STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155273		02/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS GROVE REHABILITATION CENTER	4255 MEDWELL DR NEWBURGH, IN 47630

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000 Bldg. 00	This visit was for the Investigation of Complaint IN00163133 and Complaint IN00164274. Complaint IN00163133 - Substantiated, no deficiencies related to the allegations are cited. Complaint IN00164274 - Substantiated, Federal/State deficiencies are cited at F223. Survey dates: February 25 and 26, 2015 Facility number: 000173 Provider number: 155273 AIM number: 100290920 Survey team: Anne Marie Crays, RN-TC Census bed type: SNF/NF: 76 Total: 76 Census payor type: Medicare: 10 Medicaid: 46 Other: 20 Total: 76	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 5 Cypress Grove Rehabiliation Center was found to be in compliance with 42 CFR Part 483 Subpart B in regard to the Investigation of Complaint IN00163133 and Complaint IN00164274. This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 27, 2015 by Jodi Meyer, RN			
F 223 SS=A Bldg. 00	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from			

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	verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on interview and record review, the facility failed to ensure a resident was free from alleged verbal abuse, for 1 of 5 residents reviewed for abuse, in a sample of 5. Resident D Findings include: 1. On 2/25/15 at 11:00 A.M., the closed clinical record of Resident D was reviewed. Diagnoses included, but were not limited to, traumatic brain injury and multiple fractures. A quarterly Minimum Data Set (MDS) assessment, dated 11/24/15, indicated the resident scored a 15 out of 15 for cognition, with 15 indicating no memory impairment. On 2/25/15 at 1:15 P.M., the Administrator provided an Incident Report Form, dated 10/27/14, and the facility's investigation into the incident. The Incident Report Form included: "Incident Date: 10/27/14, Incident Time: 02:30 PM, Residents Involved: [Resident	F 223	POC for A Tag Resident D is no longer residing in the center and the center followed our policy and procedure for abuse allegations. No other residents were impacted by the cited deficiency. RN # 1 was terminated from employment. Nursing staff have been retrained on the center's abuse prevention policy and on managing difficult residents. Alert residents will be interviewed weekly times one month and monthly times 6 months to ensure staff are behaving appropriately. NHA will report findings to center Quality Assurance and Performance Improvement Committee monthly.	03/27/2015

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	D]...Staff Involved: [RN # 1]...Brief Description of Incident...[Resident D]...stated that last night [RN # 1] told him she 'wished he was (expletive) dead.'...No physical injury...Action taken...[RN # 1] was immediately suspended via telephone pending investigation...Follow up added - 10/31/14 Per interview with [Resident D], he and [RN # 1] had an 'exchange of words' and he referred to her as a 'stupid b---h.'...[Resident D] was leaving the area he states he said, 'You better be glad I did not die.' Per [Resident D], [RN # 1] replied, 'I wish you were dead, I wish you would die.' [RN # 1] does not deny the verbal exchange and stated 'I said some things I probably should not have.' [RN # 1] has been terminated from employment for her behavior. Other alert residents on the hall have been interviewed with no findings. No other staff were present at the time of the incident...." A written statement by RN # 1, undated, indicated, "On 10/26/14...[Resident D] verbal assault: 'You're supposed to have someone here to bring me my meds' 'You're the reason they're late' 'You're the reason my leg was broke [and] I didn't get to the hospital' 'I'm going to tell [Director of Nursing] to fire you' 'You're an idiot [and] you shouldn't have a license. You almost caused me to die.' My thought was			

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	- I didn't cause any of this. Under my breath I said, 'If you had died, I wouldn't be listening to this crap.' [Resident D] said, 'I heard that' and kept going down the hall yelling...." On 2/26/15 at 11:15 A.M., during an interview with the Administrator, she indicated RN # 1 was terminated from the facility after the incident, and was referred to the Indiana Board of Nursing. 2. On 2/25/15 at 10:20 A.M., the Administrator provided the current facility policy on "Prevention and Reporting: Resident Mistreatment, Neglect, Abuse..." The policy included: "[Name of corporation] prohibits the mistreatment, neglect, and abuse of residents...by anyone including staff, family, friends, etc...Verbal abuse is oral, written, or gestured language that includes disparaging and derogatory terms to the resident or their families or within their hearing distance regardless of their age, ability to comprehend or disability...." This Federal tag relates to Complaint IN00164274. 3.1-27(b)			

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