

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155764	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/26/2012
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NAME OF PROVIDER OR SUPPLIER  SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410
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F0000	<p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00104470 completed on 02/29/12.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 02/22/12</p> <p>This visit was in conjunction with a PSR to Investigation of Complaint IN00104877 completed on 03/09/12.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00105519 and IN00106360.</p> <p>Complaint IN00104470 - not corrected.</p> <p>Survey dates: April 18, 19, 20, 23, and 26, 2012</p> <p>Facility number: 010739 Provider number: 155764 AIM number: N/A</p> <p>Survey Team: Regina Sanders, RN, TC (April 18, 19, 20, 23, 2012) Kelly Sizemore, RN Marcia Mital, RN Sheila Sizemore, RN</p>	F0000	<p>The submission of this plan of correction does not indicate an admission by Spring Mill Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Spring Mill Health Campus . This facility recognized its obligation to provide legally and medically necessary care and services to its 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.( for 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.</p>	

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>Census bed type: SNF: 46 Residential: 70 Total: 116</p> <p>Census Payor type: Medicare: 39 Other: 77 Total: 116</p> <p>Sample: 7 Supplemental Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/04/12 by Suzanne Williams, RN</p>				

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F0225 SS=D	<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 (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 record review and interview, the facility failed to report an allegation of</p>	F0225	1. Due to the passage of time there is no opportunity to correct the circumstances related to	05/16/2012			

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	<p>abuse to the Indiana State Department of Health (ISDH) in a timely manner, for 1 of 2 residents reviewed for abuse in a total sample of 7. (Resident #C)</p> <p>Findings include:</p> <p>During an interview on 4/18/12 at 10:25 a.m., Resident C indicated the staff did not like her and yelled at her. Resident C indicated no one had washed her up, and a staff member had walked out and slammed the door.</p> <p>Review of the investigative reportable incident indicated the facility reported the incident to the Indiana State Department of Health on 4/18/12 at 9:57 p.m. This was 11 hours and 32 minutes after the allegation of abuse was first reported.</p> <p>During an interview on 04/20/12 at 4:20 p.m., the Administrator indicated his understanding regarding reporting was "when you first become aware it is severe in nature, within two hours."</p> <p>This deficiency was cited on 2/29/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This Federal tag relates to Complaint IN00104470.</p>		<p>resident. No adverse findings were noted.</p> <p>2. Investigations related to allegation of abuse and suspected crimes were reviewed. No other residents were affected by this practice. Ongoing reports of known, suspected, or alleged abuse have been investigated and reported in accordance with guidelines.</p> <p>3. Staff will be re-inserviced on the facility's policy for Abuse/Elder Justice Act and the procedures for reporting of any allegations of abuse to ensure protection of the residents.</p> <p>4. The Executive Director will conduct audits of residents' allegations daily to assure that the facility implemented the policy concerning investigation and reported timely any allegation. The Executive Director will report findings to QA&amp;A monthly for six months.</p> <p>5. QA&amp;A will monitor monthly for 6 months. QA&amp;A will monitor for any trends and make recommendations to Plan of Correction and will expand audits until 100% compliance is achieved.</p>		

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	3.1-28(c)			

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F0226 SS=E	<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>A. Based on record review and interviews, the facility failed to implement the facility's policies for Abuse and the Elder Justice Act and train their employees related to the facility's policies and procedures for protection of the residents, reporting allegations of abuse and suspected crimes under the federal Elder Justice Act and the facility abuse policy, for 8 of 17 employees interviewed. This had the potential to affect 46 of 46 residents who reside in the facility. (Employees #1, #3, #4, #5, #6, #7, #8, and #9)</p> <p>B. Based on record review and interview, the facility failed to develop and implement an abuse policy for timely reporting of allegations of abuse to the Indiana State Department of Health, for 1 of 2 residents reviewed for abuse allegations in a total sample of 7. (Resident #C)</p> <p>Findings include:</p> <p>A. 1. During an interview on 4/18/12 at</p>			F0226	<p>1. Due to the passage of time there is no opportunity to correct the circumstances related to resident. No adverse findings were noted. 2. Investigations related to allegation of abuse and suspected crimes were reviewed. No other residents were affected by this practice. Ongoing reports of known, suspected, or alleged abuse have been investigated and reported in accordance with guidelines. 3. The content of the Trilogy Abuse Policy was reviewed for accuracy and was found to be complete. The staff was inserviced on the definition of immediate to be "as soon as possible" and to not exceed 24 hours. Staff will be re-inserviced on the facility's policy for Abuse/Elder Justice Act and the procedures for reporting of any allegations of abuse to ensure protection of the residents 4. The Executive Director will conduct audits of residents' allegations daily to assure that the facility implemented the policy concerning investigation and reported timely any allegation. The Executive Director will report findings to QA&amp;A monthly for six months. 5. QA&amp;A will monitor</p>		05/16/2012

