

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2016
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NAME OF PROVIDER OR SUPPLIER HEARTH AT WINDERMERE	STREET ADDRESS, CITY, STATE, ZIP CODE 9745 OLYMPIA DR FISHERS, IN 46038
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00205098 and IN00205530.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey, completed on June 30, 2016.</p> <p>Complaint IN00205098 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Compliant IN00205530 -- Substantiated. State residential deficiency related to the allegations is cited at R0029.</p> <p>Survey dates: July 31, August 1 and 2, 2016</p> <p>Facility number: 002999 Provider number: N/A AIM number: N/A</p> <p>Census bed type: SNF/NF: 117 Total: 117</p> <p>Census payor type: Other: 117 Total: 117</p>	R 0000	<p>R_0000 <u>DISCLAIMER: "This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of The Hearth at Windermere as to the accuracy of the surveyor's findings or the conclusions drawn there from. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community</u></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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R 0029 Bldg. 00	<p>Sample: 5</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.1.</p> <p>Quality review completed by 30576 on August 9, 2016</p> <p>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.</p> <p>Based on interview and record review, the facility failed to ensure the privacy and dignity of 2 of 3 residents reviewed for dignity and privacy were maintained as both residents were photographed without known written consent by a confidential person, and against facility policies, as well as having their photographed images transmitted to the Indiana State Department of Health (ISDH) without the use of a known secured transmission method. (Resident #B and #D)</p> <p>Findings include:</p> <p>On 7-20-16, the ISDH Long Term Care Complaints Department received a complaint from a confidential person regarding care and services of this</p>			R 0029	<p><u>or affiliated companies."</u></p> <p>R_029</p> <p>1.The corrective action(s) that has been accomplished for the three residents on the Keepsake dementia unit were that all residents were assessed by the ED or designee for signs of distress that may have resulted from the alleged deficient practice and any potential Resident Rights Violations. August 5th, 2016 a Resident Rights In-service was held for staff, along with re-training on the facility Social Media Policy, Confidentiality Policy and HIPAA Privacy Training/Conduct. August 12th and August 19th, staff were re-educated on the Corporate Policy on the prohibition of cell phones while on duty.</p> <p>2.All residents in the Keepsake unit have the potential to be affected by the alleged deficient practice. The ED or designee</p>		08/31/2016

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	<p>facility. An addendum was received on 7-27-16 which included multiple photographs of three residents, of which two were identifiable via names associated with the photographs as being Resident #B and Resident #D, with each of the three residents faces being visible in the photographs. Each resident was photographed in various stages of dress, however, no private parts were visible.</p> <p>In interview with the confidential person, it was indicated he/she was employed by the facility at the time the photographs were taken. The confidential person indicated he/she had not shared any information or the photographs with anyone else, other than forwarding them to ISDH, in regards to filing a complaint or providing the photographs to the ISDH, as the purpose was to show the concerns associated with the care and services at the facility. The confidential person indicated the residents in the photographs resided on the locked dementia unit of the facility at the time the photographs were taken.</p> <p>On 8-2-16 at 6:45 p.m., the Executive Director and Director of Nursing were informed of ISDH being made aware of photographs that had been taken of residents in the facility by a confidential person. The Executive Director indicated</p>		<p>assessed all Keepsake residents for signs of distress that may have resulted from the alleged deficient practice and any potential Resident Rights Violations. A Resident Rights In-service was held August 5th, 2016 for staff, along with re-training on the facility Social Media Policy, Confidentiality Policy and HIPAA Privacy Training/Conduct. August 12th and August 19th, staff were re-educated on the Corporate Policy on the prohibition of cell phones while on duty.</p> <p>3. The measures to be put in place and systematic changes the facility will initiate to ensure that the deficient practice will not recur include ED or designee will monitor all Keepsake residents for signs/symptoms of distress and any potential Resident Rights Violations related to the alleged deficient practice 5 times weekly for two months, then 3 times weekly for two months, then once weekly for two months. ED or designee will randomly question 5 staff members on the facility Cell Phone/Social Media Policy weekly for two months, then 3 staff members weekly for two months and then one staff member weekly until next survey. ED or designee will be responsible for ensuring that newly hired employees will receive training during orientation to include Resident Right's, facility Social Media Policy,</p>				

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	<p>she was "shocked" by this as the facility has a very strict policy in regards to any photography being taken of residents, or even of the facility property without permission of the facility, as well as requiring the written consent by the resident and/or their legal representative prior to photographs being allowed. She indicated a staff member had recently been suspended for taking "selfie" (photograph of one's self) while standing against a wall and posting this on social media. She indicated in the situation she provided as an example, the photograph did not include any resident's or other identifying information beyond the caption indicating the employee was at work. She indicated she was unaware of any occurrence in which a resident being photographed without proper consent of the facility and the resident or their legal representative.</p> <p>On 8-2-16 at 11:55 a.m., the Business Office Manager provided an undated copy of a policy entitled, "Social Media Policy." She indicated this is the current policy utilized by the facility. She indicated this policy is provided for each new employee's review and signature during their orientation period, and then placed in their employee file. This policy indicated, "This Community strictly enforces the following social media</p>		<p>Confidentiality Policy, HIPAA Privacy Training/Conduct and Corporate Policy on the prohibition of cell phones while on duty. New hires will sign off on their training to assure that the required topics have been completed.</p> <p>4. The corrective action will be monitored by the Executive Director or designee who will be responsible for monitoring all Keepsake residents for signs/symptoms of distress and any potential Resident Rights Violations 5 times weekly for two months, then 3 times weekly for two months, then once weekly for two months. ED or designee will randomly question 5 staff members on the facility Cell Phone/Social Media Policy weekly for two months, then 3 staff members weekly for two months and then one staff member weekly until next survey. ED or designee will be responsible for ensuring that newly hired employees will receive training during orientation to include Resident Right's, facility Social Media Policy, Confidentiality Policy, HIPAA Privacy Training/Conduct and Corporate Policy on the prohibition of cell phones while on duty. New hires will sign off on their training to assure that the required topics have been completed. and assuring that the new employee orientation and training is completed in a timely</p>				

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	<p>policy: Any employee found photographing, videotaping, or audio recording residents, employees, or Community property, for any reason whatsoever, including but not limited to posting pictures of residents, co-workers, or the Community on the internet in such web sites, including, but not limited to Facebook, Instagram, Snapchat, Twitter, and Pinterest will be terminated. In addition, such actions may require the Community to file a report with local police department and various state and federal agencies...All employees are responsible to report to their supervisor immediately if they learn of another employee breaking this policy..."</p> <p>This State Residential tag relates to Complaint IN00205530.</p> <p>5.1-1.2 (d)</p>		<p>manner. 5.The date the systematic changes will be completed by is August 31st, 2016</p>				