

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155355	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2015
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NAME OF PROVIDER OR SUPPLIER  WEST BEND NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 3, 4, 5, 6, 10 and 11, 2015.</p> <p>Facility number: 000246 Provider number: 155355 AIM number: 100275420</p> <p>Survey Team: Julie Baumgartner, RN-TC Shauna Carlson, RN (2/3, 2/4, 2/5, 2/6, 2/11, 2015) Pam Williams, RN</p> <p>Census bed type: SNF/NF: 90</p> <p>Census payor type: Medicare: 13 Medicaid: 66 Other: 11 Total: 90</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on February 19, 2015, by Brenda Meredith, RN.</p>	F000000	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after March 13, 2015.</b></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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F000224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION</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 ensure residents were free from misappropriation of resident property for 1 of 2 residents reviewed for missing money. (Resident #16)</p> <p>Finding includes:</p> <p>On 2-5-2015 at 9:56 A.M., an interview was conducted with Resident #16. Resident #16 indicated she had, "...\$15 taken out of her bedside table top drawer and the lock was broken by the person who took the money...a few days later, the same thing happened and this time they took \$11...I told [AIT Administrator In Training] about the missing money and he said he would take care of it...I don't think they found it or found out who did it..."</p> <p>On 2-6-2015 at 11:26 A.M., record review of the "Incident Report Form" dated 1/19/15 for Resident #16,</p>			F000224	<p><b>F224-- Mistreatment/Neglect/Misappropriation</b> It is the practice of this provider to develop and implement policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> <i>Resident #16's</i> allegation of missing money has been thoroughly investigated and a report was sent to ISDH regarding the missing \$11. The resident has an established Resident Trust Account and has access to funds at anytime. The resident and family verbalize their satisfaction with the resolution. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> All residents are at risk to be</p>		03/13/2015

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	<p>indicated, "...Brief Description of Incident: On 1/19/15, resident reported she had approximately \$15.00 in her pink change purse stored in her top drawer. She recalls having the money in her purse on 1/17/15, however, when she went to retrieve it on 1/19/15, she noticed the pink change purse was missing...Immediate Action Taken: ED [Executive Director] and DNS [Director of Nursing Services] immediately notified upon report by resident. Interviews have been initiated with three other residents with no findings or reports of missing items. Interviews with staff have also been initiated..."</p> <p>The clinical record for Resident #16 was reviewed on 2-10-2015 at 12:31 P.M. The diagnoses included, but were not limited to, "...Dementia, Cerebral Vascular Accident, hypertension, diabetes..." The MDS (Minimum Data Set) assessment, dated 12-26-14, indicted the BIMS (Brief Interview for Mental Status) for Resident #16 was a score of 13, cognitively intact.</p> <p>On 2-11-2015 at 11:03 A.M., an interview was conducted with Employee #6 (Maintenance). Employee #6 indicated, "...I heard about the incident in morning meeting...I did not get a work order for it [repair to the drawer]...I went</p>		<p>affected by this finding. Resident interviews were conducted by the ID to determine if any other resident/family member had a concern regarding missing personal items or money and no issues were noted. An all staff in-service will be held on or before 3/13/15 by the ED/DNS or designee. This in-service will include review of the facility policy related to "Abuse Prohibition and Investigation". Any allegation or statement regarding resident abuse/mistreatment or misappropriation of resident property will be reported immediately to the ED. The facility will then immediately initiate a full investigation as well as ensure notification to the MD, family, ISDH and other agencies outlined in the facility policy. A record of documentation/full details of the investigation and the outcome will be kept by the facility. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> An all staff in-service will be held on or before 3/13/15 by the ED/DNS or designee. This in-service will include review of the facility policy related to "Abuse Prohibition and Investigation". Any allegation or statement regarding resident abuse/mistreatment or misappropriation of resident property will be reported immediately to the ED. The</p>				

