

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155352	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2015
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NAME OF PROVIDER OR SUPPLIER ELKHART REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 MOREHOUSE AVE ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00185440 and IN00186366.</p> <p>Complaint IN00185440 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225 and F226.</p> <p>Complaint IN00186366 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 3 and 4, 2015.</p> <p>Facility number: 000243 Provider number: 155352 AIM number: 100289830</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type: Medicare: 7 Medicaid: 28 Other: 1 Total: 36</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings</p>	F 0000	<p>This Plan of Correction is submitted as Elkhart Rehabilitation Center's written Credible Allegation of Compliance for the deficiencies cited. The submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. Elkhart Rehabilitation Center respectfully request consideration for a desk review of this Plan of Correction.</p>	
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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 0225 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on December 9, 2015.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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>			

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	<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> <p>Based on record review and interview, the facility failed to investigate and report an allegation of mistreatment from a resident who was being cared for by hospice staff. This deficient practice affected 1 of 2 residents reviewed for hospice. (Resident C)</p> <p>Finding includes:</p> <p>On 12/4/15 at 11:00 A.M., an interview was conducted with the Director of Nurses. The Director of Nurses (DON) indicated Resident C had opted to change her hospice provider related to a "bad experience" she had with a hospice care provider. When asked what this "bad experience" was the DON indicated on the morning of 9/22/15, Resident C approached her and wanted to discuss that a [name of hospice] aide wanted to give her a shower and she indicated she was tired and didn't want to take a shower. Resident C went on to indicate tearfully that the hospice aide had told her that she had to take a shower and that if she didn't they might have to</p>	F 0225	<p>F225 – It is the practice of this facility to ensure that all allegations of mistreatment of a resident are investigated and reported.</p> <p>Corrective Action: Resident that was cited no longer resides at the facility. All staff educated on the abuse policy and procedure by the Clinical Education Coordinator by 12/18/15. Reportable submitted on 12/16/15 by ED.</p> <p>How others identified: All residents receiving Hospice have the potential to be affected. Other residents and staff interviewed regarding Hospice caregivers to ensure that all concerns are addressed, reported and investigated, per policy. Education of all staff will be provided by Clinical Education Coordinator by 12/18/15 to ensure all concerns are addressed, reported, and investigated.</p> <p>Measures to prevent: Concern was reported to the Hospice provider at the time of the incident. DNS requested that</p>	12/18/2015

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	<p>discontinue her services. Resident indicated she wanted to switch hospice providers. At that time, the DON indicated, Resident C was in charge of her own medical care. The DON indicated she immediately notified the hospice provider who indicated they would initiate an investigation. When asked if she investigated the incident the DON indicated she had not because the hospice provider was conducting an investigation as the allegation was made against a hospice employee.</p> <p>On 12/4/15 at 11:30 A.M., an interview was conducted with the Administrator of the facility who indicated that she spoke to Resident C on 9/22/15, and did not get the impression that Resident C felt threatened. Resident C had been upset because she was told by the hospice worker she may lose hospice services, therefore she did not initiate an investigation at that time.</p> <p>On 12/4/15 at 12:15 P.M., a Consumer Concern Report from [name of Hospice provider] was provided by the Director of Nurses. The Consumer Concern Report, dated 10-2-15, indicated, "...[name of Resident] reported that she was uncomfortable and felt 'threatened' by the RN [Registered Nurse] who visited her last night..She said the nurse was rude to</p>		<p>this particular caregiver not be sent to provide care in this facility. ED and/or designee will attend resident council meetings with permission of the council to encourage residents to voice concerns immediately. The grievance process and allegations of abuse process will be discussed and explained to the council. All reported allegations of abuse will be investigated per policy. All investigations will be documented. All concern/grievance forms will be reviewed at morning IDT meeting and any allegations will be investigated and reported per policy.</p> <p>Monitoring: All concern/grievance forms will be reviewed at morning meeting and any allegations will be investigated and reported per policy. The DNS and/or designee is responsible for completing unusual occurrence CQI tool weekly x 4 weeks, bi-weekly x 2 weeks, monthly x 6 months, and quarterly thereafter. All findings will be reviewed at monthly Continuous Quality Improvement meeting and action plans developed for any deficient finding. Any deficient practice will be monitored through Continuous Quality Improvement process until it reaches 100% compliance rating.</p>		

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	<p>her and to other staff. Resident also said that she had 'she worst shower I'd ever had yesterday and they threatened me that if I didn't do things how they wanted, they'd drop me from services.' She was unable to elaborate further...."</p> <p>On 12/4/15 at 1:45 P.M., the clinical record for Resident C was reviewed. Resident C was admitted to the facility on 7/24/10. The diagnoses included but were not limited to, chronic airway obstruction and symptom convulsions not otherwise specified.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 9/23/15, indicated Resident C had a Brief Interview for Mental Status (BIMS) score of 13, indicating she was mildly cognitively impaired.</p> <p>On 12/4/15 at 2:00 P.M., the current Abuse Prohibition, Reporting, and Investigation Policy and Procedure, revised July 2015, and provided by the Director of Nurses, was reviewed. The policy indicated, "... Policy/Procedure: 1. American Senior Communities will not permit residents to be subjected to abuse by anyone, including employees, other residents, consultants, volunteers, staff or personnel of other agencies serving the</p>			

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	<p>resident, family members, legal guardians, sponsors, friends, or other individuals...Resident Abuse-Staff member, volunteer, or visitor:4. The Executive Director and/or Director of Nursing will be immediately notified of he report and the initiation of the investigation...8. An incident report will be initiated, following the guidelines for " Unusual Occurrence Reporting," along with a narrative description in the nurses notes...10. An investigation will be done to assure other residents have not been affected by the incident or inappropriate behavior, and the results documented...11. The investigation will include: Facts and observations by involved employees, Facts and observations by witnessing employees, Facts and observations by witnessing non-employees...Facts and observations from other who might have pertinent information...Facts and observations by the supervisor or individual whom the initial report was made...14. The Executive Director or the Director of Nursing is responsible for notifying the following agencies immediately, as outlined in the "Unusual occurrence reporting guidelines"... Indiana State Department of Health...16. The Executive Director or the Director of Nurses is responsible to coordinate all investigation processes, assure an accurate and</p>			

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F 0226 SS=D Bldg. 00	<p>complete written record of the incident and investigation, and to follow up with a written report to the Indiana State Department of Health within five (5) working days...."</p> <p>This Federal tag relates to Complaint IN00185440.</p> <p>3.1-28(c) 3.1-28(d)</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. Based on record review and interview, the facility failed to ensure their abuse policy was implemented regarding the investigation and reporting of an allegation of mistreatment from a resident who was being cared for by hospice staff. This deficient practice affected 1 of 2 residents reviewed for hospice. (Resident C)</p>	F 0226	<p>F226 – It is the practice of this facility to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Corrective Action: Resident that was cited no longer resides at the facility. All staff educated on the abuse policy and procedure</p>	12/18/2015

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	<p>Finding includes:</p> <p>On 12/4/15 at 11:00 A.M., an interview was conducted with the Director of Nurses. The Director of Nurses (DON) indicated Resident C had opted to change her hospice provider related to a "bad experience" she had with a hospice care provider. When asked what this "bad experience" was the DON indicated on the morning of 9/22/15, Resident C approached her and wanted to discuss that a [name of hospice] aide wanted to give her a shower and she indicated she was tired and didn't want to take a shower. Resident C went on to indicate tearfully that the hospice aide had told her that she had to take a shower and that if she didn't they might have to discontinue her services. Resident indicated she wanted to switch hospice providers. At that time, the DON indicated, Resident C was in charge of her own medical care. The DON indicated she immediately notified the hospice provider who indicated they would initiate an investigation. When asked if she investigated the incident the DON indicated she had not because the hospice provider was conducting an investigation as the allegation was made against a hospice employee.</p>		<p>by Clinical Education Coordinator by 12/18/15. How others identified: All residents receiving Hospice Services have the potential to be affected. Other residents and staff interviewed regarding Hospice caregivers that provide care in the facility. Education of all staff will ensure that all residents affected will be addressed. Measures to prevent: Concern was reported to the Hospice provider at the time of the incident. DNS requested that this particular caregiver not be sent to provide care in this facility. ED and/or designee will attend resident council meetings with permission of the council to ensure that any concern requiring investigation is followed up by appropriate staff immediately. All reported allegations of abuse will be investigated per policy. All investigations will be documented. All concern/grievance forms will be reviewed at morning meeting and any allegations will be investigated and reported per policy. Nurse Consultant Specialist will reeducate the ED on implementation of the abuse policy, and reporting guidelines. ED will ensure all allegations of abuse, neglect, misappropriation of property will be reported and thoroughly investigated immediately per abuse policy and procedure. Monitoring: All concern/grievance</p>				

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	<p>otherwise specified.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 9/23/15, indicated Resident C had a Brief Interview for Mental Status (BIMS) score of 13, indicating she was mildly cognitively impaired.</p> <p>On 12/4/15 at 2:00 P.M., the current Abuse Prohibition, Reporting, and Investigation Policy and Procedure, revised July 2015, and provided by the Director of Nurses, was reviewed. The policy indicated, "... Policy/Procedure: 1. American Senior Communities will not permit residents to be subjected to abuse by anyone, including employees, other residents, consultants, volunteers, staff or personnel of other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals...Resident Abuse-Staff member, volunteer, or visitor:4. The Executive Director and/or Director of Nursing will be immediately notified of he report and the initiation of the investigation...8. An incident report will be initiated, following the guidelines for " Unusual Occurrence Reporting," along with a narrative description in the nurses notes...10. An investigation will be done to assure other residents have not been affected by the incident or inappropriate</p>			

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	<p>behavior, and the results documented...11. The investigation will include: Facts and observations by involved employees, Facts and observations by witnessing employees, Facts and observations by witnessing non-employees...Facts and observations from other who might have pertinent information...Facts and observations by the supervisor or individual whom the initial report was made...14. The Executive Director or the Director of Nursing is responsible for notifying the following agencies immediately, as outlined in the "Unusual occurrence reporting guidelines"... Indiana State Department of Health...16. The Executive Director or the Director of Nurses is responsible to coordinate all investigation processes, assure an accurate and complete written record of the incident and investigation, and to follow up with a written report to the Indiana State Department of Health within five (5) working days..."</p> <p>This Federal tag relates to Complaint IN00185440.</p> <p>3.1-28(a)</p>			

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