

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155760	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2012
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NAME OF PROVIDER OR SUPPLIER  MAPLES AT WATERFORD CROSSING HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1332 WATERFORD CIR GOSHEN, IN46526
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F0000	<p>This visit was for the investigation of Complaint IN00101544.</p> <p>Complaint IN00101544-Substantiated. Federal/state deficiencies related to the allegations are cited at F 225 and F 226.</p> <p>Survey dates: January 4, 5, 2012</p> <p>Facility number: 011150 Provider number: 155760 Aim number: 200831020</p> <p>Survey team: Ann Arney, RN TC Julie Wagoner, RN</p> <p>Census bed type: SNF: 40 SNF/NF: 17 Total: 57</p> <p>Census payor type: Medicare: 18 Medicaid: 14</p>	F0000	<p>This is the requested Addendum to our Plan of Correction dated January 23, 2012, for Complaint IN00101544. This constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Addendum to the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Addendum to the Plan of Correction is submitted to meet the requirements established by state and federal law. The Maples at Waterford Crossing Health Campus desires this Addendum to the Plan of Correction to be considered as the facility's allegation of compliance. Compliance was effective January 23, 2012. The Maples at Waterford Crossing Health Campus respectfully requests this Addendum and Plan of Correction be submitted as desk review for compliance for the deficiencies cited.</p>	

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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	<p>Other: 25</p> <p>Total: 57</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1/9/12 Cathy Emswiller RN</p>				

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F0225 SS=D	<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> <p>1. Based on interview and record review, the facility failed to assure an allegation of abuse was reported to the administrator or designated person replacing the administrator,</p>	F0225	It is the expectation of this facility to 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	01/23/2012

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	<p>failed to follow their policy to protect a resident by suspending the staff person mentioned in the allegation until the investigation was completed, failed to immediately investigate an allegation of abuse when it was received and failed to assure the allegation was reported to the ISDH (Indiana State Department of Health) as required. This deficiency affected 1 of 1 resident (Resident #B), whose allegation of abuse was reviewed, in a sample of 6.</p> <p>2. Based on interview and record review, the facility failed to have documentation that reference checks were obtained for new employees, This deficiency affected two of five recently hired employees (CNA #10 and LPN #11), whose personnel files were reviewed.</p> <p>Findings include:</p> <p>1. During an interview, on 1/5/11 at 11:45 a.m., the Executive Director indicated, on 12/22/11 at 3:00 p.m., a former employee called the corporate hot line and registered complaints against the facility. The Executive Director indicated, on 12/23/11, an e-mail was sent to her listing the former employee's concerns and one of the concerns alleged a current</p>		<p>into the State Nurse Aide Registry concerning abuse, neglect, mistreatment, of residents, or misappropriation of their property, and report ny knowledge it has of actons 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.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?It is the intenet of this facility to ensure that all alleged violatons involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resdient property are reported immediately to the Administrator of the facility, or their designated representative, or to other officials in accordance with State law through established procedures of the facility (including to the State survey and cetification agency(s).The facility will have documented evidence that all alleged violations are throughly investigated, and will prevent further potential abuse while the investigation is in process through suspension of the alleged employee during the investigation and immediate removal of the employee from their work schedule.The results of investigations will be reported to the Administrator or their designated representative and to</p>		