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	<p>and fixed the lock on her dresser drawer...a few days later, it happened again...she [Resident #16] told me about it and I fixed it again...I did not tell the ED about the second time...I didn't get a work order to fix it the second time and I don't keep a log of what I do, so I am not sure when it was...."</p> <p>On 2-11-2015 at 1:45 P.M., record review of all investigation related to incident of missing money for Resident #16, reported on 1-19-2015, was conducted. The report indicated interviews, dated 1-19-2015, with Employees # 12, #13 and #14 were conducted and documented as a group. The group indicated "Spoke with [employee #12, #13 and #14] no one is aware or has seen a pink purse res [resident] comes to get money but doesn't have anything to put it in." An interview, at this time, with ED indicated, "...Employee #12, #13 and #14 work at the front desk and are available to give funds to residents during business hours...." CNA #10 was interview and documentation indicated, "Spoke with [CNA #10] not aware of pink purse." During an interview at this time, the ED indicated that "...CNA #10 was working Resident #16's hall that day...." An interview with the Activities Director was documented and indicated, "...</p>		<p>facility will then immediately initiate a full investigation as well as ensure notification to the MD, family, ISDH and other agencies outlined in the facility policy. The ED upon permission will attend Resident Council meetings to encourage all residents to utilize the facility Resident Trust Accounts. A record of documentation/full details of the investigation and the outcome will be kept by the facility. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> Compliance with this corrective action will be monitored through the CQI Program. The ED/DNS or designee will be responsible for completion of the CQI Audit Tool titled, "Abuse, Prohibition and Investigation" weekly for 6 weeks and then monthly for 6 months. If a threshold of 100% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. <b>By what date the systemic changes will be completed:</b> Compliance date = 3/13/15.</p>	

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	<p>[Activities Director] reported no recent requests for candy or soda in Activity room..." During an interview, at this time, the ED indicated, "...they have candy and pop for sale in the Activity room for the residents...Resident #16 does not usually buy anything but checked with the Activity Director anyway...they do not keep record of who purchases candy or pop...." No other documentation was offered at this time.</p> <p>On 2-11-2015 at 2:15 P.M., an interview with the AIT was conducted. The AIT indicated, "...Resident #16 had approached him and told him that he drawer was broken into and that there was money missing...\$15...I searched for it and then told the ED about the incident...I told the maintenance man to fix the drawer...I did the investigation...I don't have documentation except the incident report that I sent to state...." When questioned about the second allegation, the AIT indicated, "...the second time, I don't recall her saying anything was missing, just the drawer was broken again...even though nothing happened the second time, I told her [ED]...it's automatic, any time a resident's rights have been violated, I don't even make that determination, I let the ED make the call...."</p>			

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	<p>On 2-6-2015 at 11:23 A.M., the Administrator provided the "Abuse Prohibition, Reporting, and Investigation Policy and Procedure", revised October 2013, and indicated the policy is the one currently being used by the facility. The policy indicated, "...Definition of Abuse...Misappropriation of Resident Funds or Property-the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent...."</p> <p>There was no documentation related the second allegation to review.</p> <p>3.1-28(a)</p>			

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F000225 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 thoroughly investigate missing money for 1 of 2 residents reviewed for misappropriation of funds. (Resident #16)</p> <p>Finding includes:</p> <p>On 2-5-2015 at 9:56 A.M., an interview was conducted with Resident #16. Resident #16 indicated she had, "...\$15 taken out of her bedside table top drawer and the lock was broken by the person who took the money...a few days later, the same thing happened and this time they took \$11...I told [AIT Administrator In Training] about the missing money and he said he would take care of it...I don't think they found it or found out who did it..."</p> <p>On 2-6-2015 at 11:26 A.M., record review of the "Incident Report Form" dated 1/19/15 for Resident #16, indicated, "...Brief Description of Incident: On 1/19/15, resident reported she had approximately \$15.00 in her pink change purse stored in her top drawer. She recalls having the money in her purse on 1/17/15, however, when she went to retrieve it on 1/19/15, she noticed the pink change purse was missing...Immediate Action Taken: ED</p>	F000225	<p><b>F225- Investigate/Report Allegations/Individuals</b> It is the practice of this provider 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. It is also the practice of this provider to keep evidence that all alleged violations are thoroughly investigated and to prevent further potential abuse while the investigation is in process. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> <i>Resident #16's</i> allegation of missing money has been thoroughly investigated and a report was sent to ISDH regarding the missing \$11. The resident has an established Resident Trust Account and has access to funds at anytime. The resident and family verbalize their satisfaction with the resolution. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> All residents are at risk to be affected by this finding. All residents are at risk to be affected by this finding.</p>	03/13/2015

