

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/26/2015
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NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00164275 and IN00165295.</p> <p>Complaint IN00164275 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00165295 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: February 25 and 26, 2015</p> <p>Facility number: 000558 Provider number: 155523 AIM number: 100267550</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF/NF: 71 Total: 71</p> <p>Census payor type: Medicare: 10 Medicaid: 42 Other: 19 Total: 71</p> <p>Sample: 05</p>	F 000	<p>This plan of correction constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law.</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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F 225 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 03, 2015; by Kimberly Perigo, RN.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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>			

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	<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 (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 observation, interview, and record review, the facility failed to inform the state survey and certification agency and other officials within 24 hours after a reported abuse allegation and the facility failed to ensure the results of their abuse allegation investigation had been reported to the state survey and certification agency and other officials within 5 working days of the incident for 2 of 2 residents reviewed for an abuse allegation. (Resident #C and Resident #D).</p> <p>Findings Include:</p> <p>Review on 2/25/15 at 11:00 a.m., a facility incident dated on February 4, 2015, indicated between 5:00 to 6:00 p.m., Resident #C and Resident #D were in the smoke shack. Resident #D started cursing at Resident #C and raised their cane and threatened to hit Resident #C in the face.</p> <p>Interview with Resident #C on 2/25/15 at</p>	F 225	<p>This plan of correction constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law.</p> <p>F 225 Investigate/Report allegations/Individuals</p> <p>Corrective action for affected resident:</p> <p>On 2/4/15 a resident to resident altercation was reported concerning Resident C and Resident D to the Director of Nursing who was in the facility. The residents were separated and an investigation was completed with no abuse substantiated and was reported to state agencies as required on 3-9-15.</p> <p>This resident to resident was investigated by the state survey agency and unsubstantiated for</p>	03/11/2015

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	<p>11:30 a.m., indicated Resident #D did raise their cane and threaten to hit them. Resident #C indicated she was afraid at the time, however Resident #D was no longer in the facility and they had no problems with any other residents or staff members.</p> <p>Resident #C's clinical record was reviewed on 2/25/15 at 11:50 a.m. Diagnoses included, but are not limited to: acute kidney failure and right hemisphere stroke. The MDS (minimum data set) assessment, dated 2/26/15, indicated Resident #C's BIMS (brief interview for mental status) was 11, which indicated moderately cognitively impaired.</p> <p>Review of Resident #D's closed records were reviewed on 2/25/15 at 12:15 p.m. Diagnosis included, but were not limited to: type II diabetes and respiratory failure. The MDS assessment dated 2/26/15, indicated Resident #D's BIMS was 15, which indicated Resident #D was cognitively intact.</p> <p>Interview with Therapy Staff #1 on 2/25/15 at 2:55 p.m., indicated they informed the DON and the Therapy Director as soon as the occurrence happened. He had been outside with Resident #C and #D. Resident #D raised</p>		<p>abuse on 2-26-15. Resident C was assessed with no findings. Resident D is no longer at the facility</p> <p>Identification of others at risk:</p> <p>Beginning on 2/28/15 and concluding on 3/9/15 residents with BIM scores of 9 or greater were interviewed to assure no further concerns with alleged abuse/neglect issues were discovered. No findings with interviews.</p> <p>Measures to ensure this deficient practice does not recur:</p> <p>No further interaction occurred between Residents C and D. Re-education on the Abuse Policy, including Reporting /Investigating any and all alleged incidents of Abuse of any nature began on 2/28/15 and has remained on going thru 3/9/15. Re-education was performed in small group sessions with post tests completed and time allowance for question and answer sessions. The Director of Nursing and Administrator were also re-educated to the Abuse Policy which was preformed by the Regional Director of operations on 3/11/15.</p> <p>Monitoring of corrective action:</p> <p>Monitoring of facility protocol will</p>	

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	<p>his cane, threatened to hit Resident #C, and cursed at Resident #C.</p> <p>Interview with Social Services Director on 2/25/15 at 12:30 p.m., indicated she was advised about the alleged altercation between Resident #C and Resident #D.</p> <p>On 12/15/15 at 12:00 p.m., interviews with the ED (Executive Director) and DON (Director of Nursing) indicated there was an allegation of abuse, but after a full investigation it was decided that it had not occurred. Resident #D had just been informed he had cancer, was angry and upset, and expressed his emotions outside while smoking with Resident #C. When asked if they had filed a reportable immediately and a follow-up report within 5 days with the Indiana State Department of Health, they both indicated they had not, as they felt the investigation did not discover any abuse.</p> <p>On 2/25/15 at 12:10 p.m., the Director of Nursing provided the abuse, neglect, and misappropriation of property policy dated 08/08/2013, and indicated the policy was the one being currently used by the facility. The policy indicated, "...The facility staff will conduct an investigation of alleged or suspected abuse,...., and will provide notification of information to the proper authorities according to state and</p>		<p>be accomplished by the Director of Nursing or designee interviewing 10 residents monthly times 3 months and then quarterly times 3 to determine that any allegation of abuse is reported and investigated as per the Abuse Policy. . New employee orientation will continue to include Abuse training with a post testing performed with question and answer time allotted.</p> <p>The result of this monitoring will be reviewed by the Health Facility Administrator and reported to the Quality Assurance Committee for further review and recommendation monthly.</p> <p>Plan of Correction date: 3/11/15</p>	

