ensure she was following her normal daily routine and no signs of physical or psychological distress were noted. CRCA involved was immediately supervised and escorted from the campus by the Nurse. 2. Resident skin assessments were conducted on all residents on Harvest Place by the licensed nurses. No unusual findings were noted. Interviews were conducted with staff members working on Harvest Place and no issues were identified. Interviews were conducted with alert and oriented residents on Harvest Place and no issues were voiced. 3. All staff received reeducation on the abuse policy, abuse</p>				

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	<p>line through it] [resident's name] in the stomach [c with a line over it] [with] a closed fist. I immediately said [name of CNA #1] and his response was "she's killing me". [sic] I told [name of CNA #1] to step back and I pulled a sheet over the resident and put her side rail up and escorted [CNA #1] out of the room. As [CNA #1] was walking down the hall [c with line over it] [with] me he kept saying "I am fired, could we please not tell anyone about this." At that time [sic] I got another nurse to help me and she escorted [CNA #1] off the property."</p> <p>The police report, dated 6/27/15 at 8:56 a.m. included, but was not limited to, the following, "...[CNA #1] stated that he arrived to work around 6:30 AM on 06/27/2015. He stated that he was in a good state of mind and that his daily duties were going just like any other day. He stated that he entered [resident's name] room [room number] around 8:30 AM and began his duties of getting her dressed and ready for breakfast. He stated that he became frustrated with [resident's name] while trying to remove her gown. He stated that he "just snapped" and struck her on the stomach with an open palm. He stated that he was escorted out of the room by [nurses name] [LPN #2] and walked home a short time later...."</p>		<p>prevention, and staff burnout by the ED, DHS and ADHS on 6/27/15 and completed on 6/29/2015. All staff upon hire is given information in their benefits guide on our Employee Assistance Program (EAP). On 6/30/2015 our monthly letter was mailed to all staff and included an EAP handout explaining resources and services available for our staff. The campus leadership team participated in a webinar hosted by Magellan Behavioral Health on 7/16/2015. The webinar "A Leader's Orientation to the Employee Assistance Program (EAP)" focused on how we can offer assistance to our staff with daily challenges in many life areas. Campus will continue to conduct background checks, reference checks and check abuse registry per regulatory requirements.</p> <p>4. The ED/Social Services Director will conduct random staff interviews for 10 staff weekly for 4 weeks then 5 staff weekly for 8 weeks, and then 5 staff monthly for 3 months to verify ongoing understanding and compliance with abuse policy, prevention and staff burnout. All new staff will be educated on the abuse policy, prevention and staff burnout and Hand-in-Hand dementia training upon hire. Annually all staff will be re educated on the abuse policy, prevention and burnout. Resident skin assessments will continue to be reviewed by the DHS/ADHS</p>				

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	<p>The document titled, "Monthly Nursing Assessment, dated 6/27/15 at 8:00 a.m. included, but was not limited to, the following, "...Skin Breakdown Risk Potential...Comments...1 x [by] 1 light pink area to Rt. [right] low [sic] abdomen...2.2 [sic] light pink area to Rt. [right] low [sic] abdomen...."</p> <p>The Social Services Progress Note, dated 6/27/15 at 9:00 a.m., included the following, "I went in to see [resident name] following the incident. I reassured her that she was safe and we were going to take care of her. I gently rubbed her shoulder and hand and continued to reassure her I was there. [resident name] displayed no signs or symptoms of mental distress. [resident name] will continue to be monitored.</p> <p>Resident #B was transferred to the hospital for evaluation on 6/27/15 at 9:00 a.m. The document titled, "(hospital name) ED (Emergency Department) Evaluation", dated 6/27/15 at 13:56 (1:56 p.m.), included, but was not limited to, the following, "...Chief Complaint...Assault with possible abdominal pain...The patient is a [age of resident] female who was apparently punched by her caretaker...Clinical Impression...1. Alleged assault...2. UTI [urinary tract infection]...Discharge</p>		<p>10 per week for 4 weeks, then 5 per week for 4 weeks, and then 5 per month for 3 months to aid in monitoring for any unusual findings. Nursing staff will conduct skin assessments weekly and monitor for any unusual findings. DHS/ADHS will be notified of any unusual findings. Interviews with alert and oriented residents will be conducted by DHS/ADHS 5 per week for 8 weeks, then 3 per month for 3 months. Results of these audits will be presented by the DHS to the QA committee for further recommendations and continue until the Quality Assurance team determines substantial compliance has been achieved. 5. Compliance Date: 07/17/2015</p>				

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	<p>Instructions...1. Alleged assault...2. UTI [urinary tract infection]...Prescription Cipro [antibiotic for urinary tract infection]...."</p> <p>The document titled, "(hospital name) Diagnostic Imaging, dated 6/27/15 at 11:59 a.m., included, but was not limited to, the following, "...XR [xray] PELVIS...HISTORY...Trauma status post assault...IMPRESSION...No evidence for displaced fracture or dislocation...."</p> <p>The Social Services noted, dated 6/29/15 at 9:40 a.m. included, but was not limited to, the following, "I visited [resident's name] this morning after breakfast to see how she was doing. She is non-verbal; however, she will look towards your voice at times when spoken to. I asked her if she was doing okay, but she did not respond. I told her we are taking care of her and she is safe. She did not show any signs of distress. Awhile [sic] later, I walked by the common area on Harvest and she was waiting to participate in balloon volleyball in a group of people. Continue to monitor and communicate w [with]/nursing staff for changes...."</p> <p>On 6/30/15 at 9:55 a.m., Resident #B was observed sitting in a wheel chair in the activity area of Harvest Place. Resident #B did not have any evidence of</p>			

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	<p>physical or psychological distress.</p> <p>On 6/30/15 at 10:30 a.m., Resident #B was observed during a transfer from the wheelchair to her bed. Resident #B did not exhibit guarding, fearfulness or distress towards staff.</p> <p>Resident #B was unable to be interviewed due to cognitive impairment.</p> <p>During an interview on 6/30/15 at 1:50 p.m., CNA #3 indicated she worked the day of the incident. CNA #3 indicated CNA #1 seemed fine and the next thing she knew they were walking CNA #1 off the unit.</p> <p>During an interview on 6/30/15 at 2:00 p.m., CNA #4 indicated she worked the day of the incident and did not know anything had happened until Resident #B went out on a stretcher.</p> <p>The policy titled, "Abuse and Neglect Procedural Guidelines", was received from the Administrator on 6/30/15 at 1:30 p.m. and indicated as current. It included, but was not limited to, the following: "...to ensure the prevention....of suspected or alleged resident abuse and neglect...implemented processes in an effort to provide a comfortable and safe</p>			

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	<p>environment...assure that prevention techniques are implemented in the campus..."</p> <p>This federal tag relates to Complaint IN00176800.</p> <p>3.1-27(a)(1)</p>			