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	<p>[Executive Director] and DNS [Director of Nursing Services] immediately notified upon report by resident. Interviews have been initiated with three other residents with no findings or reports of missing items. Interviews with staff have also been initiated...."</p> <p>The clinical record for Resident #16 was reviewed on 2-10-2015 at 12:31 P.M. The diagnoses included, but were not limited to, "...Dementia, Cerebral Vascular Accident, hypertension, diabetes...." The MDS (Minimum Data Set) assessment, dated 12-26-14, indicted the BIMS (Brief Interview for Mental Status) for Resident #16 was a score of 13, cognitively intact.</p> <p>On 2-11-2015 at 11:03 A.M., an interview was conducted with Employee #6 (Maintenance). Employee #6 indicated, "...I heard about the incident in morning meeting...I did not get a work order for it [repair to the drawer]...I went and fixed the lock on her dresser drawer...a few days later, it happened again...she [Resident #16] told me about it and I fixed it again...I did not tell the ED about the second time...I didn't get a work order to fix it the second time and I don't keep a log of what I do, so I am not sure when it was...."</p>		<p>Resident interviews were conducted by the IDT to determine if any other resident/family member had a concern regarding missing personal items or money and no issues were noted. An all staff in-service will be held on or before 3/13/15 by the ED/DNS or designee. This in-service will include review of the facility policy related to "Abuse Prohibition and Investigation". Any allegation or statement regarding resident abuse/mistreatment or misappropriation of resident property will be reported immediately to the ED. The facility will then immediately initiate a full investigation as well as ensure notification to the MD, family, ISDH and other agencies outlined in the facility policy. A record of documentation/full details of the investigation and the outcome will be kept by the facility. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> An all staff in-service will be held on or before 3/13/15 by the ED/DNS or designee. This in-service will include review of the facility policy related to "Abuse Prohibition and Investigation". Any allegation or statement regarding resident abuse/mistreatment or misappropriation of resident property will be reported immediately to the ED. The</p>		

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	<p>purchases candy or pop...." No other documentation was offered at this time.</p> <p>On 2-11-2015 at 2:15 P.M., an interview with the AIT was conducted. The AIT indicated, "...Resident #16 had approached him and told him that he drawer was broken into and that there was money missing...\$15...I searched for it and then told the ED about the incident...I told the maintenance man to fix the drawer...I did the investigation...I don't have documentation except the incident report that I sent to state...." When questioned about the second allegation, the AIT indicated, "...the second time, I don't recall her saying anything was missing, just the drawer was broken again...even though nothing happened the second time, I told her [ED]...it's automatic, any time a resident's rights have been violated, I don't even make that determination, I let the ED make the call...."</p> <p>On 2-6-2015 at 11:23 A.M., the Administrator provided the "Abuse Prohibition, Reporting, and Investigation Policy and Procedure", revised October 2013, and indicated the policy is the one currently being used by the facility. The policy indicated, "...Definition of Abuse...Misappropriation of Resident Funds or Property-the deliberate</p>			

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	<p>misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent...."</p> <p>"Policy/Procedure:...6. The Executive Director is the designated individual responsible for coordinating all efforts in the investigation of abuse allegations, and for assuring that all policies and procedures are followed...9. It is the responsibility of every employee of American Senior Communities to not only report abuse situations, but also suspicion of abuse and unusual observations and circumstances to his/her immediate supervisor and to the Executive Director...Resident Abuse-Staff member, volunteer, or visitor:...9. Resident will be questioned [if alert and competent] about the nature of the incident and their statement will be put in writing...10. An investigation will be done to assure other resident 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 others who might have pertinent information...Facts and observations by the supervisor or</p>			

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F000226 SS=D	<p>individual whom the initial report was made...16. The Executive Director or the Director of Nursing is responsible to coordinate all investigation processes, assure an accurate and complete written record of the incident and investigation...."</p> <p>There was no documentation related the second allegation to review.</p> <p>3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement</p>			

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	<p>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 policy and procedure related the investigate of missing money for 1 of 2 residents reviewed for misappropriation of funds. (Resident #16)</p> <p>Finding includes:</p> <p>On 2-5-2015 at 9:56 A.M., an interview was conducted with Resident #16. Resident #16 indicated she had, "...\$15 taken out of her bedside table top drawer and the lock was broken by the person who took the money...a few days later, the same thing happened and this time they took \$11...I told [AIT Administrator In Training] about the missing money and he said he would take care of it...I don't think they found it or found out who did it...."</p> <p>On 2-6-2015 at 11:26 A.M., record review of the "Incident Report Form" dated 1/19/15 for Resident #16, indicated, "...Brief Description of Incident: On 1/19/15, resident reported she had approximately \$15.00 in her pink change purse stored in her top drawer. She recalls having the money in her purse</p>	F000226	<p><b>F226– Develop/Implement Abuse/Neglect, Policies</b> It is the practice of this provider to develop andimplement written policies and procedures that prohibit mistreatment, neglect,and abuse of residents and misappropriation of resident property. <b>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice:</b> <i>Resident#16's</i> allegation of missing money has been thoroughlyinvestigated and a report was sent to ISDH regarding the missing \$11. The resident has an established ResidentTrust Account and has access to funds at anytime. The resident and family verbalize theirsatisfaction with the resolution. <b>Howother residents having the potential to be affected by the same deficientpractice will be identified and what corrective action(s) will be taken:</b> All residents are at risk to be affected by thisfinding. All residents are at risk to beaffected by this finding. All residentsare at risk to be affected by this finding. Resident interviews were conducted by the IDT to determine if any otherresident/family member had</p>	03/13/2015			

