

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155822	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2015
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 18275 BURR STREET LOWELL, IN 46356
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00172704.</p> <p>Complaint IN00172704- Substantiated. Federal/state deficiencies related to the allegations were cited F225 and F226.</p> <p>Survey dates: May 7 & 8, 2015</p> <p>Facility number: 013144 Provider number: 155822 AIM number: 201246060</p> <p>Census bed type: SNF: 38 SNF/NF: 04 Residential: 30 Total: 72</p> <p>Census Payor type: Medicare: 29 Medicaid: 01 Other: 12 Total: 42</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1,</p>	F 000	<p>This plan of correction is submitted by Cedar Creek in order to respond to the alleged deficiencies sited during the Complaint survey which was conducted in May 2015. Preparation or execution of this plan of correction does not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the position of Federal and State law. Please accept this plan of correction as the provider's credible allegation of compliance effective May 29, 2015. The facility is requesting a desk review.</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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F 225 SS=D Bldg. 00	<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</p>			

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	<p>the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, staff failed to report a resident's allegation of misappropriation of funds/property and facility staff, failed to timely report an allegation of rough treatment to the Administrator, for 2 of 3 residents reviewed for abuse in a total sample of 3. (Resident #C and #E)</p> <p>Findings include:</p> <p>1. Resident #C's record was reviewed on 05/08/15 at 10:04 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure and hypothyroidism.</p> <p>The 60-Day Minimum Data Set (MDS) assessment, dated 04/27/15, indicated the resident's cognition was moderately impaired and had no behaviors.</p> <p>A Nurses' Note, dated 03/19/15 at 11 p.m., indicated the resident had complained of pain to her right side of her ribs. The note indicated the resident stated two girls "man handled her" and "threw her into bed". The 11 p.m. note indicated the Nurse notified the Executive Director.</p>	F 225	<p>F225</p> <ol style="list-style-type: none"> Resident C & E reports were completed and sent to the ISDH. All residents have the potential to be effective. Staff will be re-inserviced on Abuse, and reporting of allegations to the appropriate persons. ED or designee will monitor all allegation of abuse to ensure timeliness of reporting and completion of thoroughly investigations. ED or designee will report findings to QA&A monthly. QA&A will monitor for any trends monthly for 3 months or until 100% compliance is obtained. QA&A will make recommendations to the Plan of Correction as needed. Completion date: May 29, 2015 	05/29/2015	

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	<p>The facility investigation into the allegation notes, dated 03/20/15, included the following signed statements from the staff:</p> <p>A document dated 3/20/15, with no time indicated, and signed by CNA #2, The Social Service Director, and the Director of Nursing (no longer employed at the facility), indicated, "On 3/19/15, (CNA #1 Name) came and got me to help lay resident (Resident #C) in bed...Resident started taking clothes off and stating that we were rough with her, when we hadnt (sic) even touched her yet... We notified are (sic) nurse right away..."</p> <p>A document dated 3/20/15, with no time indicated, and signed by CNA #1, indicated, "While putting (Resident #C's name) to bed, shortly after dinner complaints were made...she said two girls need to be paddled very hard...Immediately reported to nurse...Repeated allegations were made of being shoved around, having clothes ripped off & coming in like gang busters..."</p> <p>The investigation lacked documentation to indicate LPN #3 had been interviewed during the investigation.</p> <p>During an interview on 05/07/15 at 11</p>			

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	<p>a.m., the Executive Director indicated the nurse had called her at approximately 11 p.m. the night the allegation had occurred. She indicated the CNA's who had been taking care of the resident (CNA #1 and CNA #2) had already left the building because the CNA's shift had been completed.</p> <p>During an interview on 05/08/15 at 9:40 a.m., the Executive Director indicated she had spoke with LPN #3, CNA #1 and CNA #2, and had been informed the allegation had been voiced approximately at 7:45 p.m. The Executive Director indicated CNA #1 and CNA #2 had reported the allegation to LPN #3 and LPN #3 had went down and spoke to the resident and the resident had not voiced any concerns to LPN #3. The Executive Director indicated the allegation had not been reported to her until around 11 p.m.</p> <p>During an interview on 05/08/15 at 10:10 a.m., LPN #3 indicated CNA #1 had reported to her Resident #C was upset because her clothes were taken to laundry. LPN #3 indicated the allegation of rough treatment had not been reported to her until approximately 11 p.m. and she had notified the Executive Director at this time.</p> <p>During an interview on 05/08/15 at 11:49</p>			

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	<p>a.m., CNA #1 indicated she had reported the allegation of rough treatment and the laundry concerns to LPN #3 immediately. CNA #1 indicated the allegation was voiced between 7:30 p.m. and 8 p.m., because this was when the resident normally requested to go to bed.</p> <p>2. Resident #E's record was reviewed on 05/08/15 at 9:03 a.m. The resident's diagnoses included, but were not limited to, hypertension and congestive heart failure.</p> <p>A 60-Day MDS assessment, dated 03/31/15, indicated the resident's cognition was moderately impaired and had no behaviors.</p> <p>A Psychiatric Physician's Progress Note, dated 03/27/15, indicated, "...Resident states money from his glasses case is missing..."</p> <p>During an interview on 05/08/15 at 9:40 a.m., the Executive Director and Social Service Director indicated they were unaware of the allegation of missing money.</p> <p>During an interview on 05/08/15 at 11 a.m., the RN Corporate Consultant indicated all information of the facility's Abuse and Elder Justice Policy are sent</p>			

