

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  05/01/2013
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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 IN00127305.</p> <p>Complaint IN00127305 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: April 29, 30, May 1, 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: 41 Total: 41</p> <p>Census payor type: Medicaid: 41 Total: 41</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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	Quality review 5/08/13 by Suzanne Williams, RN			

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F000223 SS=G	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review, interview, and observation, the facility failed to ensure a resident (Resident E) was protected from physical abuse by a staff member (CNA #1) who struck him with her fists in the face, ribs, and stomach, and grabbed him by the left arm and pulled him out of his wheelchair and roughly transferred him to his bed. The resident suffered a cut lip and scratches and bruises to his left arm. This affected 1 resident of 3 reviewed for abuse in a sample of 4.</p> <p>Findings include:</p> <p>1. The record of Resident E was reviewed on 5/01/13 at 8:30 a.m.</p> <p>Diagnoses included, but were not limited to, history of traumatic brain and spinal cord injury, dementia with behavioral disturbances, bipolar disorder, paraplegia of the lower extremities, seizure disorder, and</p>	F000223	<p>F223 483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION Rural Health Care Center will assure each resident is free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. I. C.N.A. #1 is no longer employed at facility. Resident E's lip and arm are healed and he is exhibiting no s/s lasting physical or psychological affect. II. All interviewable Residents were interviewed to identify any outstanding allegations of mistreatment. All non-interviewable Residents were assessed for signs or symptoms of mistreatment. III. The facility's Abuse Prevention Policy was reviewed and found to be appropriate. All staff members were reeducated on the Abuse Prevention Policy. IV. In addition to the process noted above, the SSD or her designee will interview Residents using the Resident Interview and Observation Form (CMS-20050)</p>	05/21/2013	

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	<p>deafness.</p> <p>An annual Minimum Data Set (M.D.S.) assessment dated 3/12/13 indicated Resident E was mildly cognitively impaired, had no mood or behavior disturbances during this observation period, required staff assistance for all activities of daily living, did not ambulate, and was incontinent of bowel and bladder.</p> <p>An undated "Resident Abuse Investigation Form" referring to Resident E indicated:</p> <p>"Date incident occurred: 4/29/13.</p> <p>Type of Abuse: Physical.</p> <p>Resident Injured: Yes. (Describe injuries) Scratches on left arm (symbol for "and") busted inner lip.</p> <p>Summary/Results of investigator's findings: On 4/29/13 at 10:05 p.m. while conducting rounds (CNA #2) states that (CNA #1) told her that she had to 'whip (Resident E's) a.. because he hit her. (CNA #2) said that when she went in a few minutes later to change him she saw some scratches on his left arm. (CNA #2) then went to get the nurse and showed them (sic) the scratches."</p>		Section G no less often than quarterly during the assessment reference period according to the RAI schedule. Interviews will continue according to RAI schedule until 100% compliance is met for a full quarter. Results will be presented in Quality Assurance Meeting monthly.		

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	<p>An undated "Report of Incident/Crime" noted to be faxed to the State Agency on 4/30/13 at 8:12 a.m. referring to Resident E indicated:</p> <p>"Incident Date: 4/29/13</p> <p>Incident Time: 10:05 p.m.</p> <p>Brief Description of Incident: (CNA #2) reported to ADON (Assistant Director of Nursing) that (CNA #1) told her during shift to shift rounds that (Resident E) slapped her in the face and hit her in the stomach and she had to 'whip his a..'</p> <p>Type of Injuries: Numerous scratches on left arm and busted lip."</p> <p>A written statement from CNA #2 dated 4/30/13 indicated:</p> <p>"I (CNA #2) swear to tell the truth. (CNA #1) told me she had to whip (Resident E) a.. when doing rounds...I saw his left arm look like he been (sic) scratch up (sic) so I told (Nurses #3, #4) at the same time they came to look at it together."</p> <p>A written statement by the Social Services Director dated 4/30/13 at 8:35 a.m. indicated:</p>						

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	<p>"This writer went into room (Resident E's room), ask (sic) pt. (patient) what happened on 4/29/13. Question asked what happened last night, don't be scared I'm here to help you. Pt. stated 'CNA hit me first, I hit her back, she hit me in my mouth.' Pt. also stated 'I have pain on my right side, she took away my call light, she always takes it from me'...Question asked what made her mad, Pt. stated 'She hit me for nothing and threw me in bed...she hits me because I am deaf.'"</p> <p>A written statement from Nurse #5 dated 4/30/13 at 10:30 a.m. indicated:</p> <p>"Resident (Resident E) beckon for writer to come over to his table during breakfast, he show (sic) writer scratches on (symbol for "left") upper and forearm stated that the girl did them pointed to his (symbol for "right") side of bottom lip said look she hit in the mouth when asked why he didn't tell anyone resident stated I'm scare (sic) she been doing it a long time bottom lip had a small laceration resident said it happened last night..."</p> <p>Resident E was interviewed on 4/30/13 at 11:50 a.m. He was able to</p>			

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	<p>communicate appropriately. He indicated (CNA #1) had "beat me up" the previous evening (4/29/13). During observation at this time, he had a cut and swollen lower lip and scratches to his left arm. He pulled out his lower lip and stated "She did that with her fists." He also indicated (CNA #1) had hit him in the ribs on the right side and in the belly with her fists. He indicated the injuries to his arm had occurred when "she dragged me up and threw me into bed." He indicated he had no concerns with the facility or other staff.</p> <p>During an interview with the Director of Nursing (D.O.N.) on 4/30/13 at 8:30 a.m., she indicated that both she and the Administrator had been immediately notified of the incident. She indicated that CNA #1 had been advised she was suspended during the investigation with termination pending. She indicated the door security code had been changed to ensure CNA #1 did not return to the facility. She also indicated Resident E felt particularly close to the Social Services Director and Nurse #5, and had recounted the incident to them.</p> <p>2. A facility policy dated 09/2011 titled "Abuse Prevention," received from the D.O.N. on 4/30/13 at 11:40</p>						