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	<p>on 1/17/15, however, when she went to retrieve it on 1/19/15, she noticed the pink change purse was missing...Immediate Action Taken: ED [Executive Director] and DNS [Director of Nursing Services] immediately notified upon report by resident. Interviews have been initiated with three other residents with no findings or reports of missing items. Interviews with staff have also been initiated...."</p> <p>The clinical record for Resident #16 was reviewed on 2-10-2015 at 12:31 P.M. The diagnoses included, but were not limited to, "...Dementia, Cerebral Vascular Accident, hypertension, diabetes...." The MDS (Minimum Data Set) assessment, dated 12-26-14, indicted the BIMS (Brief Interview for Mental Status) for Resident #16 was a score of 13, cognitively intact.</p> <p>On 2-11-2015 at 11:03 A.M., an interview was conducted with Employee #6 (Maintenance). Employee #6 indicated, "...I heard about the incident in morning meeting...I did not get a work order for it [repair to the drawer]...I went and fixed the lock on her dresser drawer...a few days later, it happened again...she [Resident #16] told me about it and I fixed it again...I did not tell the ED about the second time...I didn't get a</p>		<p>a concern regarding missing personal items or moneyand no issues were noted. An all staffin-service will be held on or before 3/13/15 bythe ED/DNS or designee. This in-service will include review of the facility policyrelated to "Abuse Prohibition and Investigation". Any allegation or statement regardingresident abuse/mistreatment or misappropriation of resident property will bereported immediately to the ED. The facility will then immediately initiate a full investigation as wellas ensure notification to the MD, family, ISDH and other agencies outlined inthe facility policy. A record ofdocumentation/full details of the investigation and the outcome will be kept bythe facility.</p> <p><b>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur:</b> An all staff in-service will be held on or before 3/13/15 by the ED/DNS or designee. This in-service will include review ofthe facility policy related to "Abuse Prohibition and Investigation". Any allegation or statement regardingresident abuse/mistreatment or misappropriation of resident property will bereported immediately to the ED. The facility will then immediately initiate a full investigation as</p>				

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	<p>work order to fix it the second time and I don't keep a log of what I do, so I am not sure when it was...."</p> <p>On 2-11-2015 at 1:45 P.M., record review of all investigation related to incident of missing money for Resident #16, reported on 1-19-2015, was conducted. The report indicated interviews, dated 1-19-2015, with Employees # 12, #13 and #14 were conducted and documented as a group. The group indicated "Spoke with [employee #12, #13 and #14] no one is aware or has seen a pink purse res [resident] comes to get money but doesn't have anything to put it in." An interview, at this time, with ED indicated, "...Employee #12, #13 and #14 work at the front desk and are available to give funds to residents during business hours...." CNA #10 was interview and documentation indicated, "Spoke with [CNA #10] not aware of pink purse." During an interview at this time, the ED indicated that "...CNA #10 was working Resident #16's hall that day...." An interview with the Activities Director was documented and indicated, "... [Activities Director] reported no recent requests for candy or soda in Activity room...." During an interview, at this time, the ED indicated, "...they have candy and pop for sale in the Activity</p>		<p>wellas ensure notification to the MD, family, ISDH and other agencies outlined inthe facility policy. The ED/designee isresponsible for final review of all investigations to ensure thoroughinvestigation has been completed per policy. A record of documentation/fulldetails of the investigation and the outcome will be kept by the facility. <b>Howthe corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place:</b> Compliancewith this corrective action will be monitored through the CQI Program. The ED/DNS or designee will be responsiblefor completion of the CQI Audit Tool titled, Abuse, Prohibition andInvestigation weekly for 6 weeks andthen monthly for 6 months. If athreshold of 100% is not met, an action plan will be developed. Findings will be submitted to the CQICommittee for review and follow up. <b>Bywhat date the systemic changes will be completed:</b> Compliance date = 3/13/15.</p>	