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F 226 SS=D Bldg. 00	<p>to the Vendors and Contracted Personnel through the Corporate Office.</p> <p>This Federal Tag relates to complaint IN00158663.</p> <p>3.1-28(c)</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> <p>Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to not immediately reporting an allegation of abuse to the Administrator and not protecting the residents from the potential of continued abuse for 2 of 3 residents reviewed for abuse in a total sample of 3. (Residents #C and #E)</p> <p>Findings include:</p> <p>1. Resident #C's record was reviewed on</p>	F 226	F226 1. Resident C & E reports were completed and sent to the ISDH. 2. All residents have the potential to be effective. 3. Staff will be re-inserviced on Abuse, and reporting of allegations to the appropriate persons. ED or designee will monitor all allegation of abuse to ensure timeliness of reporting and completion of thoroughly investigations. ED or designee will report findings to QA&A monthly. 4. QA&A will monitor for any trends monthly for 3 months or until 100% compliance	05/29/2015

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	<p>05/08/15 at 10:04 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure and hypothyroidism.</p> <p>A Nurses' Note, dated 03/19/15 at 11 p.m., indicated the resident had complained of pain to her right side of her ribs. The note indicated the resident stated two girls "man handled her" and "threw her into bed". The 11 p.m. note indicated the Nurse notified the Executive Director.</p> <p>The facility investigation into the allegation notes, dated 03/20/15, included the following signed statements from the staff:</p> <p>The document dated 03/20/15, with no time indicated, and signed by CNA #2, The Social Service Director, and the Director of Nursing (no longer employed at the facility), indicated, "On 3/19/15, (CNA #1 Name) came and got me to help lay resident (Resident #C) in bed...Resident started taking clothes off and stating that we were rough with her, when we hadnt (sic) even touched her yet...We notified are (sic) nurse right away..."</p> <p>The document dated 03/20/15, with no time indicated, and signed by CNA #1,</p>		is obtained. QA&A will make recommendations to the Plan of Correction as needed. 5. Completion date: May 29, 2015		

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	<p>indicated, "While putting (Resident #C's name) to bed, shortly after dinner complaints were made...she said two girls need to be paddled very hard...Immediately reported to nurse...Repeated allegations were made of being shoved around, having clothes ripped off & coming in like gang busters..."</p> <p>During an interview on 05/07/15 at 11 a.m., the Executive Director indicated the nurse had called her at approximately 11 p.m. the night the allegation had occurred. She indicated the CNA's who had been taking care of the resident (CNA #1 and CNA #2) had already left the building because the CNA's shift had been completed. She indicated CNA #1 and CNA #2 had finished their shift, which ended at 10 p.m.</p> <p>During an interview on 05/08/15 at 9:40 a.m., the Executive Director indicated she had spoke with LPN #3, CNA #1 and CNA #2, and had been informed the allegation had been voiced approximately at 7:45 p.m. The Executive Director indicated CNA #1 and CNA #2 had reported the allegation to LPN #3 and LPN #3 had went down and spoke to the resident and the resident had not voiced any concerns to LPN #3. The Executive Director indicated the allegation had not</p>			

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	<p>been reported to her until around 11 p.m.</p> <p>During an interview on 05/08/15 at 10:10 a.m., LPN #3 indicated CNA #1 had reported to her Resident #C was upset because her clothes were taken to laundry. LPN #3 indicated the allegation of rough treatment had not been reported to her until approximately 11 p.m. and she had notified the Executive Director at this time.</p> <p>During an interview on 05/08/15 at 11:49 a.m., CNA #1 indicated she had reported the allegation of rough treatment and the laundry concerns to LPN #3 immediately. CNA #1 indicated the allegation was voiced between 7:30 p.m. and 8 p.m., because this was when the resident normally requested to go to bed.</p> <p>2. Resident #E's record was reviewed on 05/08/15 at 9:03 a.m. The resident's diagnoses included, but were not limited to, hypertension and congestive heart failure.</p> <p>A Psychiatric Physician's Progress Note, dated 03/27/15, indicated, "...Resident states money from his glasses case is missing..."</p> <p>A facility policy, titled, "Abuse and Neglect Procedural Guidelines", dated</p>			

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	<p>09/11, and received as current from the Executive Director, indicated, "...Staff is required to report concerns, incidents and grievances immediately to your manager and/or Executive Director and Director of Health Services...Any person with knowledge or suspicion of suspected violations shall report immediately, without fear of reprisal...Immediately notify the Executive Director...Protection...Suspend suspected employee(s) pending outcome of investigation...Any staff member, resident, visitor or responsible party may report known or suspected abuse, neglect, or misappropriation to local or state agencies..."</p> <p>During an interview on 05/08/15 at 9:40 a.m., the Executive Director and Social Service Director indicated they were unaware of the allegation of missing money.</p> <p>This Federal Tag relates to complaint IN00158663.</p> <p>3.1-28(a)</p>			

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

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