STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDERS GLEN	334 S CHERRY ST WESTFIELD, IN 46074

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R000000	This visit was for the Investigation of Complaint IN00139714. Complaint IN00139714 Substantiated. State deficiencies related to the allegations are cited at R0041, R0029 and R0052. Survey Dates: January 15 & 16, 2014 Facility number: 005657 Provider number: 005657 AIM number: NA Survey Team: Mary Jane G. Fischer RN Census bed type: Residential: 106 Total: 106 Census payor type: Other: 106 Total: 106 Sample: 5 Supplemental sample: 1 These State findings are cited in accordance with 410 IAC 16.2-5. Quality Review was completed by	R000000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute and admission or agreement of the facts alleged or conclusions set forth in this statement of deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. The plan of correction and specific corrective actions are prepared and/or executed in compliance with the state and federal laws. Please accept this plan of correction as it constitutes our credible allegation of compliance with all regulatory requirements.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Tammy Alley RN on January 22, 2014.			
R000029	410 IAC 16.2-5-1.2(d) Residents' Rights - Deficiency (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on record review and interview the facility failed to ensure residents were treated with consideration, respect and dignity for 1 of 5 sampled and 1 of 1 supplemental sampled residents. (Residents E and F) This deficient practice had the potential to effect all residents. Findings include: 1. During an interview on 01-15-14 at 1:15 p.m., employee #11 indicated "[Resident "E"] said to me one night a [descriptive phrase] lady told her to get out of bed. [Resident "E"] said the employee pulled the resident's covers off. I told [name of resident] to report it but she didn't want to turn it in. She didn't want me to report it. I let it go. Looking back now I probably should have." During an interview on 01-15-14 at 2:00 p.m., Resident "E" indicated "I didn't like the way she [employee #8]	R000029	This facility promotes resident rights, demonstrating consideration respect and promotion of dignity and individuality for each person. Corrective action for identified resident(S): The facility administrator initiated further investigation upon awareness of resident concerns. Residents E and F were interviewed and expressed no concerns with any staff or resident, including employee #8. Residents E and F both report being satisfied with their nursing care and in particular with Employee #8.Identification and corrective action for other residents with the potential to be affected: All residents were privately interviewed by the facility Administrator, or a designee from the management team, to determine if there were any resident concerns and to determine the resident's level of comfort and safety regarding staff, other residents or visitors. No unreported respect or dignity concerns were expressed and no personal safety concerns were identified. (Attachment A). All staff were interviewed by the	02/03/2014

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	talked to me. She was rough and gruff. She came into my room and told me to get out of bed and that I needed to get a shower. I didn't need her telling me what to do. [Descriptive phrase] don't know how they sound to other people. I was scared, she just scared me and I was afraid she might come back into my room. I didn't want her to. I told my [name of family member] and I think she may have told the main nurse." A review of the Resident's record on 01-15-14 at 2:00 p.m., indicated the following notation: "12-09-13 7:00 p.m. This writer spoke with resident after c/o [complaint of] an aide 'not being very nice with her.' Resident was questioned by this writer and determined that there was no apparent physical abuse. This writer questioned another aide that was present and this aide did not witness any physical or verbal abuse. This writer questioned a nurse who was present and the nurse stated that resident did not want aide to wash her hair and the nurse encouraged the resident to have hair washed. The resident made a statement about the aide being [descriptive phrase]. Resident stated that aide		facility Administrator or designee, to identify staff awareness of any concern regarding resident abuse or potential abuse which may not have been previously addressed. (Attachment B) No customer service issues regarding Employees #12 or #8 or any other employee were identified through resident and staff interviews conducted. Employee #8 was educated, by the Director of Nursing on January 22, 2014 regarding demonstrating consideration, respect, and promoting dignity and individuality for each resident. (Attachment C) Employees # 8 and #12 received Abuse Recognition, Prevention, and Reporting education, Alzheimer/Dementia and Customer Service education. (Attachment D) Measures to prevent recurrence: January 16, 2014 facility wide staff education was provided regarding the facility abuse policy including recognition, prevention and reporting abuse. This education continued to include staff not available on Jan 16, 2014, ensuring staff education was completed facility wide. (Attachment E) Education also included treating residents with consideration, respect and dignity. How will the facility monitor and who is responsible: Each month for a period of three months , random resident satisfaction interviews of at least 25 residents will be completed by	

