

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155364	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2016
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NAME OF PROVIDER OR SUPPLIER BYRON HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12101 LIMA RD FORT WAYNE, IN 46818
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00190773.</p> <p>Complaint number IN00190773 - Substantiated. Federal/ State deficiency related to the allegations is cited at F223.</p> <p>Survey dates: January 19, and 20, 2016</p> <p>Facility number: 000255 Provider number: 155364 AIM number: 100273280</p> <p>Census bed type: SNF/NF: 90 Residential: 51 Total: 141</p> <p>Census payor type: Medicare: 4 Medicaid: 86 Other: 49 Total: 141</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on January 21, 2016 by</p>	F 0000		
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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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F 0223 SS=D Bldg. 00	<p>17934.</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.</p> <p>Based on interview and record review, the facility failed to ensure residents were free from abuse for 1 of 3 residents reviewed for abuse in a sample of 3. (Resident #J)</p> <p>Findings include:</p> <p>Resident #J's record was reviewed 1-20-2016 at 9:10 AM. Resident #J's diagnoses included, but were not limited to, depression, anxiety, and dementia.</p> <p>A review of Resident #J's Nurse's Notes dated 1-9-2016 at 7:02 PM, indicated "Notified of the resident being struck in the head."</p> <p>A review of Resident #J's Nurse's notes dated 1-9-2016 at 7:40 PM indicated Resident #J had been assessed for</p>	F 0223	<p>This Plan of Correction is Byron Health Center's credible allegation of compliance. It is the intention of Byron Health Center to be in complete compliance with all Federal and State guidelines. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correction is prepared and/or executed because the provisions of federal and state law require it.</p> <p>F223- Abuse What corrective action(s) will be accomplished for those residents found to have been affectedly the deficient practice? All residents had the potential to be affected by the team member. The team member was immediately removed from resident areas, interviewed and terminated.</p>	02/20/2016			

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	<p>injuries, and none were noted.</p> <p>A review of Resident #J's Neurological assessment dated 1-10-2016 at 3:24 AM indicated Resident #J's Neurological condition was within normal limits.</p> <p>A review of witness statements obtained by the facility indicated a staff member had been heard yelling at Resident #J and calling her "stupid".</p> <p>In a confidential interview on 1-20-2016 at 10:00 AM, a witness to the yelling at Resident #J indicated the witness could hear yelling and the staff person called Resident #J "stupid". The witness further indicated she did not see Resident #J being slapped or hit at any time.</p> <p>In an interview on 1-20-2016 at 11:08 AM, the Human Resources (HR) Director indicated she was in the facility when the report of the occurrence with Resident #J was reported. The Human Resources Director further indicated that after the staff member was removed from the resident care area, she obtained witness statements and had the witnesses reenact the occurrence. During the reenactment, the witnesses indicated the CNA had called Resident #J "stupid", and although one witness indicated Resident #J had been slapped in the head, none of the</p>		<p>How other residents having the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken. All residents had the potential to be affected by the team member. All staff were interviewed regarding any knowledge of any abuse, neglect, or misappropriation of property at any time during their employment at Byron Health Center. 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>At Byron Health Center we have a rigorous hiring processthat includes multiple character testing as well as job shadowing and thoroughbackground checks. We begin abuse and neglect education on the first day ofhire. We are continually educating staffon how to properly approach our residents, what to do if they suspect anyresident abuse, neglect, or misappropriation of property and we interviewresidents, or their families, throughout the year for any potential issues withabuse, neglect, or misappropriation of resident property. We have formal education on resident abuse, neglect and misappropriation of property throughout the year. We have a dailystaffing meeting Monday through Friday to review</p>	

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	<p>other witnesses had seen this happen. The HR indicated the employee involved in this incident was terminated from employment.</p> <p>A current policy titled Preventing Resident Abuse dated 12-2006, provided by the facility on the conference room table, indicated "Our facility will not condone any form of resident abuse and will continually monitorto assist in preventing resident abuse."</p> <p>This Federal Tag relates to Complaint IN00190773.</p> <p>3.1-27(b)</p>		<p>upcoming staffing patterns toensure sufficient staffing and to identify staff members who might be at riskfor burn out from picking up too many shifts. We allow staff to take themselvesoff of the schedule if they feel like they have worked beyond their limits orare just too tired to perform to expectations.</p> <p>Please specify howthe QAA Committee will monitor this plan of correction, how often, and for howlong? If less than six months, how willthe facility ensure the plan remains in place?</p> <p>Interviews will be conducted with at least ten residents per week times fourweeks, then every two weeks for four weeks and monthly thereafter to confirmcompliance with the facility's policy regarding zero tolerance for abuse, neglectand misappropriation of property. Any concerns voiced during the residentinterviews will be immediately investigated as per facility policy. Results ofthe interviews and any corrective actions taken shall be reported to the QAPICommittee during monthly meetings and the plan revised, if warranted.</p>	