

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155128	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/02/2013
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NAME OF PROVIDER OR SUPPLIER PARKVIEW OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 411 N WOLF RD COLUMBIA CITY, IN 46725
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F0000	<p>This visit was for the Investigation of Complaint IN00121675.</p> <p>Complaint IN00121675 Substantiated. Federal/ state deficiencies related to the allegations are cited at F 223, F225, and F226.</p> <p>Survey dates: January 2, 2013</p> <p>Facility number: 000055 Provider number: 155128 AIM number: 100288410</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 5 SNF/NF: 43 Total: 48</p> <p>Census payor type: Medicare: 12 Medicaid: 21 Other: 15 Total: 48</p>	F0000	<p>We respectfully request that you consider paper compliance for this survey.</p> <p>I</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? CNA #3 was placed on suspension pending further investigation. A secondary investigation was completed to determine if new information could be discovered. Further interviews with residents with current BIMS scores above 12 and co-workers substantiated the initial investigation. All residents and co-workers have favorable opinions of CNA #3 and are comfortable with her performing her regular duties. After conferring with Parkview Health Human Resources, it was determined that CNA #3 violated the Parkview Standards of Conduct. She returned to work after receiving formal corrective action. The resident involved in</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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	Sample: 3 Quality review completed on January 4, 2013 by Randy Fry RN.		the incident asked that CNA #3 not get in trouble and stated she is her favorite aide. She expresses no fear of the co-worker. She states, "If you can't have a little fun, then there is no reason to live." II How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents can be affected by the deficient practice. All residents with a BIMS score about 12 were interviewed. All residents have a favorable opinion of CNA #3. None are fearful of her. Most residents prefer CNA #3 over other aides. I Co-workers were educated about how the deficient practice is considered inappropriate during investigative interviews. All expressed understanding. III What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. The Abuse Investigation Policy was revised placing a time frame on completion of investigations. The revision includes the following: "Investigations should be completed on the Unusual Occurrence Investigation Checklist form within 72 hours of the report.(Attachment 1.) Extra		

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			<p>time may be necessary depending on the scope and severity of the allegation.” (Highlighted on Attachment 2.)</p> <p>These forms will be available at the nurses stations and all leadership will retain a copy. All allegations of abuse will be reported to the Indiana State Department of Health per facility policy. To better familiarize with CMS (Centers for Medicare and Medicaid Services) guidelines the Administrator and Director of Nursing will review the abuse section in the “Hand in Hand” training manual provided by CMS. (Highlighted on Attachment 3.) The Administrator and Director of Nursing will provide and all staff inservice on abuse using the CMS materials. (Attachment 4 shows posting.) IV</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur. All investigations will be reviewed at the leadership morning meeting the day following their completion. All conclusions will be discussed regardless of whether the occurrence was reported or not. This will serve as a secondary review to assure a check and balance. A record of all investigations will be kept and discussed at the Quarterly QA Committee. This will happen until two consecutive reports do not indicate any reversals of decisions following the secondary</p>	

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F0223 SS=A	<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 interview and record review the facility failed to ensure 1 of 2 residents were free from abuse in a sample of 3. (Resident #K)</p> <p>Findings include:</p> <p>Resident #K's record was reviewed 1-2-2013 at 11:44 AM. Resident #K's diagnoses included but were not limited to: depression, dementia, and high blood pressure.</p> <p>During the initial tour of the facility on 1-2-2013 at 8:42 Am, Resident #K was identified by the Director of Nursing as being alert, oriented, and interviewable.</p> <p>In an interview on 1-2-2013 at 11:00 AM, CNA #1 indicated she had known about a CNA placing tape across the mouth of Resident #K right around Christmas, and reported it to the nurse, but was unsure if anything was done.</p>	F0223	<p>We respectfully request that you consider paper compliance for this survey.</p> <p>I</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? CNA #3 was placed on suspension pending further investigation. A secondary investigation was completed to determine if new information could be discovered. Further interviews with residents with current BIMS scores above 12 and co-workers substantiated the initial investigation. All residents and co-workers have favorable opinions of CNA #3 and are</p>	02/01/2013			