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	'just isn't as nice as others and besides that she's [descriptive phrase].'" During an interview on 01-15-14 at 2:30 p.m., employee #4 indicated, "Some of the residents have complained about [name of employee #8]. It's the way she talks to them. Some people here don't think talking that way is considered abuse or is wrong. If I personally saw it I would have reported it, but I have only heard the residents complain." During an interview on 01-16-14 at 9:00 a.m., employee #10 indicated, "We have someone who works here and she's abrupt - she can be nice and is a hard worker, but one day a resident needed something and when [name of employee #8] went into the room she yelled at [name of Resident "F"]. The nurses still have it on their phone. I heard it and she yelled at [name of Resident "F"]." During an interview on 01-16-14 at 9:15 a.m., employee #6 indicated, "Yes I believe we can still hear the voice mail message. The resident was trying to call for the nurse." The employee checked the "nurses phone" and found the message		the Administrator, Director of Nursing and/or Food Service Director. (Attachment F) Annually, the facility will conduct resident satisfaction surveys, providing residents and their families the opportunity to express concerns. Monthly abuse QA audits will be completed as part of this community's ongoing QA program. A performance improvement plan will be implemented with identified areas of improvement addressed by the Administrator and the Supervisor of the department identified. (Attachment G) Results of these resident surveys and abuse audits will be reported through the facility Quality Assurance program monthly.	

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	when the resident was attempting to contact the nurse. The employee placed the phone on "speaker", and employee #8 could be heard, asking the resident what she needed. The resident responded by stating "What do you want ?" Employee #8 could be heard yelling "You called me." Employee #6 indicated, "Well the resident is a little hard of hearing and I think that is [name of employee #8] yelling but I can't be sure. I've heard that [name of employee #8] doesn't talk too nice to the residents." 2. During an interview on 01-16-14 at 9:30 a.m., the Food Service Supervisor indicated dietary aide employee #12 had been written up "but it's the tone of voice - she'll act frustrated with the resident's. I moved her upstairs so now she is under my supervision. I think she has things going on in her personal life." During an interview on 01-16-14 at 8:40 a.m., employee #9 indicated "When I first started here, it was a nurse who was kind of verbal with the residents, but it might have been her personality. They got rid of her. Recently one of the girls in the kitchen was written up because the			

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	residents complained about the way she talked to them and complained that she wasn't very nice. If the resident's asked for something she would sigh and act put out. I heard that one day she yelled at a resident to 'stop it' but I don't know what that was all about." A review of employee #12 personnel file on 01-16-14 at 9:45 a.m., indicated this employee had been counseled on 3 occasions for her demeanor when interacting with the residents. These dates included 01-01-13, 03-04-13 and 01-01-14. A review of the facility Admission Packet on 01-15-14 at 9:00 a.m., the "Resident Bill of Rights," indicated: "Basic Rights - You have the right to be treated with respect and dignity in recognition of your individuality and preferences." "Living Accommodations and Care - You have a right to receive care in a manner which promotes and enhances your quality of life." This State residential finding relates to Complaint IN00139714.			

