

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER RENSELAER CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1309 E GRACE ST RENSELAER, IN 47978
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00180322.</p> <p>Complaint IN00180322- Substantiated. Federal/State deficiencies related to the allegations are cited at F225 and F226.</p> <p>Survey dates: August 20, 2015</p> <p>Facility number: 000185 Provider number: 155287 AIM number: 100290840</p> <p>Census bed type: SNF/NF: 96 Total: 96</p> <p>Census Payor type: Medicare: 22 Medicaid: 59 Other: 15 Total: 96</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied ImmediateRensselaer Care Center respectfully request paper compliance.</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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F 0225 SS=D Bldg. 00	<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 record review and interview, the facility failed to immediately report an allegation of abuse to the Executive Director related to two allegations of staff to resident abuse for 2 of 4 residents reviewed for abuse allegations in a total sample of 4. (Residents #D and #E)</p> <p>Finding includes:</p> <p>During an interview on 08/20/15 at 11:44 a.m., with the Executive Director and the Assistant Director of Nursing (ADoN) present, the Executive Director indicated an allegation of abuse, voiced on 05/16/15 had not been reported to the him until 05/20/15. The Executive Director indicated a note had been written and placed in the bin on the Director of Nursing's door and had not been found until 05/20/15. He indicated it was the policy of the facility to notify the Executive Director immediately. He indicated CNA #1 had reported the allegation to the Nurse and the Nurse had told her to write it up. He indicated the CNA should have called him immediately. He indicated the allegation was against CNA #2 and she worked night shift on 05/15/15-05/16/15 and the residents had not said anything to the day shift staff and had made the allegation on the evening of 05/16/15. He indicated CNA #1 had been inserviced on the</p>	F 0225	<p>The issue for residents #D and #E were immediately reported to ISDH and standard abuse protocols were initiated. An abuse audit was conducted without findings on 5.20.15 by social services. The employees were immediately suspended pending investigation, including the employee that failed to report timely. Corrective action was applied to those that failed to follow policy, including the nurse who instructed the aide to write a note for the DON. SDC/Designee inserviced all staff on abuse reporting obligations prior to date of compliance. Those that are not inserviced will not work the floor until education is completed. ED/Designee will do random abuse audits 1 X per week X 4 weeks, 1 X per month X 3 months and then quarterly until 100% compliance is achieved. Date of Compliance 9.19.15</p>	09/18/2015

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	<p>Abuse Policy on 05/07/15 and disciplinary measures had been completed.</p> <p>A State Reportable Incident and Investigation Form reviewed on 08/20/15 at 11:45 a.m., indicated the incident date was 05/20/15 at 11 a.m. and the resident's involved were Resident #D and #E. The brief description of the incident indicated, "It was brought to the ED's (Executive Director) attention on this date that 2 residents remarked that the aid (sic) taking care of them on midnights was less then professional and didn't like how she was positioning them."</p> <p>A hand-written and signed statement, written by CNA #1, dated 05/16/15, indicated, " (Nurses's Name) told me to write you this note. I had 2 residents complain to me tonight that the '...girl on midnights' is very rough with them during the nights rounds (CNA #2). (Resident #E and #D's Name) both stated this. (Resident #D's Name) said she's very rough & mean and throws her around like an old shoe and that she can tell she doesn't like her job and doesn't want to be in there doing it."</p> <p>During an interview on 08/20/15 at 12:01 p.m., the Executive Director indicated CNA #2 had worked again on 05/18/15.</p>			

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F 0226 SS=D Bldg. 00	<p>This Federal Tag relates to complaint IN00180322.</p> <p>3.1-28(c) 3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 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 record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to not immediately reporting an allegation of abuse to the Executive Director after the allegation had been made, for 2 of 4 residents reviewed for abuse allegations in a total sample of 4. (Resident #D and #E)</p> <p>Finding includes:</p> <p>During an interview on 08/20/15 at 11:44 a.m., with the Executive Director and the</p>	F 0226	The issue for residents #D and #E were immediately reported to ISDH and standard abuse protocols were initiated. An abuse audit was conducted without findings on 5.20.15 by social services. The employees were immediately suspended pending investigation, including the employee that failed to report timely. Corrective action was applied to those that failed to follow policy, including the nurse who instructed the aide to write a note for the DON. SDC/Designee inserviced all staff on abuse reporting obligations prior to date of compliance. Those that are not	09/18/2015

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	<p>Assistant Director of Nursing (ADoN) present, the Executive Director indicated an allegation of abuse, voiced on 05/16/15 had not been reported to the him until 05/20/15.</p> <p>A State Reportable Incident and Investigation Form reviewed on 08/20/15 at 11:45 a.m., indicated the incident date was 05/20/15 at 11 a.m. and the resident's involved were Resident #D and #E. The brief description of the incident indicated, "It was brought to the ED's (Executive Director) attention on this date that 2 residents remarked that the aid (sic) taking care of them on midnights was less then professional and didn't like how she was positioning them."</p> <p>A hand-written and signed statement, written by CNA #1, dated 05/16/15, indicated, " (Nurses's Name) told me to write you this note. I had 2 residents complain to me tonight that the '...girl on midnights' is very rough with them during the nights rounds (CNA #2). (Resident #E and #D's Name) both stated this. (Resident #D's Name) said she's very rough & mean and throws her around like an old shoe and that she can tell she doesn't like her job and doesn't want to be in there doing it."</p> <p>During an interview on 08/20/15 at 12:01</p>		<p>inserviced will not work the floor until education is completed. ED/Designee will do random abuse audits 1 X per week X 4 weeks, 1 X per month X 3 months and then quarterly until 100% complaine is achieved. Date of Compliance 9.19.15</p>				

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	<p>p.m., the Executive Director indicated CNA #2 had worked again on 05/18/15.</p> <p>A facility policy, dated 07/11, titled, "Protection of Residents:Reducing the Threat of Abuse & Neglect", received from the ADoN as current, indicated, "...Reporting Alleged Abuse...All alleged or suspected violations involving mistreatment, abuse...will be promptly reported to the administrator (sic) and/or director of nursing (sic)...Managing Incidents of Alleged Abuse & Neglect...Separate the alleged perpetrator from the resident(s). If the perpetrator is a staff member, send the employee home pending investigation..."</p> <p>This Federal Tag relates to complaint IN00180322.</p> <p>3.1-28(a)</p>			