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	<p>a.m., indicated:</p> <p>"It is the policy of this facility to provide each resident with an environment that is free from verbal, sexual, physical, and mental abuse...</p> <p>Policy Statement: Our facility will not condone any form of resident abuse...</p> <p>Policy Interpretation and Implementation: Preventing Resident abuse is a primary concern for this facility. It is our goal to achieve and maintain an abuse free environment."</p> <p>3.1-27(a)(1)</p>				

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure a resident (Resident B) was protected from potential injury when a spray bottle containing cleaning solution was left unattended and the resident sprayed the solution in his mouth. This affected 1 resident of 3 reviewed for accidents in a sample of 4.</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 4/30/13 at 9:45 a.m.</p> <p>Diagnoses included, but were not limited to, blindness, hypertension, history of head injury, bipolar disorder, borderline personality disorder, and seizures.</p> <p>A significant change Minimum Data Set (M.D.S.) assessment dated 3/12/13, indicated Resident B had no cognitive deficits, no mood disorders, had occasional verbal and physical behaviors directed at others, could ambulate with supervision, and</p>	F000323	<p>F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>Rural Health Care Center does ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>I. Resident B's oral mucosa has been assessed and shows no signs of alteration due to ingestion of cleaner.</p> <p>II. All Residents with blindness and/or cognitive deficits which would affect decision making were identified through review of MDS data.</p> <p>III. A policy entitled "Storage of Hazardous Chemicals" was drafted and implemented. All staff will be</p>	05/21/2013			

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	<p>required staff assistance for personal hygiene and dressing.</p> <p>A facility "Incident/Accident Report and Investigation" form, dated 4/04/13 and identified as relating to Resident B, indicated:</p> <p>"Describe exactly what happened: Res (resident) drank bleach from spray bottle in his room. Res BM (stool) all over the floor CNA spray BM with (symbol for "the") bleach in order to clean floor, she reach (sic) outside of room to grab dirty laundry barrel res grab bottle (sic)."</p> <p>A facility "Reportable Occurrence Investigation Report Form" dated as completed 4/05/13 indicated:</p> <p>"On 4/4/13 (name of Resident B) sprayed a bleach solution in his mouth. The resident had an accident on the floor in his room. When the CNA came in to clean up the mess she was using the bleach solution. When she exited the room to put the dirty linen in the barrel (Resident B) picked up the spray bottle of (sic) the dresser (symbol for "and") sprayed the contents in his mouth...he was sent to the hospital via 911 (emergency)."</p>		<p>educated on the proper storage of chemicals.</p> <p>IV. In addition to the process noted above, the Administrator or designee will monitor chemical storage during daily walking rounds. Results will be presented in Quality Assurance Meeting monthly until 100% compliance is achieved for one full quarter.</p>				

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	<p>The Assistant Director of Nursing (A.D.O.N.) was interviewed on 4/29/13 at 2:15 p.m. He indicated he had witnessed the event involving Resident B. He indicated Resident B had a large bowel movement on the floor of his room. While housekeeping was cleaning the floor, a bottle of 10% bleach solution was set on the dresser. Resident B, who is blind, touched the bottle with his hand, picked it up, and sprayed it into his mouth. The A.D.O.N. took the bottle away from him, and asked if he was all right. The resident stated he was. The resident indicated he thought the bottle was "lemon juice." His mouth was examined, poison control was called for recommendations, and the resident was sent to the emergency room for evaluation as a precaution.</p> <p>Resident B was interviewed on 4/30/13 at 9:30 a.m. He was alert, oriented, pleasant, and cooperative. He indicated he clearly remembered the incident of spraying the cleaning solution in his mouth. He stated "It happened because I'm blind and mistook it for something else. I've learned my lesson and it won't happen again." He indicated he had no injury or discomfort from the incident, either at the time it happened or later. He indicated he</p>						

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	<p>was happy the facility had sent him to the hospital to be checked "just to be sure."</p> <p>An Emergency Medical Service Transport Report dated 4/04/13 indicating it related to Resident B indicated:</p> <p>"Comments: Dispatched via 911 for overdose. Upon arrival found a (age of Resident B) conscious and alert male walking through nursing facility with IFD (Indianapolis Fire Department) crew members, pt (patient) has no complaints at this time, but he states he had accidentally taken a drink of bleach out of a cleaning bottle, after mistaking it for a bottle of lemonaid (sic). Pt denies swallowing any bleach and denies any burning of mouth, or nausea... pt states he has no complaints but wants to be checked out at hospital just to be sure everything is ok. pt has no discoloration of mouth."</p> <p>A hospital emergency room Encounter Report dated 4/04/13 for Resident B indicated "Patient has no erythema (redness), edema or exudate of his oropharynx (a part of the throat at the back of the mouth). No evidence of caustic injury."</p>			

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	<p>2. An undated facility document titled "Hazard Policy" received from the Administrator on 4/30/13 at 1:25 p.m. indicated:</p> <p>"It is important that all facility staff under (sic) their responsibility to ensure the safest possible environment for residents...This facility is committed to safety. We acknowledge the high risk of its population and setting...Chemicals used as a part of cleaning will be maintained on the housekeeping cart under the direct supervision of the housekeeper."</p> <p>This federal tag relates to complaint IN00127305.</p> <p>3.1-19(a) 3.1-45(a)(1)</p>				