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	<p>room for the residents...Resident #16 does not usually buy anything but checked with the Activity Director anyway...they do not keep record of who purchases candy or pop...." No other documentation was offered at this time.</p> <p>On 2-11-2015 at 2:15 P.M., an interview with the AIT was conducted. The AIT indicated, "...Resident #16 had approached him and told him that he drawer was broken into and that there was money missing...\$15...I searched for it and then told the ED about the incident...I told the maintenance man to fix the drawer...I did the investigation...I don't have documentation except the incident report that I sent to state...." When questioned about the second allegation, the AIT indicated, "...the second time, I don't recall her saying anything was missing, just the drawer was broken again...even though nothing happened the second time, I told her [ED]...it's automatic, any time a resident's rights have been violated, I don't even make that determination, I let the ED make the call...."</p> <p>On 2-6-2015 at 11:23 A.M., the Administrator provided the "Abuse Prohibition, Reporting, and Investigation Policy and Procedure", revised October 2013, and indicated the policy is the one</p>			

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	<p>currently being used by the facility. The policy indicated, "...Definition of Abuse...Misappropriation of Resident Funds or Property-the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent...."</p> <p>"Policy/Procedure:...6. The Executive Director is the designated individual responsible for coordinating all efforts in the investigation of abuse allegations, and for assuring that all policies and procedures are followed...9. It is the responsibility of every employee of American Senior Communities to not only report abuse situations, but also suspicion of abuse and unusual observations and circumstances to his/her immediate supervisor and to the Executive Director...Resident Abuse-Staff member, volunteer, or visitor:...9. Resident will be questioned [if alert and competent] about the nature of the incident and their statement will be put in writing...10. An investigation will be done to assure other resident 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</p>			

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	<p>witnessing non-employees...Facts and observations from others who might have pertinent information...Facts and observations by the supervisor or individual whom the initial report was made...16. The Executive Director or the Director of Nursing is responsible to coordinate all investigation processes, assure an accurate and complete written record of the incident and investigation...."</p> <p>There was no documentation related the second allegation to review.</p> <p>3.1-28(a)</p>			

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on interview and record review, the facility failed to conduct an assessment for behavior patterns for 1 of 1 residents reviewed for behaviors. (Resident #37)</p> <p>Finding includes:</p> <p>On 2-3-2015 at 12:49 P.M., during an interview, Resident #36 indicated that Resident #37 had come into her room, during the night, and touched her leg a few months ago. Resident #36 indicated, "...I told [AIT Administrator in Training] about it and he talked to [Resident #37] and told him to stay out of my room...."</p> <p>On 2-6-2015 at 10:55 A.M., a review of Resident #37 clinical record was conducted. The physician orders for Resident #37 indicated the diagnoses included, but not limited to, "...HTN [hypertension], Mild MR [mental retardation], peripheral vascular dementia, depression and anxiety...." The care plans for Resident #37 indicated that</p>	F000250	<p><b>F250– Provision of Medically Related Social Services</b></p> <p>It is the practice of this provider to providemedically-related social services to attain or maintain the highest practicablephysical, mental, and psychosocial well-being of each resident.</p> <p><b>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice:</b></p> <p>Resident#37's behavior patterns were assessed and his care planwas reviewed and updated to reflect his current status. The updated care plan includes behaviormanagement for intrusive wandering.</p> <p><b>Howother residents having the potential to be affected by the same deficientpractice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents have the potential to be affected bythis finding. A facility audit will beconducted by the IDT. This audit willidentify all residents with behavioral symptoms and/or who are currently onBehavior</p>	03/13/2015
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	<p>there was not a behavior care plan related to wandering or entering others rooms.</p> <p>The progress notes for Social Services and nursing for Resident #37 indicated, "...01/21/2015 at 12:36 P.M. 60 day:...SS [Social Service] attempted to interview [Resident #37], however, he became agitated after multiple attempts and refused to answer. BIMS [Brief Interview for Mental Status]=99 [unable to complete]...He wanders throughout the facility and often needs redirected back to his unit/room...created by SSD [Social Service Director]..." Progress note dated 01/29/2015 at 9:33 P.M., indicated, "...Resident up and down hallways calling out loudly for his family redirected from others rooms frequently...signed LPN [Licensed Practical Nurse] #16...."</p> <p>On 2-6-2015 at 11:30 A.M., record review for Resident #36 was conducted. The diagnoses included, but not limited to, "...paraplegia, neuropathy, neurogenic bladder, anxiety, chronic pain...." The MDS (Minimum Data Set) assessment, dated 10-25-2014, for Resident # 36 indicated BIMS 15/15, no cognitive impairment.</p> <p>On 2-6-2015 at 11:35 A.M., record review of an interview conducted by the</p>		<p>Management Programs. The IDT will identify any resident with problematic or distressing behaviors such as intrusive wandering affecting themselves or other residents and ensure that appropriate behavior interventions are in place for those residents. Care plans will be reviewed and/or initiated for any behavioral issues identified. Updates and changes to resident behavior interventions and care plans will be communicated to all direct care staff.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>An in-service will be held on or before 3/13/15 by the ED/DNS or designee. This in-service will include review of the facility policy related to the Behavior Management Program and the importance of conducting timely and accurate assessments for any resident exhibiting behavior symptoms. The process for reviewing and updating the care plan interventions to accurately reflect each resident's current status will also be discussed. Any resident exhibiting a new and/or worsening behavior will be reviewed by the IDT and/or Weekend Manager. The care plan will be reviewed and/or updated to reflect identified behavior issues.</p>	

