

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155324	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER MITCHELL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 24 TEKE BURTON DR MITCHELL, IN 47446
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00202727.</p> <p>Complaint IN00202727 - Substantiated. A State deficiency related to the allegation is cited at F9999.</p> <p>Survey date: June 29, 2016</p> <p>Facility number: 000217 Provider number: 155324 AIM number: 100289590</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 10 Medicaid: 37 Other: 9 Total: 56</p> <p>Sample: N/A</p> <p>This State finding is cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on July 01, 2016.</p>	F 0000	<p>This plan of correction is prepared and executed because of the provisions of State and federal law require it and not because Mitchell Manor agrees with the allegations and citations listed. Mitchell Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character so as to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance, that the alleged deficiencies cited have been or will be corrected by the date(s) indicated. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction. *Request paper compliance please</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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F 9999 Bldg. 00	<p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours, The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety or health of the resident or residents, including, but not limited to, any:</p> <p>This State rule was not met as evidenced by:</p>	F 9999	<p>F9999 It is the policy of this facility to report any and all ISDH reportable events. ISDH reporting guidelines were reviewed by the ED and DON following this event. Based upon the facts available at the time, ED and DON felt that it was unclear that this event met ISDH reporting guidelines. ED and DON sought clarification from corporate resources. Corporate personnel were not able to clarify the need to report this event. 1. No residents were negatively affected by alleged deficient practice.</p> <p>2. Residents at risk to be affected by alleged deficient practice:</p> <ul style="list-style-type: none"> · 56 residents had the potential to be impacted. <p>3. Systems to ensure alleged deficient practice does not recur:</p> <ul style="list-style-type: none"> · Regional Clinical Specialist reviewed ISDH reporting guidelines with ED and DON on 7/14/16. ED and DON will 	07/18/2016

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	<p>Based on observation, interview, and record review, the facility failed to report an unusual occurrence to the state related to a break-in at the facility which could have affected 56 residents residing at the facility.</p> <p>Findings Include:</p> <p>Review of visitor incident folder on 6/29/2016 at 11:00 a.m., dated 6-1-16, indicated the following interviews:</p> <p>Statement dated 6-13-16, RN#1 indicated "on the morning, date 6/11/16 @ 5:00 a.m., . . . I heard alarm is going on . . . asked other nurse to walk down the hall with me [LPN # 1] . . . we found one unknown person was sitting on one of the bench [outside] . . . he stated his father is sick and needs a prescription . . .quit conversation and shut the door. While we were walking down back to hall that man was inside facility . . . I found again door alarm started singing and I found he has broken one of the door to get in. . . . [CNA #1] called 911. Police was here . . . no harm but after we came to know that he was trying to open B-wing front med carts. But it was locked so he kicked."</p> <p>Statement dated 6-11-16, LPN #1 indicated "On Saturday, June 11, 2016, at</p>		<p>contact ISDH for clarification when uncertain if future situations meet reporting guidelines.</p> <p>4. Monitoring to ensure alleged deficient practice does not recur:</p> <ul style="list-style-type: none"> · