

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155511	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/21/2016
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NAME OF PROVIDER OR SUPPLIER  TERRE HAUTE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 830 S 6TH ST TERRE HAUTE, IN 47807
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00202970.</p> <p>Complaint IN00202970 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: July 20 and 21, 2016</p> <p>Facility number: 000446 Provider number: 155511 AIM number: 100288720</p> <p>Census bed type: SNF/NF: 28 Total: 28</p> <p>Census payor type: Medicare: 2 Medicaid: 19 Other: 7 Total: 28</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</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>Quality Review was completed by 21662 on July 22, 2016.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION 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 a resident was</p>	F 0223	F223	08/20/2016

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	<p>not verbally abused for 1 of 3 investigations of allegations of abuse reviewed. (Resident B)</p> <p>Finding includes:</p> <p>Facility investigations of allegations of abuse were reviewed on 7/20/16 at 1:00 p.m. A report indicated on 7/7/16 at 12:30 p.m., LPN #1 was in the dining room during noon meal service. Resident B had requested an additional sandwich. A CNA asked LPN #1 if it was ok, and the nurse threw her hands in the air, and loudly said "Let [resident's name] have whatever he wants. He is going to die of obesity anyway." The incident was witnessed, and immediately reported to the Administrator. The LPN was suspended pending an investigation and terminated for verbal abuse.</p> <p>Resident B was interviewed on 7/21/16 at 9:25 a.m. The resident indicated the nurse had hurt his feelings especially since he was in the dining room and other residents were present.</p> <p>Resident B's clinical record was reviewed on 7/21/16. A quarterly Minimum Data Set assessment dated, 7/12/16, coded the resident with no cognitive impairment.</p> <p>A facility policy, provided by the</p>		<p><b>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</b></p> <p><b>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, physical abuse, corporal punishment, or involuntary seclusion.</b></p> <p><b>The correction action taken for those residents found to be affected by the deficient practice include:</b></p> <p>LPN #1 was immediately suspended pending investigation and then terminated due to the allegation being substantiated.</p> <p><b>Other residents that have the potential to be affected have been identified by:</b></p> <p>All residents had the potential to be affected and have been review. No additional residents were identified.</p> <p><b>The measures or systemic changes that have been put into place to ensure that the deficient practice not recur include:</b></p> <p>An in-service has been conducted with all employees regarding the</p>		

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	<p>Administrator on 7/20/16 at 10:00 a.m., titled "Human Resources Policies and Procedures Manual SECTION 4. Rules, SUBJECT HR-408: Abuse &amp; Neglect Policy" dated 9/1/14, included but was not limited to, "Policy Each resident has the right to be free from abuse, neglect, and misappropriation of resident property. All allegations will be reported according to State and Federal Law and investigated. Application This policy applies to all employees. Definitions ..."Verbal abuse" is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability...."</p> <p>3.1-27(b)</p>		<p>resident's right to be free of verbal, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p><b>The corrective action taken to monitor performance to assure compliance through the quality assurance is:</b></p> <p>The facility will continue to do pre-hire checks, abuse training at the time of hire, annually, and as necessary. The facility will continue to follow the Abuse Policy and Procedure.</p> <p><b>The date the systemic changes will be completed is: August 20, 2016</b></p>				