

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 12/07/2015
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NAME OF PROVIDER OR SUPPLIER  BRECKENRIDGE COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 2009 NORTH HOSPITAL BLVD SULLIVAN, IN 47882
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R 0000  Bldg. 00	<p>This visit was for an investigation of Complaint #IN00183679.</p> <p>Complaint #IN00183679-substantiated with Residential Rule finding cited at R53.</p> <p>Survey date: December 7, 2015</p> <p>Facility number: 013401 Provider number: 013401 AIM number: N/A</p> <p>Census bed type: Residential: 36 Total: 36</p> <p>Census payor type: Private: 36 Total: 36</p> <p>Sample: 5</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed December 10, 2015 by 29479.</p>	R 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this as our credible allegation of compliance. Please find the enclosed plan of correction for the survey ending 12/7/15. Should additional information be necessary to confirm compliance, feel free to contact me. Respectfully, Beth Clark Administrator</p>	
R 0053  Bldg. 00	<p>410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency (w) Residents have the right to be free from</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>verbal abuse.</p> <p>Based on interview and record review, the facility failed to report and thoroughly investigate 2 of 2 allegations of verbal abuse. (Resident E and Resident F)</p> <p>Findings include:</p> <p>1. During a confidential interview with Staff member B on 12/7/15 at 11:30 a.m., the staff member indicated she overheard Staff member D tell a dietary staff member that Administrative staff member G was mean and talked badly to Resident E in the lobby one day. Staff member B indicated she interviewed Resident E who was unable to provide any information regarding the incident. She indicated Resident E's son visited daily and had indicated Resident E was upset with Administrative staff G one day, but the resident had not been able to indicate why.</p> <p>Staff B indicated she had passed the information on to corporate staff member E during a phone conversation which included other issues. Staff B indicated other residents or staff had not been interviewed and an investigation of the allegation of verbal abuse had not been initiated due to she had not witnessed the allegation.</p>	R 0053	<p>1. Resident E and F were affected. Resident E and F do not recall said allegations and exhibit no signs or symptoms of mental anguish. Staff member G was immediately suspended pending investigation upon notification of said allegation per facility policy. An investigation was immediately initiated by corporate staff. Staff and residents were interviewed as part of the investigation. Findings of investigation found the allegations to be unsubstantiated due to lack of evidence and staff member G returned to work.2. All residents have the potential to be affected. All staff were educated on the facility abuse prohibition policy, (attachment A). All staff will continue to be educated on the facility abuse prohibition policy upon hire and routinely thereafter. All residents will be educated on resident rights and abuse prohibition at the next resident council meeting.3. As a measure of ongoing compliance the Activity Director or designee will complete at least 10 resident interviews on a monthly basis ongoing to ensure resident rights are being honored, (attachment B). Any problems noted will be reported to the Administrator immediately. Should there be an allegation against the Administrator Corporate staff will be notified immediately and the facilitys abuse prohibition policy</p>	12/11/2015			

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	<p>On 12/7/15 at 3:45 p.m., Corporate staff member F was interviewed. She indicated there was no information reported on their hot line regarding an allegation against Administrative staff G. The staff member indicated if they had knowledge of the allegation, they would have sent consultants to investigate and would have suspended Administrative staff G during the investigation.</p> <p>2. Staff D was interviewed on 12/7/15 at 1:50 p.m. She indicated she had reported to Staff B allegations of Administrative staff G being verbally abusive to Resident F and nothing had been done about it. She indicated investigations had not been done.</p> <p>The facility's policy titled "Abuse Prohibition, Reporting and Investigation", dated 10/2014, reviewed on 12/7/15 at 10:45 a.m., included, but was not limited to, "...Verbal Abuse-Episodes of oral, written and/or gestured language that includes disparaging and derogatory remarks to residents...8. The facility Administrator is designated as the individual responsible for coordinating all efforts in investigation of abuse allegations and for assuring that all policies and procedures are followed. In his/her absence, this responsibility is delegated to the Director</p>		<p>will be followed. Additionally the resident council meetings will include information on resident rights with each meeting ongoing.4. As a measure of quality assurance the Administrator or designee will monitor the and sign off on said interviews ongoing. Should a deficient practice be noted, immediate corrective action will be taken. The plan of correction will be revised accordingly, if warranted.</p>				

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	of Nursing Service. 9. The Administrator shall initiate and direct the investigation immediately and the findings of the investigation must be compiled by the Administrator within 5 days of the initial notification of the incident. 10. All reports of abuse must be reported to the Administrator immediately and to the resident's representative (sponsor, legal representative) per policy...12. It is the responsibility of every employee of this facility to not only report abuse situations, but also suspicion of abuse and unusual observations and/or circumstances, to his/her supervisor. If it is the employee's supervisor the employee is reporting, the employee must notify another facility supervisor or the facility Administrator...."						