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F 226 SS=D Bldg. 00	<p>federal regulations.... Staff members will identify and assess suspected or alleged reports of abuse... Types of abuse may include: ... B. mental abuse..., threats... D. verbal abuse oral..., gestured language.... Under identification the staff will immediately report any suspicious even that may constitute abuse or neglect, the facility will report the allegation to the State Agency in accordance with state law.... Reporting and response: allegations will be reported to the Executive Director immediately, the facility will report all alleged violations and incidents to the state agency and to all other agencies as required and will take all necessary corrective actions depending on the results of the investigation...."</p> <p>3.1-28(c) 3.1-28(e)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p>			
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	<p>Based on observation, interview, and record review, the facility failed to follow their facility policy to report all alleged violations to the state agencies and to all other agencies as required for 2 of 2 residents reviewed for an abuse allegation. (Resident #C and Resident #D).</p> <p>Findings Include:</p> <p>Review on 2/25/15 at 11:00 a.m., a facility incident dated on February 4, 2015, indicated between 5:00 to 6:00 p.m., Resident #C and Resident #D were in the smoke shack. Resident #D started cursing at Resident #C and raised their cane and threatened to hit Resident #C in the face.</p> <p>Interview with Resident #C on 2/25/15 at 11:30 a.m., indicated Resident #D did raise their cane and threaten to hit them. Resident #C indicated she was afraid at the time, however Resident #D was no longer in the facility and they had no problems with any other residents or staff members.</p> <p>Resident #C's clinical record was reviewed on 2/25/15 at 11:50 a.m. Diagnoses included, but are not limited to: acute kidney failure and right</p>	F 226	<p>This plan of correction constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law.</p> <p>F 226 Develop/Implement Abuse/Neglect Policies</p> <p>Corrective action for affected resident:</p> <p>On 2/4/15 a resident to resident altercation was reported concerning Resident C and Resident D to the Director of Nursing who was in the facility. The residents were separated and an investigation was completed with no abuse substantiated and was reported to state agencies as required on 3-9-15. This resident to resident was investigated by the state survey agency and unsubstantiated for abuse on 2-26-15. Resident C was assessed with no findings. Resident D is no longer at the facility</p> <p>Identification of others at risk:</p> <p>Beginning on 2/28/15 and concluding on 3/9/15 residents with BIM scores of 9 or greater were</p>	03/11/2015

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	<p>hemisphere stroke. The MDS (minimum data set) assessment, dated 2/26/15, indicated Resident #C's BIMS (brief interview for mental status) was 11, which indicated moderately cognitively impaired.</p> <p>Review of Resident #D's closed records were reviewed on 2/25/15 at 12:15 p.m. Diagnosis included, but were not limited to: type II diabetes and respiratory failure. The MDS assessment dated 2/26/15, indicated Resident #D's BIMS was 15, which indicated Resident #D was cognitively intact.</p> <p>Interview with Therapy Staff #1 on 2/25/15 at 2:55 p.m., indicated they informed the DON and the Therapy Director as soon as the occurrence happened. He had been outside with Resident #C and #D. Resident #D raised his cane, threatened to hit Resident #C, and cursed at Resident #C.</p> <p>Interview with Social Services Director on 2/25/15 at 12:30 p.m., indicated she was advised about the alleged altercation between Resident #C and Resident #D.</p> <p>On 12/15/15 at 12:00 p.m., interviews with the ED (Executive Director) and DON (Director of Nursing) indicated there was an allegation of abuse, but after</p>		<p>interviewed to assure no further concerns with alleged abuse/neglect issues were discovered. No findings with interviews.</p> <p>Measures to ensure this deficient practice does not recur:</p> <p>No further interaction occurred between Residents C and D. Re-education on the Abuse Policy, including Reporting /Investigating any and all alleged incidents of Abuse of any nature began on 2/28/15 and has remained on going thru 3/9/15. Re-education was performed in small group sessions with post tests completed and time allowance for question and answer sessions. The Director of Nursing and Administrator were also re-educated to the Abuse Policy which was preformed by the Regional Director of operations on 3/11/15.</p> <p>Monitoring of corrective action:</p> <p>Monitoring of facility protocol will be accomplished by the Director of Nursing or designee interviewing 10 residents monthly times 3 months and then quarterly times 3 to determine that any allegation of abuse is reported and investigated as per the Abuse Policy. . New employee orientation will continue to include Abuse training with a post</p>	

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	<p>a full investigation it was decided that it had not occurred. Resident #D had just been informed he had cancer, was angry and upset, and expressed his emotions outside while smoking with Resident #C. When asked if they had filed a reportable immediately and a follow-up report within 5 days with the Indiana State Department of Health, they both indicated they had not, as they felt the investigation did not discover any abuse.</p> <p>On 2/25/15 at 12:10 p.m., the Director of Nursing provided the abuse, neglect, and misappropriation of property policy dated 08/08/2013, and indicated the policy was the one being currently used by the facility. The policy indicated, "...The facility staff will conduct an investigation of alleged or suspected abuse,..., and will provide notification of information to the proper authorities according to state and federal regulations.... Staff members will identify and assess suspected or alleged reports of abuse... Types of abuse may include: ... B. mental abuse..., threats... D. verbal abuse oral..., gestured language.... Under identification the staff will immediately report any suspicious even that may constitute abuse or neglect, the facility will report the allegation to the State Agency in accordance with state law.... Reporting and response: allegations will be reported to the</p>		<p>testing performed with question and answer time allotted.</p> <p>The result of this monitoring will be reviewed by the Health Facility Administrator and reported to the Quality Assurance Committee for further review and recommendation monthly.</p> <p>Plan of Correction date: 3/11/15</p>	

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	<p>Executive Director immediately, the facility will report all alleged violations and incidents to the state agency and to all other agencies as required and will take all necessary corrective actions depending on the results of the investigation...."</p> <p>3.1-28(a)</p>			

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

PRINTED: 03/18/2015
FORM APPROVED
OMB NO. 0938-0391

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