

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155750	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2015
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NAME OF PROVIDER OR SUPPLIER MORGANTOWN HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174692.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00172760 completed on May 4, 2015.</p> <p>Complaint IN00174692 - Substantiated. Federal/State deficiencies related to allegations are cited at F223.</p> <p>Survey date: June 15, 2015</p> <p>Facility number: 000399 Provider number: 155750 AIM number: 100289100</p> <p>Census bed type: SNF/NF: 34 Total: 34</p> <p>Census payor type: Medicaid: 31 Other: 3 Total: 34</p> <p>Sample: 03</p> <p>Morgantown Health Care was found to be in substantial compliance with 42</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=A Bldg. 00	<p>CFR Part 483, Subpart B in regard to the Investigation of Complaint IN00172760. This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</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 record review and interview, the facility failed to ensure residents would be free from verbal abuse for 1 of 1 resident reviewed. (Resident#A).</p> <p>Findings include:</p>	F 0223	<p>1. Abuse Policy and Procedures were reviewed with entire Staff with in-service conducted on May 29, 2015. Employee was terminated immediately after investigation of incident. The date of investigation and termination was on 5/28/2015.2. All residents have the potential to</p>	07/15/2015

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	<p>The clinical record for Resident #3 was reviewed on June 15, 2015 at 10:00 a.m.. The diagnoses included, but were not limited to, cerebral palsy.</p> <p>The quarterly MDS (Minimum Data Set) assessment, completed on 4/14/15, assessed Resident #A to need extensive assistance with ADL's (activities of daily living) and a BIMS (Brief Initial Mental Status) of 15 (cognitively intact).</p> <p>On 6/15/15 at 10:30 am, interview with CNA #1 indicated CNA #3 and they went into Resident #A's room to assist them to the shower. After Resident #A was placed onto the shower chair, Resident #A indicated they needed to have a bowel movement. CNA #1 placed a commode under the shower chair for Resident #A. CNA #3 went to assist another resident and indicated they would be back shortly. Upon CNA #3's return, CNA #3 indicated to Resident #A they took up too much time, that (Resident #A) "was a lazy piece of s----" and they would not be getting their shower and was placed back in bed. At that time, Resident #A, who uses a touch pad for conversation, typed her cousin was coming to see them that afternoon and they would tell them what CNA #3 said. It was at that time CNA #2 entered Resident #A's room and heard CNA #3 calling Resident #A names. At</p>		<p>be affected.3. Abuse Policy was reviewed and revised to state:"Facility will attempt to prevent verbal abuse" and an In-Service will be conducted for all Staff of revised policy on June 30, 2015. Any in-service on abuse will use the revised Abuse Policy for future in-services.4. HFA, DON, SSD as well as Staff will monitor daily. The QA Committee will review indefinitely. The facility will follow the recommendations of the QA committee.5. Date completed 07/15/2015</p>	

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	<p>that time CNA #1 and CNA #3 went to the shower room with Resident #A. CNA #2 went to the Housekeeping Supervisor (first supervisor they found) and was then advised to go to the Administrator's office to write a statement.</p> <p>On 6/15/15 at 10:30 a.m., interview with CNA #2 indicated they walked into Resident #A's room to check with CNA #3 to see if the shower room was open. CNA #2 heard CNA #3 calling Resident #A names. CNA #1 went with CNA #3 to the shower room with Resident #A. CNA #2 went to the first supervisor they could find, which was the housekeeping supervisor. The supervisor directed CNA #2 to the Administrator's office to write a statement</p> <p>On 6/15/15 at 10:45 a.m., interview with HHA (Helping Hand Aide) #1 indicated they had walked into Resident #A's room to see if Resident #A needed anything. Resident #A started to sign (which HHA #1 can read). Resident #A indicated they were cursed at by CNA #3. HHA #1 indicated they heard SS (Social Services) coming down the hall and came into the room. At that time, HHA #1 informed SS of what Resident #A had told to them about CNA #3 cursing at Resident #A. SS went directly to the Administrator's</p>			

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	<p>office. HHA #1 was told to come to the Administrator's office to write a statement.</p> <p>On 6/15/15 at 11:30 a.m., interview with SS indicated they were walking down the hallway to go see if Resident #A wanted to go outside when they heard crying coming from Resident #A's room. The SS indicated they entered the room and HHA #1 indicated to SS what Res #A had signed to her and the SS went to the Administrator's office to report it.</p> <p>On 6/15/15 at 2:55 p.m., interview with Resident #A (using her tablet), indicated CNA #3 called them names when they indicated to them (CNA #3) their (Res #A)'s cousin was coming that afternoon and they would tell them what happened.</p> <p>This Federal tag relates to Complaint IN00174692.</p> <p>3.1-27(b)</p>			