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	<p>employee verbally abused a resident. The Executive Director indicated she was on medical leave from 12/22/11 through 1/3/12 and was not aware of the allegation of verbal abuse until 1/3/12 (12 days after the allegation was reported). She indicated the allegation of abuse was not investigated by the corporate office or by facility staff in her absence.</p> <p>The Executive Director further indicated, on 1/3/12, she determined Resident #B was the resident who had allegedly been verbally abused. The Executive Director indicated, when Resident #B was interviewed he did not express any concerns related to the allegation. As a result, she was not able to validate the allegation.</p> <p>The Executive Director indicated the allegation of abuse, made on 12/22/11, was investigated on 1/3/12 but she did not document the investigation or report the allegation of abuse, to the ISDH until 1/5/12.</p> <p>Finally, the Executive Director indicated the employee, who allegedly verbally abused Resident #B, worked on 12/24/11 and 12/29/11.</p> <p>The clinical record of Resident #B was reviewed on 1/4/12 at 2:30 p.m. and indicated the resident was admitted to the facility on 10/24/08.</p> <p>Resident #B's Quarterly Assessment,</p>		<p>other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the alleged incident, and if the alleged incident of violation is verified appropriate corrective action will be taken. How will the facility identify other residents having the potential to be effected by the same practice and what corrective action will be taken? Residents were interviewed at random and by different managers on staff. Families were questioned regarding any known allegations of abuse at Resident First meetings and re-educated on the Abuse policy. No other resident's were found to be effected. What measures will be put into place to ensure this practice does not recur? The facility reviewed it's policy and found it to be sufficient.</p> <p>Staff were re-educated on the Abuse policy. Families will be questioned regarding any known allegations of abuse at Resident First meetings and re-educated on the Abuse policy. Newly hired staff will have completed reference checks prior to first day of employment. Both the Executive Director and the Human Resource Director must review the new hire file for completeness prior to job offer of employment. If the communication to the Administrator (Executive Director) is by electronic mail, and</p>		

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	<p>dated 12/1/11, indicated the resident had no cognitive impairments.</p> <p>On 1/4/11 at 6:15 p.m., the resident was interviewed and indicated he did not have concerns about the way he was treated by the staff.</p> <p>2. On 1/5/11 at 11:00 a.m., the employee files of five recently hired employees were reviewed. Two of the employee files had no documentation references were checked as follows: LPN #11 had a hire date of 11/16/11. LPN #11's employee file had two employee reference check forms in the file but the portion of the forms, to be filled out by the companies listed as a reference, were completely blank and there was no indication the companies had been contacted. CAN (Certified Nursing Assistant) #10 had a hire date of 10/27/11. CAN #10 had two employee reference check forms in her employee file but the portion of the forms, to be filled out by the companies listed as references, were completely blank and there was no information indicating the companies had been contacted.</p> <p>On 1/5/11 at 11:30 a.m., the Executive Director indicated the staff person</p>		<p>the Executive Director is out of the office and/or unavailable, the sender will be met with an automatic reply to direct the sender to an alternate designee, with contact information provided. Upon return to the office the Executive Director will follow up on allegations to assure the policy and procedure are followed. How will corrective action be monitored to ensure the deficit practice does not recur and what QA will be put into place? The Executive Director, or designee, will audit new hire possibilities prior to offer of employment to ensure reference checks, criminal history, license or certification is valid, and all other required hire documentation has been completed and is in place. The Executive Director, or designee, will report the results of this audit to the Quality Assurance committee for the next three (3) months and thereafter as determined by the QA committee. This will begin immediately and will be ongoing. These audits will continue for each new hire until the audits measure 100% compliant, for 100% of those hired, for three (3) consecutive months. Families will be questioned regarding any known allegations of abuse at Resident First meetings and re-educated on the Abuse Policy. Resident Council will add Abuse discussion to their agenda to be reviewed</p>		

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	<p>responsible for obtaining the reference checks was on vacation. The Executive Director indicated she could find no documentation the reference checks had been done.</p> <p>Abuse and Neglect Procedural Guidelines, revised 9/6/11, provided by the Executive Director, were reviewed on 1/5/12 at 12:15 p.m. and indicated the following: "...Screen all potential employees...It will consist of, but is not limited to...</p> <p>3. Reference checks from previous/current employers...</p> <p>Any person with knowledge or suspicion of suspected violations shall...</p> <p>iv. IMMEDIATELY notify the Executive Director. If the Executive Director is absent they may appoint a designee...</p> <p>Suspend suspected employee(s) pending outcome of investigation...</p> <p>The Executive Director is accountable for investigating and reporting...</p> <p>Immediately and not more than 24 hours complete an initial report to applicable state agencies..."</p> <p>This Federal tag relates to Complaint IN00101544.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d)</p>		<p>each council meeting. Staff will be randomly interviewed during daily rounding regarding the Abuse Policy and procedure for reporting allegations of abuse. The hire process will continue to review the Abuse Policy and Procedure during the on-boarding process and annually. The discussions mentioned above will be reviewed during the QA process for further recommendations and/or resolutions. Completion date: 1/23/2012</p>		