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R000041	410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals. Based on record review and interview the facility failed to ensure the implementation of their abuse policy in regard to the investigation of an alleged verbally abusive situation, in that when Home Health Aide, (employee #8) was identified with abuse behaviors, towards a resident, the facility failed to ensure the implementation of their abuse policy in regard to the protection of a resident and a full investigation of the allegation for 1 of 1 facility policies reviewed. In addition the facility failed to report the allegation to the State Agency. (Resident E) Findings include: 1. During an interview on 01-15-14 at 1:15 p.m., employee #11 indicated, "[Resident "E"] said to me one night a [descriptive phrase] lady told her to get out of bed. [Resident "E"] said the employee pulled the	R000041	This facility has policies and procedures for responding and investigating grievances or complaints. Corrective action for identified resident. The facility administrator initiated further investigation upon awareness of resident concern on January 16, 2014. Residents E and F were interviewed and expressed no concerns with any staff or resident, including employee #8. Residents E and F both report being satisfied with their nursing care and in particular, Employee #8. Identification and corrective action for other residents with the potential to be affected: All residents were privately interviewed to determine any concerns and to determine their levels of comfort and safety regarding staff, other residents or visitors. No unreported respect or dignity concerns were expressed and no personal safety concerns were identified. Staff were interviewed, by the administrator or designee, for personal knowledge of suspected physical,	02/03/2014

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	resident's covers off. I told [name of resident] to report it but she didn't want to turn it in. She didn't want me to report it. I let it go. Looking back now I probably should have." During an interview on 01-15-14 at 2:00 p.m., Resident "E" indicated "I didn't like the way she [employee #8] talked to me. She was rough and gruff. She came into my room and told me to get out of bed and that I needed to get a shower. I didn't need her telling me what to do. [Descriptive phrase] don't know how they sound to other people. I was scared, she just scared me and I was afraid she might come back into my room. I didn't want her to. I told my [name of family member] and I think she may have told the main nurse." A review of the Resident's record on 01-15-14 at 2:00 p.m., indicated the following notation: "12-09-13 7:00 p.m. This writer spoke with resident after c/o [complaint of] an aide 'not being very nice with her.' Resident was questioned by this writer and determined that there was no apparent physical abuse. This writer questioned another aide that was present and this aide did not witness		mental or verbal abuse of any resident. No unreported grievances/allegations were indentified. Measures to prevent recurrence: Facility staff were provided the facility Abuse Policy to read and each employee signed acknowledging receipt and understanding of facility policy regarding Abuse, Neglect and Misappropriation of Property. Formal on-line education on Reporting, Recognizing and Reporting Resident Abuse was completed by staff. (Attachment E) January 16, 2014 the facility Administrator and Director of Nursing were in-serviced regarding ISDH Long Term Care Reporting Guidelines, facility abuse policy and time frames for reporting events. This education was provided by the Regional Director of Clinical Services and Regional Director of Operations. (Attachment H) The facility Administrator will log all potential allegations of abuse for review and determination of investigative protocol per facility policy and state agency reporting criteria. The facility Administrator will maintain a grievance/allegation log for review by the facility Quality Assurance Committee monthly. How will the facility monitor and who is responsible: The facility Administrator is responsible and will maintain a grievance / allegation log. The Administrator will report all potential allegations of abuse for	

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	any physical or verbal abuse. This writer questioned a nurse who was present and the nurse stated that resident did not want aide to wash her hair and the nurse encouraged the resident to have hair washed. The resident made a statement about the aide being [descriptive phrase]. Resident stated that aide 'just isn't as nice as others and besides that she's [descriptive phrase].'" During an interview on 01-15-14 at 2:30 p.m., employee #4 indicated "Some of the residents have complained about [name of employee #8]. It's the way she talks to them. Some people here don't think talking that way is considered abuse or is wrong. If I personally saw it or heard it, I would have reported it, but I have only heard the residents complain." The Administrator indicated she was aware of the resident's concern and provided a "grievance report," dated 12-09-14 to review. The report indicated the "aide is not very nice to her. The DON [Director of Nurses] met with resident. No sign of injury. Possible culture clash. Re-educated staff to speak in softer tones and use calmer		review and assurance of investigative protocol per facility policy and state agency reporting criteria. Grievance/concerns and ISDH reports will be presented to the facility QA Committee for review and recommendation to ensure a full investigation was completed as well as reporting per facility and state guidelines.	