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	<p>In an interview on 1-2-2013 at 11:44 AM, Resident #K indicated CNA #3 had put tape over her mouth because they were laughing and goofing off. She further indicated CNA #3 was always contentious and kind to her, and they were having fun that day. Resident #K added she was not injured in anyway and did not feel threatened, afraid or upset.</p> <p>An abuse inservice covering abuse identification, and prevention; and sign in sheet dated 9-12-2012 provided by the Director of Nursing 1-2-2013 at 10:30 AM indicated CNA #3 had not attended the inservice.</p> <p>In an interview on 1-2-2013 at 9:46 AM the Administrator indicated staff training, observation of care, and monitoring was utilized to prevent abuse</p> <p>A policy titled abuse prevention and identification dated 7-2012 indicated the facility would insure to the best of their ability residents were free from verbal, sexual, physical, and mental abuse.</p> <p>This Federal tag relates to complaint number IN 00121675.</p>		<p>comfortable with her performing her regular duties. After conferring with Parkview Health Human Resources, it was determined that CNA #3 violated the Parkview Standards of Conduct. She returned to work after receiving formal corrective action. The resident involved in the incident asked that CNA #3 not get in trouble and stated she is her favorite aide. She expresses no fear of the co-worker. She states, "If you can't have a little fun, then there is no reason to live."</p> <p>II</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents can be affected by the deficient practice. All residents with a BIMS score about 12 were interviewed. All residents have a favorable opinion of CNA #3. None are fearful of her. Most residents prefer CNA #3 over other aides. I Co-workers were educated about how the deficient practice is considered inappropriate during investigative interviews. All expressed understanding. III</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. The</p>				

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	3.1-27(b)		Abuse Investigation Policy was revised placing a time frame on completion of investigations. The revision includes the following: "Investigations should be completed on the Unusual Occurrence Investigation Checklist form within 72 hours of the report.(Attachment 1.) Extra time may be necessary depending on the scope and severity of the allegation." (Highlighted on Attachment 2.) These forms will be available at the nurses stations and all leadership will retain a copy. All allegations of abuse will be reported to the Indiana State Department of Health per facility policy. To better familiarize with CMS (Centers for Medicare and Medicaid Services) guidelines the Administrator and Director of Nursing will review the abuse section in the "Hand in Hand" training manual provided by CMS. (Highlighted on Attachment 3.) The Administrator and Director of Nursing will provide and all staff inservice on abuse using the CMS materials. (Attachment 4 shows posting.) IV How will the corrective action be monitored to ensure the deficient practice does not recur. All investigations will be reviewed at the leadership morning meeting the day following their completion. All conclusions will be discussed regardless of whether the occurrence was reported or not.		

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			This will serve as a secondary review to assure a check and balance. A record of all investigations will be kept and discussed at the Quarterly QA Committee. This will happen until two consecutive reports do not indicate any reversals of decisions following the secondary review.	

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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>			