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F0226 SS=D	<p>3.1-28(e)</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>1. Based on interview and record review, the facility failed to assure an allegation of abuse was reported to the administrator or designated person replacing the administrator, failed to follow their policy to protect a resident by suspending the staff person mentioned in the allegation until the investigation was completed, failed to immediately investigate an allegation of abuse when it was received and failed to assure the allegation was reported to the ISDH (Indiana State Department of Health) as required. This deficiency affected 1 of 1 resident (Resident #B), whose allegation of abuse was reviewed, in a sample of 6.</p> <p>2. Based on interview and record review, the facility failed to have documentation that reference checks were obtained for new employees,</p>	F0226	<p>It is the expectation of this facility to 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 ny knowledge it has of actons 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. This facility has and has implemented written policies and procedures that prohibit mistreatment, neglect, and abuse of residents, and misappropriation of resident property. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? It is the intent of this facility to ensure that all alleged</p>	01/23/2012	

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	<p>This deficiency affected two of five recently hired employees (CNA #10 and LPN #11), whose personnel files were reviewed.</p> <p>Findings include:</p> <p>1. During an interview, on 1/5/11 at 11:45 a.m., the Executive Director indicated, on 12/22/11 at 3:00 p.m., a former employee called the corporate hot line and registered complaints against the facility. The Executive Director indicated, on 12/23/11, an e-mail was sent to her listing the former employee's concerns and one of the concerns alleged a current employee verbally abused a resident. The Executive Director indicated she was on medical leave from 12/22/11 through 1/3/12 and was not aware of the allegation of verbal abuse until 1/3/12 (12 days after the allegation was reported). She indicated the allegation of abuse was not investigated by the corporate office or by facility staff in her absence. The Executive Director further indicated, on 1/3/12, she determined Resident #B was the resident who had allegedly been verbally abused. The Executive Director indicated, when Resident #B was interviewed he did not express any concerns related to the allegation. As a result, she was not able to validate the allegation.</p>		<p>violatons involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resdient property are reported immediately to the Administrator of the facility, or their designated representative, or to other officials in accordance with State law through established procedures of the facility (including to the State survey and cetification agency(s).If the communication to the Administrator (Executive Director) is by electronic mail, and the Executive Director is out of the office and/or unavailable, the sender will be met with an automatic reply to direct the sender to an alternate designee, with contact information provided. Upon return to the office the Executive Director will follow up on allegations to assure the policy and procedure are followed.The facility will have documented evidence that all alleged violations are throughly investigated, and will prevent further potential abuse while the investigation is in process through suspension of the alleged employee during the investigation and immediate removal of the employee from their work schedule.The results of all investigations will be reported to the Administrator or their designated representative and to other officials in accordance with State law (including to the State survey and certification</p>		