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	movements." During an interview on 01-16-14 at 9:00 a.m., employee #10 indicated, "We have someone who works here and she's abrupt - she can be nice and is a hard worker, but one day a resident needed something and when [name of employee #8] went into the room she yelled at [name of Resident "F"]. The nurses still have it on their phone. I heard it and she yelled at [name of Resident "F"]." During an interview on 01-16-14 at 9:15 a.m., employee #6 indicated, "Yes I believe we can still hear the voice mail message. The resident was trying to call for the nurse." The employee checked the "nurses phone" and found the message when the resident was attempting to contact the nurse. The employee placed the phone on "speaker", and employee #8 could be heard, asking the resident what she needed. The resident responded by stating "What do you want ?" Employee #8 could be heard yelling "You called me." Employee #6 indicated, "Well the resident is a little hard of hearing and I think that is [name of employee #8] yelling but I can't be sure. I've heard that [name of employee #8] doesn't talk too nice to			

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	the residents." On 01-16-14 at 10:00 a.m., the Director of Nurses and the Administrator listened to the voice mail message which was on the nurses phone. The Director of Nurses indicated the aide had the nurses phone and the nurse had the aides phone. When the resident (Resident "F") called for the nurse, the aide responded. Both, the Director of Nurses and the Administrator, indicated they had previously heard the message. 2. A review of the facility grievance log on 01-16-14 at 10:00 a.m., indicated "Resident indicated aide is not very nice to her. DON [Director of Nurses] met with resident to assess for injury and identify residents concern. Possible cultural clash. Aide stated she feels resident is not comfortable with her." When questioned if the Home Health Aide was suspended pending investigation, the Director of Nurses indicated "no." When questioned if other residents had been interviewed regarding the actions or had concerns related to how employee #8 interacts with them, the Director of Nurses indicated, "No,			

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	we thought it was more of a cultural thing." 3. A review of the Home Health Aide work schedule on 01-16-14 at 10:10 a.m., indicated the employee worked 25 shifts which included nights and evening, from 12-09-13 thru 01-14-14. 4. A review of the facility policy on 01-15-14 at 1:10 p.m., titled "ABUSE, NEGLECT, AND MISAPPROPRIATION OF PROPERTY," and dated 08-08-13, indicated the following: "Purpose: Prevent abuse, neglect and misappropriation of property." "Procedure" 1. The facility will prohibit neglect, mental or physical abuse, including involuntary seclusion and the misappropriation of the property of residents. 2. The facility staff will conduct an investigation of alleged or suspected abuse, neglect, or misappropriation of property and will provide notification of information to the proper authorities according to state and federal regulations. 3. The Executive Director is responsible for oversight of abuse prohibition standard."			

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	"Intervention: 1. Staff will immediately report any suspicious event that may constitute abuse or neglect. 2. The facility will report the allegation to the State Agency in accordance with state law. 3. The facility will track all incidents to identify trends that could constitute abuse or neglect. 4. Any events of unknown origin will be investigated." "Investigation: 1. The facility will conduct an internal investigation and report the results of the investigation to the enforcement agency in accordance with state law including the state survey and certification agency within five working days of the incident of according to state law. 2. The facility will thoroughly investigate all alleged violations and take appropriate action. 3. Investigations will be prompt, comprehensive and responsive to the situation and contain founded conclusions. The investigation will included, but is not limited to, the following: a. Notification of physician and family, b. Identification and removal of the alleged person or persons, c. Type of alleged abuse, d. Where and when the incident occurred, e. Interviews and or written statements			

