

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155145	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  05/23/2011
NAME OF PROVIDER OR SUPPLIER  WASHINGTON NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 603 EAST NATIONAL HIGHWAY WASHINGTON, IN47501		
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F0000	<p>This visit was for the Investigation of Complaint IN00090727.</p> <p>Complaint IN00090727 - Substantiated, Federal and state deficiencies related to the allegations are cited at F223.</p> <p>Survey date: May 23, 2011</p> <p>Facility number: 000068 Provider number: 155145 AIM number: 100274980</p> <p>Survey team: Melinda Lewis, RN, TC Sharon Whiteman, RN Marla Potts, RN</p> <p>Census bed type: SNF: 12 SNF/NF 79 Total: 91</p> <p>Census payor type: Medicare: 16 Medicaid: 62 Other: 13 Total: 91</p> <p>Sample: 03</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</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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F0223 SS=A	<p>Washington Nursing Center was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaint IN00090727.</p> <p>This deficiency also reflects a state finding in accordance with 410 IAC 16.2.</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 keep a cognitively impaired resident free from sexual abuse, for 1 of 3 residents reviewed for abuse in the sample of 3.</p> <p>Resident A</p> <p>Findings include:</p> <p>The clinical record for Resident A was reviewed on 5/23/11 at 12:30 P.M. The record indicated Resident A had diagnoses that included but were not limited to dementia with behavior disturbance, Parkinson's disease and anxiety. The</p>	F0223	<p>The facility will ensure this requirement is met through the following corrective measures:1. Resident A was not harmed. No signs of mental anguish were noted following assessment, nor physical harm. Resident A's family and physician were notified of the incident. Housekeeper #1 is no longer employed at the facility and was incarcerated by local authorities. CNA #1 was immediately re-educated on the need to ensure the offender does not offend again.2. All residents have the potential to be affected. See below for corrective measures.3. The Abuse policies and procedures are being</p>	06/22/2011	

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	<p>MDS [minimum data set] assessment, dated 5/6/11, indicated Resident A had severe cognitive impairment. Resident A required extensive assistance of one for transfers and ambulation.</p> <p>The Nurses Notes, dated 5/16/11, no time, indicated "DON [Director of Nursing] (name) reported to this nurse that male housekeeper (initials) reportedly was in resident's room when CNA walked in to toilet (Resident A) upon entering the room CNA stated that (Resident A) was in her w/c facing the window and the housekeeper (initials) was leaning over w/c with back to the window. CNA stated that the housekeeper's penis was out of his zipper. (Resident A) was touching the housekeeper's penis. The CNA stated that the housekeeper (initials) reached down et [and] placed his penis back in his pants in front of the CNA. He stated Please don't say this to anyone. (CNA name) toileted (Resident A). After she watched (Housekeeper initials) go toward the kitchen. (CNA name) then left the room et [and] went to administrators office to report what she had seen. Dr (name) was notified by the Administrator. This nurse entered room to check on resident she then asked this nurse where (name) was. (Name is her husband who expired)."</p> <p>The Nurses Notes, dated 5/16/11 at 1:30</p>		<p>reviewed and revised as indicated. Staff will be educated on those revisions. The Administrator or his designee will interview five staff and five residents monthly for three months then quarterly thereafter to ensure continued compliance.4. The findings of those interviews will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before June 22, 2011.</p>		

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	<p>P.M., indicated "Went to resident's room to speak with (Resident A) regarding above statement. Resident alert but confused to time and place. Resident up in w/c et appears fidgety. Resident states she is nervous when asked. Resident states "I'm nervous because of the sickness I have. Attempted to question resident about the incident of earlier today. Resident unable to recall. Did not recall eating bfast [breakfast] or what she had eaten for lunch a very short x [time] ago. Did assess resident for physical s/s [signs and symptoms]. No visible bruising or redness noted about face or mouth. No bruising of arms/hands noted. No nonverbal indications of pain noted. Resident able to tell me the names of sons et daughters but not where they live. Resident not able to tell me the correct day of week or correct month. Resident unable to tell me her room # (number). Resident was fully dressed et did not have appearance of clothing being in disarray."</p> <p>On 5/23/11 at 1:15 P.M., in an interview with CNA # 1 she indicated she had seen Resident A have the housekeeper's penis in her hand. She stated after the housekeeper left the room she had taken Resident A to the bathroom before looking for her charge nurse. She stated she could not find her so she went to a different floor and spoke with 2 other</p>				

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	<p>CNAs about what she had witnessed. She stated then she went to report it to the Administrator.</p> <p>On 5/23/11 at 12:30 P.M., in an interview with the Administrator he indicated after CNA # 1 reported to him what she had witnessed between Resident A and Housekeeper # 1, he had immediately went to find Housekeeper # 1. When Housekeeper # 1 saw him coming he ran into the bathroom. The Administrator indicated he waited for the Housekeeper to leave the bathroom then escorted him to his office and then out of the facility and called the police. The administrator indicated the housekeeper had been arrested following investigation by the local police.</p> <p>The facility policy and procedure for Resident Abuse, no date, was provided by the Director of Nursing on 5/23/11 at 12:15 P.M. The policy indicated "...The individual who witnessed the incident shall immediately notify a charge nurse of the nursing unit which the resident occupies. If this is not feasible due to circumstances, the individual shall be responsible to notify any other nurse currently on duty...The charge nurse is responsible to notify the facility Administrator and Director of Nursing. Any staff member implicated in the</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	alleged abuse will be removed from the facility at once and will remain suspended until an investigation is completed..."  3.1-27(a)				