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	<p>SSD (Social Service Director) with Resident #36, on 2/6/15 indicated, "... [Resident #36] stated she was laying in bed sleeping, when she felt someone rubbing her left foot, she woke up before he [Resident #37] got to her knee she woke up and hollered at him to get out, he came back later and same thing happened...[Resident #36] said she told [AIT] who stated he would speak to [Resident #37]...."</p> <p>On 2-6-2015 at 11:38 A.M., record review of 3 interviews completed on 2-6-2015 with Residents #5, #9 and #41 by the facility. Resident #5 indicated that Resident #37 has come into her room. Resident #9 indicated that Resident #37 has come into her room. Resident #41 indicated the Resident #37 has come into her room. Resident #5, #9, #41 and #36 are all in the same hall on the second floor unit.</p> <p>On 2-6-2015 at 12:18 P.M., an interview was conducted with the AIT indicating, "...The nurse told me she [Resident #36] wanted to speak to me, so I went into her room...she [Resident #36] told me that he [Resident #37] had come into her room and touched her leg in the middle of the night and it woke her up...she [Resident #36] told him to go and he did...she [Resident #36] then said that he</p>		<p><b>Howthe corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place:</b> The DNS/SSD or designee will be responsible for completionof the CQI Audit Tool titled, "Social Service Care Plans" weekly for 6 weeksand monthly for 6 months to monitor for ongoing compliance. If threshold of 90% is not met, an actionplan will be developed. Findings will besubmitted to the CQI Committee for review and follow up.</p> <p><b>Bywhat date the systemic changes will be completed:</b> Compliance date = 3/13/15.</p>				

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	<p>[Resident #37] came back in her room a second time and she yelled at him again to go and he did..." The AIT indicated that he had had a talk with Resident #37 and told him not to go into her (Resident #36) room again. The AIT indicated that he had made no documentation as to this incident and wasn't sure when the incident had happened but probably last month (January).</p> <p>On 2-11-2015 at 2:43 P.M., during an interview, the SSD (Social Service Director) indicated, "...I didn't know about him [Resident #37] going into other peoples rooms before I went to talk to her [Resident #37]...I knew she was upset about the incident but the AIT was going to talk to her...I heard about it in morning meeting...Resident #37 doesn't get out of bed on her own..."</p> <p>On 2-11-2015 at 3:50 P.M., record review of the "Behavior Management Policy," dated 7/14, received from the DON (Director of Nursing) at this time, indicated, "...Behavior Management Policy"...Policy: It is the policy of American Senior communities to provide behavior interventions for residents with problematic or distressing behavior...Procedure: 1. Care plans should be initiated for any behavioral issue that affects, or has the potential to</p>			

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	affect, the resident or other resident...."  3.1-34(a)(1)			
F000328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and			