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	from individuals with first-hand knowledge of the incident, f. follow up resolution, g. measures to prevent repeat incidents. 4. Actions taken during the investigation will be based on the outcomes of the investigation. 5. The alleged perpetrator of abuse is suspended during the investigation process. 9. During the investigation the facility protects the resident, as appropriate, including but not limited to the following: Removal of the alleged abuser from the patient care setting, enforcing a zero tolerance standard for retaliation against the alleged victim." "Protection: 1. All residents will be protected from harm. 2. All allegations involving staff will necessitate suspension pending investigation." "Reporting and Response: 1. Allegations will be reported to the Executive Director immediately, 2. The facility will report all alleged violations and substantiated incidents to the state agency and to all other agencies as required and will take all necessary corrective actions depending on the results of the investigation. 4. The facility will report to the nurse aide registry or			

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	licensing authority any knowledge it has of any actions taken by a court of law which would indicated an individual if unfit for service." 5. On 01-16-14 at 10:15 a.m., the Administrator indicated the State Agency was not notified of the allegation of abuse. During an interview on 01-16-14 at 10:00 a.m., the Director of Nurses indicated she was aware of Resident "E" concern. "I did interview 2 aides and a nurse. I was here the night it happened." When further interviewed if any other residents were interviewed, the Director of Nurses indicated, "No I didn't." During the Exit Conference, the Administrator and the Director of Nurses indicated they didn't feel the residents were subject to abuse, but that it was more of a customer service issue. This State finding relates to Complaint IN00139714.			

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R000052	410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on interview the facility failed to ensure residents were free from abuse and neglect in that when Home Health Aide (employee #8) and a Dietary Aide (employee #12), were verbally abrupt and rude to residents, the facility failed to ensure these residents or others who resided in this setting were not subjected to further abuse. (Residents E and F) This deficient practice had the potential to effect all resident's Findings include: 1. During an interview on 01-15-14 at 1:15 p.m., employee #11 indicated, "[Resident "E"] said to me one night a [descriptive phrase] lady told her to get out of bed. [Resident "E"] said the employee pulled the resident's covers off. I told [name of resident] to report it but she didn't want to turn it in. She didn't want me to report it. I let it go. Looking	R000052	This facility ensures residents are free from abuse or neglect. Corrective action for identified resident. The facility administrator initiated further investigation upon awareness of resident concern on January 16, 2014. Resident E and F were interviewed and expressed no concerns with any staff or resident, including employee #8. Residents E and F both report being satisfied with their nursing care and in particular with Employee #8. Identification and corrective action for other residents with the potential to be affected: All residents were privately interviewed to determine any concerns and to determine their levels of comfort and safety regarding staff, other residents or visitors. No unreported respect or dignity concerns were expressed and no personal safety concerns were identified. (Attachment A) Staff were interviewed for personal knowledge of suspected physical, mental or verbal abuse of any resident. No unreported grievances/allegations were identified. (Attachment B) Measures to prevent recurrence:	02/03/2014

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	back now I probably should have." During an interview on 01-15-14 at 2:00 p.m., Resident "E" indicated "I didn't like the way she [employee #8] talked to me. She was rough and gruff. She came into my room and told me to get out of bed and that I needed to get a shower. I didn't need her telling me what to do. [Descriptive phrase] don't know how they sound to other people. I was scared, she just scared me and I was afraid she might come back into my room. I didn't want her to. I told my [name of family member] and I think she may have told the main nurse." A review of the Resident's record on 01-15-14 at 2:00 p.m., indicated the following notation: "12-09-13 7:00 p.m. This writer spoke with resident after c/o [complaint of] an aide 'not being very nice with her.' Resident was questioned by this writer and determined that there was no apparent physical abuse. This writer questioned another aide that was present and this aide did not witness any physical or verbal abuse. This writer questioned a nurse who was present and the nurse stated that resident did not want aide to wash		Facility staff were provided the facility Abuse Policy to read and each employee signed acknowledging receipt and understanding of facility policy regarding Abuse, Neglect and Misappropriation of Property. Formal on-line education on Reporting, Recognizing and Reporting Resident Abuse was completed by staff. (Attachment E) January 16, 2014 the facility Administrator and Director of Nursing were in-serviced regarding ISDH Long Term Care Reporting Guidelines, facility abuse policy and time frames for reporting events. This education was provided by the Regional Director of Clinical Services and Regional Director of Operations. (Attachment H) The facility Administrator will log all potential allegations for abuse for review and evaluation of investigative protocol per facility policy and state agency reporting criteria. Administrator will maintain a grievance/allegation log for review by the facility Quality Assurance Committee monthly. How will the facility monitor and who is responsible: Each month for a period of three months , random resident satisfaction interviews of at least 25 residents will be completed by the Administrator, Director of Nursing and/or Food Service Director. (Attachment F) Annually, the facility will conduct resident satisfaction surveys, providing residents and	

