

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2014
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052
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F000000	<p>This visit was for the Investigation of Complaint IN00149552.</p> <p>Complaint IN00149552 substantiated. Federal/state deficiencies related to the allegations are cited at F223, F225, and F 226.</p> <p>Survey dates: May 29, 30, 2014</p> <p>Facility number: 000468 Provider number: 155378 AIM number: 100290270</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF/NF: 95 Total: 95</p> <p>Census payor type: Medicare: 10 Medicaid: 67 Other: 18 Total: 95</p> <p>Sample: 5</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>It is the position of this facility to ensure that every allegation of abuse is reported immediately to the Administrator, investigated thoroughly and reported to the appropriate governing agency within the time frames required. Further, it is the intent of this facility to execute Policies and Procedures to ensure that residents are free from verbal, sexual, physical, and mental abuse, corporal punishment and involuntary seclusion.</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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F000223 SS=A	<p>Quality review completed on 06/05/2014 by Brenda Marshall, RN.</p> <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 record review and interview, the facility failed to ensure 1 of 5 residents reviewed for abuse were free of verbal abuse in a sample of 5 (Resident F, CNA #2, #3).</p> <p>Findings include:</p> <p>Facility investigations were provided by the DON (Director of Nursing) and Administrator on 5/29/14 at 2:15 p.m. The investigations were reviewed at that time.</p> <p>An investigation, dated 4/24/14, indicated Resident F had informed the Administrator that while she was being given a shower on 4/20/14 by CNA #2, CNA #3 came into the shower room. Resident F indicated the two CNAs were having a conversation, and CNA #2</p>	F000223	Resident F is a current resident and expresses no concerns. Social Service Director has met with resident and she demonstrates no signs or symptoms of emotional or mental distress from the event. All other residents would have potential to be affected, therefore C.N.A. #2 was given education with regards to facility's Abuse Policy, including standards of conduct and professional behavior, including use of appropriate language. C.N.A. #1 received education with regards to facility's Abuse Policy and prompt reporting of conduct violation and/or verbal abuse to Administrator immediately. Additionally other residents were interviewed and there were no other reports of conduct violations. All staff was educated to facility Abuse Policy on June 12th and June 13th, which included a post-test to ensure	06/20/2014

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	<p>began using very foul language. Resident F was interviewed by the Social Services Director on 4/24/14. Resident F indicated she was offended by the language CNA #2 was using, especially on Easter Sunday. Resident F indicated she was not fearful of the staff and was not in any distress as staff is respectful to her most of the time.</p> <p>The record for Resident F was reviewed on 5/30/14 at 12:15 p.m. Her diagnoses included, but were not limited to, anorexia, gastroesophageal reflux disease, anxiety, obsessive compulsive disorder, chronic kidney disease, and depression. Her cognitive status as reported to the Administrator by the Social Services Director on 4/24/14 was cognitively intact.</p> <p>Resident F, during interview on 5/30/14 at 12:30 p.m., indicated it was the CNA giving her the shower (CNA #2) who was using profanity while talking with the other CNA. Resident F indicated it wasn't said in anger, and it wasn't directed at her. It just offended her. She indicated she forgot just who she had told, but the social worker had come in and talked with her. As far as Resident F was concerned, it had been taken care of and it was resolved.</p>		<p>understanding of policy and procedure. Abuse Policy and process have been reviewed in the Quality Assurance Performance Improvement meeting on June 11, 2014. An audit tool will be implemented and monitored by Administrator and/or designee, to review all allegations of abuse, resulting investigations and follow up. This audit tool will be reviewed monthly x 3 months and then quarterly to ensure compliance with the Abuse Policy. Compliance will be ensured by June 20, 2014. The facility would respectfully ask for a desk IDR of these findings and removal from the record based on the following:</p> <ol style="list-style-type: none"> 1. The resident did not make an allegation of abuse, but rather during facility performance improvement process voiced concern with the unprofessional conduct of C.N.A. #2. 2. Resident denied feeling fearful or abused. 3. Administrator was not informed immediately by C.N.A. #3 as documented on page 3 of 6 of 2567. (Please note there were only 2 C.N.A.s involved). The incident occurred on Easter Sunday, April, 20, 2014. The Administrator was notified on April 24, when the Social Service Director was conducting an interview with resident during facility's performance improvement process. The resident at that time voiced concern with the unprofessional conduct of C.N.A. #2. Facility's 				

