

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/30/2013
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NAME OF PROVIDER OR SUPPLIER  RURAL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1747 N RURAL ST INDIANAPOLIS, IN 46218
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F000000	<p>This visit was for Investigation of Complaint IN00133548.</p> <p>Complaint IN00133548-Substantiated. A Feral/State deficiency related to the allegations is cited at F225 and F226.</p> <p>Survey date: August 30, 2013</p> <p>Facility number: 000388 Provider number: 15E244 AIM number: 100454140</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF/NF: 42 Total: 42</p> <p>Census payor type: Medicare: 2 Medicaid: 40 Total: 42</p> <p>Sample: NA</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 8, 2013, by Janelyn Kulik,</p>	F000000	<p>Good afternoon Ms. Rhoades. I formally submit Rural Health Care's plan of correction for survey under event ID SR9M11. I would also like to ask that you consider a desk review for the tags received during that complaint survey.</p> <p>Sincerely, James Taylor HFA</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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F000225 SS=D	<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> <p>Based on record review and</p>	F000225	Rural Health Care does ensure	09/29/2013			

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	<p>interview, the facility failed to ensure an allegation of misappropriation of property (the diversion of a resident's medications to a staff member) was reported to the State Agency as required by regulation and facility policy.</p> <p>Findings include:</p> <p>During an interview on 8/30/13 at 10:30 a.m. the Director of Nursing (D.O.N.) indicated that on 7/25/13 the facility's Assistant Director of Nursing (A.D.O.N.) had been made aware of an allegation of the diversion of a resident's medication by a staff member (L.P.N. #1) to another staff member (C.N.A. #2). This allegation was made by C.N.A #3. The alleged incident was identified as occurring on either 7/20/13 or 7/21/13. C.N.A. #3 indicated she was not certain of the date. C.N.A #3 did not identify any specific resident as being the medication's appropriate recipient.</p> <p>Documentation indicated the facility had conducted an investigation which included interviewing all staff members, including L.P.N. #1, C.N.A. #2, and C.N.A #3. The D.O.N. also indicated the facility's corporate office had conducted an investigation which included auditing all resident charts</p>		<p>that allegations of mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported to administrator and to other officials in accordance with state law through established procedures, and are thoroughly investigated and all attempts to prevent further potential abuse while investigations are in process. I. A full audit of all resident usage and tracking/documentation for previous six months was completed. No irregularities were identified. Nursing staff and CNAs were interviewed regarding allegation, no findings were substantiated in regards of resident medication diversion. II. All residents have the potential to be affected but no findings were identified. III. The facility's "Abuse Prevention" Policy was reviewed and found to be appropriate. Leadership staff were re-educated on Abuse Prevention (and reporting) Policy by RDCO. Staff members were re-educated on Abuse Prevention and Reporting by Administrator and Director of Nursing. IV. In addition to the process noted above, SSD/Designee will interview all residents/POAs to identify additional concerns. DON/Designee will audit all resident controlled substance usage, focusing on usage, documentation and any possible misappropriations. Audits will be</p>		

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	<p>and medication reconciliation documentation for the last 6 months for discrepancies. The D.O.N. indicated this investigation was conducted under the facility's Quality Assurance Program and she was thus not able to provide complete detail of that investigation. The D.O.N. did indicate that no medications were found missing or unaccounted for.</p> <p>During an interview on 8/30/13 at 11:45 a.m., the D.O.N. indicated that it was the facility's policy to report all allegations of misappropriation of property, and the allegation of misappropriation of medication should have been reported to the State Agency, and was not.</p> <p>A facility policy titled "Unusual Occurrence Reporting" dated 12/2007 received from the D.O.N. on 8/30/13 at 10:30 a.m. indicated:</p> <p>"Policy Statement: As required by federal or state regulations, our facility reports unusual occurrences or other reportable events...</p> <p>Policy Interpretation and Implementation: 1. Our facility will report the following events to appropriate agencies:...g. Allegations</p>		<p>conducted daily for 2 weeks, then weekly for 6 weeks, then monthly for 4 months or until compliance is maintained for one full quarter.</p> <p>Administrator/Designee will report results to the QA committee monthly for 6 months, then quarterly thereafter. Any irregularities or noncompliance will be immediately reported to RDCO/RDO to initiate full investigation if needed.</p>				