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	<p>Based on interview and record review the facility failed to ensure an allegation of abuse was thoroughly investigated and reported for 1 of 3 residents reviewed for investigations in a sample of 3. (Resident #K)</p> <p>Findings include:</p> <p>Resident #K's record was reviewed 1-2-2013 at 11:44 AM. Resident #K's diagnoses included but were not limited to: depression, dementia, and high blood pressure.</p> <p>During the initial tour of the facility on 1-2-2013 at 8:42 Am, Resident #K was identified by the Director of Nursing as being alert, oriented, and interviewable.</p> <p>In an interview on 1-2-2013 at 11:00 AM, CNA #1 indicated she had known about a CNA placing tape across the mouth of Resident #K right around Christmas, and reported it to the nurse, but was unsure if anything was done.</p> <p>In an interview on 1-2-2013 at 11:44 AM, Resident #K indicated CNA #3 had put tape over her mouth because they were laughing and goofing off. She further indicated CNA #3 was always contentious and kind to her,</p>	F0225	<p>I</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? CNA #3 was placed on suspension pending further investigation. A secondary investigation was completed to determine if new information could be discovered. Further interviews with residents with current BIMS scores above 12 and co-workers substantiated the initial investigation. All residents and co-workers have favorable opinions of CNA #3 and are comfortable with her performing her regular duties. After conferring with Parkview Health Human Resources, it was determined that CNA #3 violated the Parkview Standards of Conduct. She returned to work after receiving formal corrective action. The resident involved in the incident asked that CNA #3 not get in trouble and stated she is her favorite aide. She expresses no fear of the co-worker. She states, "If you can't have a little fun, then there is no reason to live."</p> <p>II</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be</p>	02/01/2013			

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	<p>and they were having fun that day. Resident #K added she was not injured in anyway and did not feel threatened, afraid or upset.</p> <p>In an interview on 1-2-2013 at 11:47 AM, the Director of Nursing indicated the nursing supervisor called her about a CNA placing tape on Resident #K's mouth. She indicated the Nursing Supervisor she spoke to stated the CNA was playing and joking around with Resident #K. She further indicated the nursing supervisor did not write anything down regarding her investigation of the matter. The Director of Nursing also indicated the incident was not reported because Resident #K did not feel threatened or abused. She indicated a nurse had asked later if she were aware of the situation, but because Resident #K was not upset, she didn't think anything more about it.</p> <p>A policy titled abuse investigation and reporting provided by the Administrator dated 7-2012 indicated each allegation of abuse will be investigated with results documented on an Incident Investigation report and reported to the appropriate state agencies.</p>		<p>taken. All residents can be affected by the deficient practice. All residents with a BIMS score about 12 were interviewed. All residents have a favorable opinion of CNA #3. None are fearful of her. Most residents prefer CNA #3 over other aides. Co-workers were educated about how the deficient practice is considered inappropriate during investigative interviews. All expressed understanding. III What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. The Abuse Investigation Policy was revised placing a time frame on completion of investigations. The revision includes the following: "Investigations should be completed on the Unusual Occurrence Investigation Checklist form within 72 hours of the report.(Attachment 1.) Extra time may be necessary depending on the scope and severity of the allegation." (Highlighted on Attachment 2.) These forms will be available at the nurses stations and all leadership will retain a copy. All allegations of abuse will be reported to the Indiana State Department of Health per facility policy. To better familiarize with CMS (Centers for Medicare and Medicaid Services) guidelines the Administrator and Director of Nursing will review the abuse</p>				

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	This Federal tag relates to complaint number IN 00121675. 3.1-28(e)		section in the "Hand in Hand" training manual provided by CMS. (Highlighted on Attachment 3.) The Administrator and Director of Nursing will provide and all staff inservice on abuse using the CMS materials. (Attachment 4 shows posting.) IV How will the corrective action be monitored to ensure the deficient practice does not recur. All investigations will be reviewed at the leadership morning meeting the day following their completion. All conclusions will be discussed regardless of whether the occurrence was reported or not. This will serve as a secondary review to assure a check and balance. A record of all investigations will be kept and discussed at the Quarterly QA Committee. This will happen until two consecutive reports do not indicate any reversals of decisions following the secondary review.		