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F000225 SS=D	<p>A current facility policy, dated 04/13, titled "Abuse, Neglect and Misappropriation" was provided by the Administrator on 5/29/14 at 10:00 a.m. The policy indicated: "Policy A. Verbal, sexual, physical, and mental abuse, corporal punishment, neglect and involuntary seclusion of the resident, resident exploitation as well as misappropriation of resident property are prohibited...."</p> <p>This federal tag relates to Complaint IN00149552.</p> <p>3.1-28(a)</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</p>		<p>Performance Improvement Process was referenced in the investigative file and should not have been required by the surveyor. 4. Facility Administrator ensured C.N.A. #1 and C.N.A. #2 were educated on appropriate and professional conduct, as well as reporting immediately a breach in professional conduct of co-workers. This education was conducted prior to this survey. Other residents were interviewed to ensure no other residents were affected prior to this survey as well. 5. Facility takes Abuse Prevention/Reporting very seriously and regularly reviews process with it's employees and residents. The Administrator meets with new employees during orientation to educate on Abuse Policy and Reporting, as well.</p>				

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	<p>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 ensure an allegation of abuse was reported to the Administrator immediately for 1 of 1 allegations of abuse reviewed (Resident F).</p> <p>Findings include:</p> <p>Facility investigations were provided by the DON (Director of Nursing Services) and Administrator on 5/29/14 at 2:15 p.m. The investigations were reviewed at that time.</p>	F000225	Resident F is a current resident and expresses no concerns. Social Service Director has met with resident and she demonstrates no signs or symptoms of emotional or mental distress from the event. All other residents would have potential to be affected, therefore C.N.A. #2 was given education with regards to facility's Abuse Policy, including standards of conduct and professional behavior, including use of appropriate language. C.N.A. #1 received education with regards to facility's Abuse Policy and prompt reporting of conduct violation and/or verbal abuse to Administrator immediately.	06/20/2014

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	<p>An investigation, dated 4/24/14, indicated Resident F had informed the Administrator that while she was being given a shower on 4/20/14 by CNA #2, CNA #3 came into the shower room. Resident F indicated the two CNAs were having a conversation, and CNA #2 began using very foul language. Resident F was interviewed by the Social Services Director on 4/24/14. Resident F indicated she was offended by the language CNA #2 was using, especially on Easter Sunday. Resident F indicated she was not fearful of the staff and was not in any distress as staff is respectful to her most of the time. The investigation lacked documentation the Administrator had been immediately informed of the allegation of verbal abuse by CNA #3.</p> <p>The record for Resident F was reviewed on 5/30/14 at 12:15 p.m. Her diagnoses included, but were not limited to, anorexia, gastroesophageal reflux disease, anxiety, obsessive compulsive disorder, chronic kidney disease, and depression. Her cognitive status as reported to the Administrator by the Social Services Director on 4/24/14 was cognitively intact.</p> <p>Resident F, during interview on 5/30/14 at 12:30 p.m., indicated it was the CNA giving her the shower (CNA #2) who was</p>		<p>Additionally other residents were interviewed and there were no other reports of conduct violations. All staff was educated to facility Abuse Policy on June 12th and June 13th, which included a post-test to ensure understanding of policy and procedure. Abuse Policy and process have been reviewed in the Quality Assurance Performance Improvement meeting on June 11, 2014. An audit tool will be implemented and monitored by Administrator and/or designee, to review all allegations of abuse, resulting investigations and follow up. This audit tool will be reviewed monthly x 3 months and then quarterly to ensure compliance with the Abuse Policy. Compliance will be ensured by June 20, 2014. The facility would respectfully ask for a desk IDR of these findings and removal from the record based on the following:</p> <ol style="list-style-type: none"> 1. The resident did not make an allegation of abuse, but rather during facility performance improvement process voiced concern with the unprofessional conduct of C.N.A. #2. 2. Resident denied feeling fearful or abused. 3. Administrator was not informed immediately by C.N.A. #3 as documented on page 3 of 6 of 2567. (Please note there were only 2 C.N.A.s involved). The incident occurred on Easter Sunday, April, 20, 2014. The Administrator was notified on April 24, when the Social Service 	

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	<p>using profanity while talking with the other CNA. Resident F indicated it wasn't said in anger, and it wasn't directed at her. It just offended her. She indicated she forgot just who she had told, but the social worker had come in and talked with her. As far as Resident F was concerned, it had been taken care of and it was resolved.</p> <p>During an interview on 5/30/14 at 12:30 p.m., the Administrator indicated the facility had "dropped the ball" by not reporting this allegation to the State agency.</p> <p>A current facility policy, dated 04/13, titled "Abuse, Neglect and Misappropriation" was provided by the Administrator on 5/19/14 at 10:00 a.m. The policy indicated: "Policy ...B. All allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility with other officials in accordance with State law through established guidelines...."</p> <p>This federal tag relates to Complaint IN00149552.</p> <p>3.1-28(c)</p>		<p>Director was conducting an interview with resident during facility's performance improvement process. The resident at that time voiced concern with the unprofessional conduct of C.N.A. #2. Facility's Performance Improvement Process was referenced in the investigative file and should not have been required by the surveyor. 4. Facility Administrator ensured C.N.A. #1 and C.N.A. #2 were educated on appropriate and professional conduct, as well as reporting immediately a breach in professional conduct of co-workers. This education was conducted prior to this survey. Other residents were interviewed to ensure no other residents were affected prior to this survey as well. 5. Facility takes Abuse Prevention/Reporting very seriously and regularly reviews process with it's employees and residents. The Administrator meets with new employees during orientation to educate on Abuse Policy and Reporting, as well.</p>		