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	<p><b>Prostheses.</b></p> <p>Based on observation, interview and record review, the facility failed to ensure a nebulizer inhalation treatment was being given under the supervision of licensed staff for 1 of 1 residents reviewed for respiratory treatments. (Resident #132)</p> <p>Finding includes:</p> <p>On 2-3-15 at 10:30 A.M., Resident #132 was alone in her room, sitting on the edge of her bed facing the door. Resident #132 had a nebulizer treatment in progress. At 10:36 A.M., Resident #132 turned her call light on, which was answered at 10:37 A.M., by a CNA (Certified Nursing Assistant). Resident #132 then indicated to the CNA "...I'm done [with the nebulizer treatment]...." At 10:50 A.M., LPN #9 was observed to enter Resident #132's room to check on her.</p> <p>On 2-11-15 at 10:00 A.M., a review of Resident #132's chart was conducted. Her diagnoses included but were not limited to "...emphysema, chronic airway obstruction, acute respiratory failure...." Physician orders indicated "...Levabuterol (Xopenex) [inhaled respiratory medication] 1.25mg [milligrams]/3mL [milliliters] inhalation Q [every] 6 hr</p>	F000328	<p><b>F328- Treatment/Care for Special Needs</b></p> <p>It is the practice of this provider that residents receive proper treatment and care for special services.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>Resident #132 has been discharged from the facility.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents with orders for specialized services such as nebulizer inhalation treatments have the potential to be affected by this finding. A facility audit will be conducted by the Nurse Management Team. This audit will identify any resident with orders for specialized services such as nebulizer inhalation treatments. The Nurse Management Team will then ensure that all residents are receiving proper treatment and care for any specialized services such as nebulizer inhalation treatments per facility policy. A nursing in-service will be conducted on or before 3/13/15 by the DNS/designee. This in-service will include review of the facility policy related to medication administration with a</p>	03/13/2015

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NAME OF PROVIDER OR SUPPLIER  WEST BEND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619		
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	<p>[hour] per neb [nebulizer]...."</p> <p>On 2-11-15 at 10:52 A.M., an interview was conducted with the DON (Director of Nursing). The DON indicated it is the expectation that the nurse stay with the resident the entire time of the treatment and the post treatment assessment be done immediately following the completion of the nebulizer.</p> <p>On 2-11-15 at 12:16 P.M., an interview was conducted with LPN (Licensed Practical Nurse) #9. LPN #9 indicated she had given Resident #132 her treatment that day "...she [Resident #132] said she didn't get her pain medication so I left the room to go confirm the orders. Usually we stay in there and assess...it takes 15 minutes for a treatment...she was getting anxious so I went to check on her other medications...I usually do the post assessment immediately after the treatment...not this time because I had to leave the room...."</p> <p>On 2-11-15 at 12:30 P.M., review of the "Nebulizer Treatment" policy, last updated 1/2015 and received from the DON on 2-11-15 at 11:42 A.M., indicated "...Stay with the resident during entire procedure...During procedure perform assessment including pulse, respiration, and breath</p>		<p>specific focus on nebulizer inhalation treatments. All nurses will be re-educated on the proper procedure for administration of nebulizer inhalation treatments including that treatments be administered under the direct supervision of a licensed nurse.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> The DNS/designee will conduct a nursing in-service on or before 3/13/15. This in-service will include review of the facility policy related to medication administration with a specific focus on nebulizer inhalation treatments. All nurses will be re-educated on the proper procedure for administration of nebulizer inhalation treatments including that treatments be administered under the direct supervision of a licensed nurse. The DNS/designee will conduct rounds daily every shift to ensure residents receive nebulizer inhalation treatments per policy.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI</p>		

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F000371 SS=F	<p>sounds...Treatment is complete when medication ceases to be aerolized and the mist is no longer present...Perform post-assessment including pulse, respiration, and breath sounds...."</p> <p>3.1-47(a)(6)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to ensure meals were being served under sanitary conditions in regards to proper use of hairnets, hand washing, and food service. This had the potential to effect 89 or 90 residents receiving meals from 1 of 1 kitchens.</p> <p>Findings include:  On 2/3/15 at 10:30 A.M., during the initial kitchen tour, the Dietary Manager #7 was observed wearing a hair net with all of her bangs hanging out.  On 2/3/15 from 12:00 P.M. to 12:30</p>	F000371	<p>Tool/SkillsValidation titled, "Nebulizer Treatment" weekly for 6 weeks and monthly for 6months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQICommittee for review and follow up. <b>Bywhat date the systemic changes will be completed:</b> Compliance date = 3/13/15.</p> <p><b>F371- Food, Procure, Store/Prepare/Serve - Sanitary</b> It is the practice of this provider to procure foodfrom sources approved or considered satisfactory by Federal, State or localauthorities and to store, prepare, distribute and serve food under sanitaryconditions. <b>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice:</b> There were nospecifically identified residents affected by this finding. Facility meals are being distributed andserved to all residents using sanitary conditions. Staff responsible for servingfood has their hair</p>	03/13/2015			

