

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 08/11/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SARE RD BLOOMINGTON, IN 47401
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00178140.</p> <p>Complaint IN00178140 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited at R090.</p> <p>Survey date: August 11, 2015</p> <p>Facility number: 011076 Provider number: 011076 AIM number: N/A</p> <p>Census bed type: Residential: 39 Total: 39</p> <p>Sample: 05</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0090	410 IAC 16.2-5-1.3(g)(1-6)			

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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Bldg. 00	<p>Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be</p>			
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	<p>available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on interview and record review, the facility failed inform ISDH within 24 hours of an unusual occurrence for 2 out 5 residents reviewed for an unusual occurrence (Resident #A and Resident #E).</p> <p>Findings include:</p> <p>The clinical record of Resident #A was reviewed on 08/11/15 at 10:30 a.m. Resident #A's diagnoses included, but were not limited to: dementia.</p> <p>The clinical record of Resident #E was reviewed on 8/11/15 at 2:30 p.m. The resident's diagnoses included, but were not limited to senile dementia.</p> <p>Interview with DON on 8/11/15 at 11:50 a.m., indicated the mini mental exams (evaluation of cognitive status and ability make decisions) are no longer required to be done, so no mental status scores were not available.</p> <p>Interview with the LPN #1 on 8/11/15 at</p>	R 0090	<p>The 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 ongoing 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> <p>R 090:</p> <p>1. Corrective Action for Affected Resident:</p> <p>There was no negative outcome for Resident #A and Resident #E from failure to comply with state and community regulation of not</p>	09/01/2015

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	<p>2:10 p.m., indicated on 07/03/2015 approximately 10:00 a.m., a family member of Resident #A rang the doorbell (door remains locked until staff lets visitors in) and wished to see Resident #A, advising LPN #1 they were Resident #A's son. No restrictions related to Resident #A having visitors was established, so LPN#1 let the family member in and directed them to Resident #A's room. Just before lunch, a CNA came down and advised LPN #1 they were asked by the family member of Resident #A to be a witness to the video-taping they were doing regarding questions if Resident #A felt abused. Just as the nurse was going to get the family member, Resident #A's family member and Resident #A were coming up the hallway. Once Resident #A was sitting down LPN#1 indicated, to the family member, video taping was against residents' rights and the family member could not video tape. At that time the family member indicated they wanted to call the police and the LPN indicated go ahead. The Executive Director (ED) was contacted at that time.</p> <p>Interview provided of police dispatch report on August 11, 2015 at 2:20 p.m., indicated according to the police dispatcher on 7/3/2015, the police were dispatched to the facility at 11:44 a.m.</p>		<p>reporting an unusual occurrence to the ISDH within 24 hours of the occurrence. No harm occurred to the residents as a result of the occurrence.</p> <p>2. How to Identify Other Residents With Potential for Similar Events:</p> <p>Failure to report the occurrence may have had the impact to affect other residents, however no other residents were affected during this timeframe. Other residents were interviewed regarding their treatment, and no other residents reported being affected by this occurrence of questioning or being videotaped by anyone.</p> <p>3. Systemic Changes:</p> <p>The Executive Director and Health Wellness Director will be instructed by the District Supervisor on proper reporting requirements for the state of Indiana. The Executive Director will monitor incident/unusual occurrences during stand-up meetings. In the event allegations are reported, the Executive Director and/or Health Wellness Director will be responsible for reporting the event to the ISDH within 24 hours of allegation to staff.</p> <p>4. Monitoring Q.A. Plan:</p> <p>All reportable events will be</p>	

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	<p>Continued interview with LPN #1, while waiting for the police, LPN #1 attended to a resident in the dining area, and when she came back, the family member was gone. Since visitors cannot get out of the building without a staff member, the staff began looking for the family member and he was found in Resident #E's room, video taping and asking questions related to abuse. LPN #1 brought the family member up to the front where the police had been let in. The police took the family member outside to discuss problem. .</p> <p>Interview with ED at on 08/11/2015 at 3:30 p.m., indicated they did not inform ISDH of the incident on 7/3/2015.</p> <p>On 8/11/15 at 3:00 p.m., a policy dated 10/26/09 provided by the ED, indicated as current, and titled "Reportable Events Policy;" indicated in procedure #3; "The community must adhere to all state specific, statutory and regulatory reporting requirements and time frames."</p>		<p>reviewed by the District of Operations and/or the District Director of Clinical Services for compliance with notification.</p> <p>5. Expected compliance will be on or before September 1, 2015.</p>				