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F000226 SS=D	<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 record review and interview, the facility failed to ensure their policy for reporting allegations of abuse were implemented for 1 of 1 allegation of verbal abuse (Resident F).</p> <p>Findings include:</p> <p>A review of facility investigations was conducted on 5/29/14 at 2:15 p.m.</p> <p>An investigation, dated 4/24/14, indicated Resident F had informed the Administrator that while she was being given a shower on 4/20/14 by CNA #2, CNA #3 came into the shower room. Resident F indicated the two CNAs were having a conversation, and CNA #2 began using very foul language. Resident F was interviewed by the Social Services Director on 4/24/14. Resident F indicated she was offended by the language CNA #2 was using, especially on Easter Sunday. Resident F indicated she was not fearful of the staff and was not in any distress as staff is respectful to her most of the time. The investigation</p>	F000226	<p>Resident F is a current resident and expresses no concerns. Social Service Director has met with resident and she demonstrates no signs or symptoms of emotional or mental distress from the event. All other residents would have potential to be affected, therefore C.N.A. #2 was given education with regards to facility's Abuse Policy, including standards of conduct and professional behavior, including use of appropriate language. C.N.A. #1 received education with regards to facility's Abuse Policy and prompt reporting of conduct violation and/or verbal abuse to Administrator immediately. Additionally other residents were interviewed and there were no other reports of conduct violations. All staff was educated to facility Abuse Policy on June 12th and June 13th, which included a post-test to ensure understanding of policy and procedure. Abuse Policy and process have been reviewed in the Quality Assurance Performance Improvement meeting on June 11, 2014. An audit tool will be implemented and monitored by Administrator and/or</p>	06/20/2014

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	<p>lacked documentation the allegation had been reported to the State Agency.</p> <p>During an interview on 5/30/14 at 12:30 p.m., the Administrator indicated the facility had "dropped the ball" by not reporting this allegation to the State agency.</p> <p>A current facility policy, dated 04/2013, titled :Abuse, Neglect and Misappropriation" was provided by the Administrator on 5/29/14 at 10:00 a.m. The policy indicated: "Policy ...B. All allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the change nurse and/or administrator of the facility along with other officials in accordance with State law through established guidelines.... Procedure ...V. Protection of the Resident ...E. The Administrator and/or DON will notify state agencies according to their reporting guidelines.... ...VI. Administrator and/or DON will be notified immediately... ...VII. Investigation All allegations of abuse will be investigated and reported to the appropriate agencies... ...B. The person(s) observing the</p>		<p>designee, to review all allegations of abuse, resulting investigations and follow up. This audit tool will be reviewed monthly x 3 months and then quarterly to ensure compliance with the Abuse Policy. Compliance will be ensured by June 20, 2014. The facility would respectfully ask for a desk IDR of these findings and removal from the record based on the following: 1. The resident did not make an allegation of abuse, but rather during facility performance improvement process voiced concern with the unprofessional conduct of C.N.A. #2. 2. Resident denied feeling fearful or abused. 3. Administrator was not informed immediately by C.N.A. #3 as documented on page 3 of 6 of 2567. (Please note there were only 2 C.N.A.s involved). The incident occurred on Easter Sunday, April, 20, 2014. The Administrator was notified on April 24, when the Social Service Director was conducting an interview with resident during facility's performance improvement process. The resident at that time voiced concern with the unprofessional conduct of C.N.A. #2. Facility's Performance Improvement Process was referenced in the investigative file and should not have been required by the surveyor. 4. Facility Administrator ensured C.N.A. #1 and C.N.A. #2 were educated on appropriate</p>	

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	<p>incident will immediately report and provide a written statement that includes the name of resident, date and time incident occurred, where it occurred, staff involved and a description of what occurred....</p> <p>VIII. A. All allegations are to be reported within the timeframe allotted by state agency..."</p> <p>This federal tag relates to Complaint IN00149552.</p> <p>3.1-28(a)</p>		<p>and professional conduct, as well as reporting immediately a breach in professional conduct of co-workers. This education was conducted prior to this survey. Other residents were interviewed to ensure no other residents were affected prior to this survey as well. 5. Facility takes Abuse Prevention/Reporting very seriously and regularly reviews process with it's employees and residents. The Administrator meets with new employees during orientation to educate on Abuse Policy and Reporting, as well.</p>		