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	her hair and the nurse encouraged the resident to have hair washed. The resident made a statement about the aide being [descriptive phrase]. Resident stated that aide 'just isn't as nice as others and besides that she's [descriptive phrase].'" During an interview on 01-15-14 at 2:30 p.m., employee #4 indicated, "Some of the residents have complained about [name of employee #8]. It's the way she talks to them. Some people here don't think talking that way is considered abuse or is wrong. If I personally saw it or heard it, I would have reported it, but I have only heard the residents complain." During an interview on 01-16-14 at 9:00 a.m., employee #10 indicated, "We have someone who works here and she's abrupt - she can be nice and is a hard worker, but one day a resident needed something and when [name of employee #8] went into the room she yelled at [name of Resident "F"]. The nurses still have it on their phone. I heard it and she yelled at [name of Resident "F"]." During an interview on 01-16-14 at 9:15 a.m., employee #6 indicated,		their families the opportunity to express concerns.. Results of these surveys will be reviewed by the Administrator and performance improvement plans implemented and reviewed for improvement and reported for review and recommendation to the Quality Assurance committee. Monthly abuse QA audits will be completed as part of this community's ongoing annual QA program. A performance improvement plan will implemented with Identified areas of improvement addressed by the Administrator and the Supervisor of the department identified. (Attachment G) Results of these resident surveys and QA abuse audits will be reported through the facility Quality Assurance program monthly.	

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	"Yes I believe we can still hear the voice mail message. The resident was trying to call for the nurse." The employee checked the "nurses phone" and found the message when the resident was attempting to contact the nurse. The employee placed the phone on "speaker", and employee #8 could be heard, asking the resident what she needed. The resident responded by stating "What do you want ?" Employee #8 could be heard yelling "You called me." Employee #6 indicated, "Well the resident is a little hard of hearing and I think that is [name of employee #8] yelling but I can't be sure. I've heard that [name of employee #8] doesn't talk too nice to the residents." 2. During an interview on 01-16-14 at 8:40 a.m., employee #9 indicated "When I first started here, it was a nurse who was kind of verbal with the residents, but it might have been her personality. They got rid of her. Recently one of the girls in the kitchen was written up because the residents complained about the way she talked to them and complained that she wasn't very nice. If the resident's asked for something she would sigh and act put out. I heard that one day she yelled at a resident			

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	to 'stop it' but I don't know what that was all about." During an interview on 01-16-14 at 9:30 a.m., the Food Service Supervisor indicated dietary aide employee #12 had been written up "but it's the tone of voice - she'll act frustrated with the resident's. I moved her upstairs so now she is under my supervision. I think she has things going on in her personal life." A review of the employee file on 01-16-14 at 9:45 a.m. indicated this employee had been counseled on 3 occasions for her demeanor when interacting with the residents. The dates of counseling included 01-01-13, 03-04-13 and 01-01-14. During the Exit Conference, the Administrator and the Director of Nurses indicated they didn't feel the residents were subject to abuse, but more of a customer service issue. This State finding relates to Complaint IN00139714.			