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	<p>P.M., observation of the lunch meal was conducted in the main dining room. During this time the following were observed:</p> <p>At 12:10 P.M., the Dietary Manager #7 was observed exiting the kitchen with her pony tail hanging out of the back of her hair net.</p> <p>At 12:13 P.M., the Dietary Manager #7 was observed washing her hands for 10 seconds, then serving a resident a lunch plate.</p> <p>At 12:17 P.M., Employee, # 10 was observed serving a cup of coffee to a resident by the rim of the cup.</p> <p>At 12:18 P.M., Employee #11 was observed serving a lunch plate to a resident with his thumb in the inside edge of the plate.</p> <p>At 12:19 P.M., Employee # 10 was observed serving cake to a resident with her thumb on the inside of the bowl.</p> <p>At 12:20 P.M., Employee #8 was observed serving a lunch plate to a resident with his thumb in the inside edge of the plate.</p> <p>At 12:21 P.M., Employee # 10 was</p>		<p>properly restrained with a hairnet, are following proper hand-washing technique and are using proper infection control procedures during meal service and delivery.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents being served during meal service have the potential to be affected by this practice. Staff responsible for serving food during meal service is using hair restraints to cover all their hair per facility policy. Direct Care staff is utilizing proper hand-washing technique and infection control practices during meal service and delivery. An all staff in-service will be conducted on or before 3/13/15 by the ED/DNS/designee. This in-service will include review of the policy related to proper use of hair nets and hand hygiene during meal service. Food handling and utilizing proper infection control practices during delivery of meal service will also be reviewed.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>An all staff in-service will be conducted on or before 3/13/15 by the ED/DNS/designee. This in-service will include review of the policy related to proper use of</p>		

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	<p>observed serving jello to a resident with her thumb on the inside of the bowl.</p> <p>At 12:22 P.M., Employee # 10 was observed serving cake to a resident with her thumb on the inside of the bowl.</p> <p>At 12:23 P.M., Employee #9 was observed serving cake to a resident with her thumb on the inside of the bowl.</p> <p>At 12:25 P.M., Employee #8 was observed serving a slice of bread to a resident with his thumb in the inside edge of the plate.</p> <p>At 12:29 P.M., Employee #11 was observed serving glass of grape juice to a resident by the rim of the glass.</p> <p>On 2//6/15 at 11:23 A.M., review of the Skills Validation- CNA titled "Hand Hygiene" dated 3/2012 indicated "...6. Use friction for at least 20 seconds...."</p> <p>On 2//6/15 at 11:39 A.M., review of the policy " Delivery and Documentation of Meal Service and Between Meal Nourishments" revised 11/2013 provided by the ED (Executive Director) did not indicate how to handle plates, bowls, cups, or glasses, when serving food to residents.</p>		<p>hair nets and hand hygiene during meal service. Food handling and utilizing proper infection control practices during delivery of meal service will also be reviewed. All staff will be re-educated regarding the importance of serving food in a sanitary manner by using hair coverings properly placed to cover all their hair during meal service as outlined in the facility policy. They will also be re-educated and in-serviced on utilizing proper technique and infection control practices with food handling during meal service as well as proper handwashing practices during meal service. The DNS/designee will be responsible for conducting rounds to ensure staff is utilizing proper technique and infection control practices during meal service each meal. The DM/designee will observe staff during meal service to ensure hair is properly restrained in hair nets for each meal.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> To ensure ongoing compliance with this corrective action, the ED/DNS/CDM/designee will be responsible for completion of the CQI Audit Tool titled, "Meal Service Observation" daily for 3 weeks and then weekly thereafter for at least 6 months. If threshold</p>				

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	<p>During an interview on 2/11/15 at 10:57 A.M., the ED indicated "...hair nets should be worn while in the kitchen... all hair should be tucked into the net..." The ED further indicated "...handwashing and carrying of plates should be done as outlined in the policy...."</p> <p>On 2/11/2015 at 11:35 A.M., review of the policy "American Senior Communities Dietary Personal Hygiene " dated 02/07 received from the ED indicated " ...3. Personal Cleanliness ...a. Wear a clean hat and or other hair restraint... "</p> <p>3.1-21(i)(3)</p>		<p>of 90% is not met, an action plan will be developed. Findings will be submitted to the CQICommittee for review and follow up.</p> <p><b>Bywhatdate the systemic changes will becompleted:</b> Compliance Date: 3/13/15.</p>	