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	<p>The Executive Director indicated the allegation of abuse, made on 12/22/11, was investigated on 1/3/12 but she did not document the investigation or report the allegation of abuse, to the ISDH until 1/5/12.</p> <p>Finally, the Executive Director indicated the employee, who allegedly verbally abused Resident #B, worked on 12/24/11 and 12/29/11.</p> <p>The clinical record of Resident #B was reviewed on 1/4/12 at 2:30 p.m. and indicated the resident was admitted to the facility on 10/24/08.</p> <p>Resident #B's Quarterly Assessment, dated 12/1/11, indicated the resident had no cognitive impairments.</p> <p>On 1/4/11 at 6:15 p.m., the resident was interviewed and indicated he did not have concerns about the way he was treated by the staff.</p> <p>2. On 1/5/11 at 11:00 a.m., the employee files of five recently hired employees were reviewed. Two of the employee files had no documentation references were checked as follows: LPN #11 had a hire date of 11/16/11. LPN #11's employee file had two employee reference check forms in the file but the portion of the forms, to be filled out by</p>		<p>agency) within 5 working days of the alleged incident, and if the alleged incident of violation is verified appropriate corrective action will be taken. How will the facility identify other residents having the potential to be effected by the same practice and what corrective action will be taken? Residents were interviewed at random and by different managers on staff. Families were questioned regarding any known allegations of abuse at Resident First meetings and re-educated on the Abuse policy. No other resident's were found to be effected. Employee files of the last three (3) months hires were reviewed for completeness. Any missing information was obtained and files are now complete with reference checks, criminal history, license or certification verification, and all other required hire documentation has been completed and is in place. What measures will be put into place to ensure this practice does not recur? The facility reviewed it's policy and found it to be sufficient. Staff were re-educated on the Abuse policy. Families will be questioned regarding any known allegations of abuse at Resident First meetings and re-educated on the Abuse policy. Newly hired staff will have completed reference checks prior to first day of employment. Both the Executive Director and the Human Resource Director must</p>		

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	<p>the companies listed as a reference, were completely blank and there was no indication the companies had been contacted.</p> <p>CNA (Certified Nursing Assistant) #10 had a hire date of 10/27/11. CNA #10 had two employee reference check forms in her employee file but the portion of the forms, to be filled out by the companies listed as references, were completely blank and there was no information indicating the companies had been contacted.</p> <p>On 1/5/11 at 11:30 a.m., the Executive Director indicated the staff person responsible for obtaining the reference checks was on vacation. The Executive Director indicated she could find no documentation the reference checks had been done.</p> <p>Abuse and Neglect Procedural Guidelines, revised 9/6/11, provided by the Executive Director, were reviewed on 1/5/12 at 12:15 p.m. and indicated the following: "...Screen all potential employees...It will consist of, but is not limited to...</p> <p>3. Reference checks from previous/current employers...</p> <p>Any person with knowledge or suspicion of suspected violations shall...</p> <p>iv. IMMEDIATELY notify the Executive</p>		<p>review the new hire file for completeness prior to job offer of employment. If the communication to the Administrator (Executive Director) is by electronic mail, and the Executive Director is out of the office and/or unavailable, the sender will be met with an automatic reply to direct the sender to an alternate designee, with contact information provided. Upon return to the office the Executive Director will follow up on allegations to assure the policy and procedure are followed. How will corrective action be monitored to ensure the deficit practice does not recur and what QA will be put into place? The Executive Director, or designee, will audit new hire possibilities prior to offer of employment to ensure reference checks, criminal history, license or certification is valid, and all other required hire documentation has been completed and is in place. The Executive Director, or designee, will report the results of this audit to the Quality Assurance committee for the next three (3) months and thereafter as determined by the QA committee. This will begin immediately and will be ongoing. These audits will continue for each new hire until the audits measure 100% compliant, for 100% of those hired, for three (3) consecutive months. Families will be</p>		

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	<p>Director. If the Executive Director is absent they may appoint a designee... Suspend suspected employee(s) pending outcome of investigation... The Executive Director is accountable for investigating and reporting... Immediately and not more than 24 hours complete an initial report to applicable state agencies..."</p> <p>This Federal tag relates to Complaint IN00101544.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d) 3.1-28(e)</p>		<p>questioned regarding any known allegations of abuse at Resident First meetings and re-educated on the Abuse Policy. Resident Council will add Abuse discussion to their agenda to be reviewed each council meeting. Staff will be randomly interviewed during daily rounding regarding the Abuse Policy and procedure for reporting allegations of abuse. The hire process will continue to review the Abuse Policy and Procedure during the on-boarding process and annually. The discussions mentioned above will be reviewed during the QA process for further reccomendations and/or resolutionsCompletion date: 1/23/2012</p>		