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F0226 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 interview and record review, the facility failed to implement their abuse policy regarding investigations and reporting abuse for 1 of 3 residents reviewed for abuse investigation and reporting in a sample of 3. (Resident #K)</p> <p>Findings include:</p> <p>Resident #K's record was reviewed 1-2-2013 at 11:44 AM. Resident #K's diagnoses included but were not limited to: depression, dementia, and high blood pressure.</p> <p>During the initial tour of the facility on 1-2-2013 at 8:42 Am, Resident #K was identified by the Director of Nursing as being alert, oriented, and interviewable.</p> <p>In an interview on 1-2-2013 at 11:00 AM, CNA #1 indicated she had known about a CNA placing tape across the mouth of Resident #K right around Christmas, and reported it to the nurse, but was unsure if anything was</p>	F0226	<p>I What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>CNA #3 was placed on suspension pending further investigation. A secondary investigation was completed to determine if new information could be discovered. Further interviews with residents with current BIMS scores above 12 and co-workers substantiated the initial investigation. All residents and co-workers have favorable opinions of CNA #3 and are comfortable with her performing her regular duties. After conferring with Parkview Health Human Resources, it was determined that CNA #3 violated the Parkview Standards of Conduct. She returned to work after receiving formal corrective action.</p> <p>The resident involved in the incident asked that CNA #3 not get in trouble and stated she is her favorite aide. She expresses no fear of the co-worker. She states, "If you can't have a little fun, then there is no reason to live."</p> <p>II How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents can be affected by the</p>	02/01/2013			

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	<p>done.</p> <p>In an interview on 1-2-2013 at 11:44 AM, Resident #K indicated CNA #3 had put tape over her mouth because they were laughing and goofing off. She further indicated CNA #3 was always contentious and kind to her, and they were having fun that day. Resident #K added she was not injured in anyway and did not feel threatened, afraid or upset.</p> <p>In an interview on 1-2-2013 at 11:47 AM, the Director of Nursing indicated the nursing supervisor called her about a CNA placing tape on Resident #K's mouth. She indicated the Nursing Supervisor she spoke to stated the CNA was playing and joking around with Resident #K. She further indicated the nursing supervisor did not write anything down regarding her investigation of the matter. The Director of Nursing also indicated the incident was not reported because Resident #K did not feel threatened or abused. She indicated a nurse had asked later if she were aware of the situation, but because Resident #K was not upset, she didn't think anything more about it.</p> <p>A policy titled abuse investigation and</p>		<p>deficient practice.</p> <p>All residents with a BIMS score about 12 were interviewed. All residents have a favorable opinion of CNA #3. None are fearful of her. Most residents prefer CNA #3 over other aides.</p> <p>I Co-workers were educated about how the deficient practice is considered inappropriate during investigative interviews. All expressed understanding.</p> <p>III What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The Abuse Investigation Policy was revised placing a time frame on completion of investigations. The revision includes the following: "Investigations should be completed on the Unusual Occurrence Investigation Checklist form within 72 hours of the report.(Attachment 1.) Extra time may be necessary depending on the scope and severity of the allegation." (Highlighted on Attachment 2.) These forms will be available at the nurses stations and all leadership will retain a copy. All allegations of abuse will be reported to the Indiana State Department of Health per facility policy.</p> <p>To better familiarize with CMS (Centers for Medicare and Medicaid Services) guidelines the Administrator and Director of Nursing will review the abuse section in the "Hand in Hand" training manual provided by CMS. (Highlighted on Attachment 3.) The Administrator and Director of Nursing will provide and all staff inservice on abuse using the CMS materials. (Attachment 4 shows</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155128	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/02/2013
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	<p>reporting provided by the Administrator dated 7-2012 indicated each allegation of abuse will be investigated with results documented on an Incident Investigation report and report to the appropriate state agencies. The policy further indicated the facility would use the guidelines provided by CMS to determine which occurrences were reportable.</p> <p>This Federal tag relates to complaint number IN 00121675.</p> <p>3.1-28(a)</p>		<p>posting.)</p> <p>IV How will the corrective action be monitored to ensure the deficient practice does not recur.</p> <p>All investigations will be reviewed at the leadership morning meeting the day following their completion. All conclusions will be discussed regardless of whether the occurrence was reported or not. This will serve as a secondary review to assure a check and balance.</p> <p>A record of all investigations will be kept and discussed at the Quarterly QA Committee. This will happen until two consecutive reports do not indicate any reversals of decisions following the secondary review.</p>		