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	<p>of abuse, neglect, and misappropriation of resident property...2. Unusual occurrences shall be reported via telephone to appropriate agencies...within twenty-four (24) hours...3. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency...within forty-eight (48) hours..."</p> <p>This federal tag relates to Complaint IN00133548.</p> <p>3.1-28(c)</p>						

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</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>Based on record review and interview, the facility failed to ensure the policy for Unusual Occurrence was followed related to an allegation of misappropriation of property (the diversion of a resident's medications to a staff member) was reported to the State Agency as required by regulation and facility policy.</p> <p>Findings include:</p> <p>During an interview on 8/30/13 at 10:30 a.m. the Director of Nursing (D.O.N.) indicated that on 7/25/13 the facility's Assistant Director of Nursing (A.D.O.N.) had been made aware of an allegation of the diversion of a resident's medication by a staff member (L.P.N. #1) to another staff member (C.N.A. #2). This allegation was made by C.N.A #3. The alleged incident was identified as occurring on either 7/20/13 or 7/21/13. C.N.A. #3 indicated she was not certain of the date. C.N.A #3 did not identify any specific resident as being the</p>	F000226	<p>Rural Health Care does ensure that allegations of mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property or unusual occurrences are reported to administrator and to other officials in accordance with state law through established procedures, and are thoroughly investigated and all attempts to prevent further abuse while investigations are in process.I. A full audit of all resident medications usage and tracking/documentation for previous 6 months was completed. No irregularities were identified. Nursing staff and CNAs were interviewed regarding allegation; no findings were substantiated in regards to resident medication diversion. II. All residents have the potential to be affected but no findings were identified. III. The facility's "Abuse Prevention" Policy (which includes reporting of Unusual Occurrences) was reviewed, updated, and found to be appropriate. Leadership staff were re-educated on Abuse Prevention ( and reporting of unusual occurrences) Policy by</p>	09/29/2013	

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	<p>medication's appropriate recipient.</p> <p>Documentation indicated the facility had conducted an investigation which included interviewing all staff members, including L.P.N. #1, C.N.A. #2, and C.N.A #3. The D.O.N. also indicated the facility's corporate office had conducted an investigation which included auditing all resident charts and medication reconciliation documentation for the last 6 months for discrepancies. The D.O.N. indicated this investigation was conducted under the facility's Quality Assurance Program and she was thus not able to provide complete detail of that investigation. The D.O.N. did indicate that no medications were found missing or unaccounted for.</p> <p>During an interview on 8/30/13 at 11:45 a.m., the D.O.N. indicated that it was the facility's policy to report all allegations of misappropriation of property, and the allegation of misappropriation of medication should have been reported to the State Agency, and was not.</p> <p>A facility policy titled "Unusual Occurrence Reporting" dated 12/2007 received from the D.O.N. on 8/30/13 at 10:30 a.m. indicated:</p>		<p>RDCO. Staff members were re-educated on updated Abuse Prevention and Reporting a of Unusual Occurrences by Administrator and Director of Nursing. IV. In addition to the process noted above, SSD/designee will interviews all residents/POAs to identify any additional concerns. DON/designee will audit all resident controlled substance usage, focusing on usage, documentation and any possible misappropriations. Audits will be conducted daily for 2 weeks, then weekly for 6 weeks, then monthly for 4 months or until compliance is maintained for one full quarter. Administrator/designee will report results to the QA committee monthly for 6 months, then quarterly thereafter. any irregularities or noncompliance will be immediately reported to RECO/REO to initiate full investigation if needed.</p>		

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