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	<p>11:50 a.m., CNA #4 indicated she had an inservice on the facility's abuse policy and the Elder Justice Act about one month ago. CNA #4 indicated she could not find the binder at the nurses' station to tell her about what she should do for the Elder Justice Act. CNA #4 could not explain the procedure for calling the Indiana State Department of Health of a suspected crime. CNA#4 was unsure of what procedure she should take if the nurse did not respond.</p> <p>2. During an interview on 4/18/12 at 11:45 a.m., LPN #3 indicated if she had a staff member suspected of abuse she would send the staff member to work on another unit until she had investigated the allegation.</p> <p>3. During an interview on 4/18/12 at 12:00 p.m., CNA #5 indicated she had been inserviced on the Elder Justice Act, but could not remember the inservice.</p> <p>4. During an interview on 4/18/12 at 12:00 p.m., CNA #6 indicated she had been inserviced on the Elder Justice Act, but could not remember the inservice.</p> <p>5. During an interview on 4/18/12 at 10:15 a.m., RN #7 indicated if she was reporting suspected abuse, she would call the Director of Nursing. RN #7 indicated</p>		<p>monthly for 6 months. QA&amp;A will monitor for any trends and make recommendations to Plan of Correction and will expand audits until 100% compliance is achieved.</p>	

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	<p>she would "call the Administrator if the Director of Nursing wanted her to."</p> <p>6. During an interview on 4/18/12 at 2:20 p.m., RN #8 (an employee from a sister facility who was helping out at the facility while management staff were at a meeting) indicated she had been inserviced on the Elder Justice Act. RN#8 was unable to indicate who to call or report a suspected crime of abuse to.</p> <p>7. An interview on 4/18/12 at 11:40 a.m., LPN #9 indicated she did not have the authority to send a suspected staff member of abuse home. LPN #9 indicated she would call the nursing supervisor. RN #9 was unsure of where the Elder Justice Act was posted at in the facility. RN #9 indicated she had been given a pamphlet but was not sure what to do.</p> <p>8. During an interview on 4/20/12 at 5:15 a.m., LPN #1 indicated she would remove the suspected staff member from the resident's room and ask the resident their side of the story. LPN #1 was unsure of the chain of command of who to go through to report an allegation of abuse. LPN #1 indicated there were no bosses on the midnight shift.</p> <p>During an interview on 4/19/12 at 9:33</p>						

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	<p>a.m., the Clinical Nurse Operations, RN, indicated the nurses have been told they have the authority to send a suspected staff member home. She indicated the nurses are uncomfortable with that and call the Director of Nursing and let her send the suspected staff member home.</p> <p>A facility policy, dated 11/2010, titled "Abuse and Neglect Procedural Guidelines," indicated "...has developed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident abuse and neglect. Procedure: 1...has implemented processes in an effort to provide a comfortable and safe environment. 2. The Executive Director and Director of Health Services are responsible for the implementation and ongoing monitoring of abuse standards and procedures...b. Training: Provide training for new employees through orientation and with ongoing training programs. Training will include, but is not limited to:...4. How to provide protection for residents...6. How to investigate and report incidents of actual or suspected abuse or neglect...Identification...iv. IMMEDIATELY notify the Executive Director...e. Protection:...iv. Suspend suspected employee(s) pending outcome of investigation...Investigation. i. The Executive Director is accountable for</p>			

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	<p>investigating and reporting...Reporting...ii. 24 hour initial reporting to applicable state agencies...."</p> <p>A facility policy, dated 8/2011, titled "Reporting Crimes Pursuant to the Elder Justice Act," indicated "Purpose: The purpose of this policy is to outline how (name of company) will comply with legal requirements that it notify certain individuals of their duty to report crimes to the Secretary of the Department of Health and Human Services and to local law enforcement...Notification of Duty to Report...c. Serious bodily injury - within two hours...No serious bodily injury - within 24 hours.</p> <p>B. During an interview on 4/18/12 at 10:25 a.m., Resident C indicated the staff did not like her and yelled at her. Resident C indicated no one had washed her up, and a staff member had walked out and slammed the door.</p> <p>Review of the investigative reportable incident indicated the facility reported the incident to the Indiana State Department of Health on 4/18/12 at 9:57 p.m. This was 11 hours and 32 minutes after the allegation of abuse was first reported.</p> <p>During an interview on 04/20/12 at 4:20 p.m., the Administrator indicated his</p>						

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	<p>understanding regarding reporting was "when you first become aware it is severe in nature, within two hours."</p> <p>A facility policy, dated 11/2010, titled "Abuse and Neglect Procedural Guidelines," indicated "...has developed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident abuse and neglect. Procedure: 1...has implemented processes in an effort to provide a comfortable and safe environment. 2. The Executive Director and Director of Health Services are responsible for the implementation and ongoing monitoring of abuse standards and procedures...Investigation. i. The Executive Director is accountable for investigating and reporting...Reporting...ii. 24 hour initial reporting to applicable state agencies...."</p> <p>This deficiency was cited on 2/22/12 and 2/29/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This Federal tag relates to Complaint IN00104470.</p> <p>3.1-28(a)</p>						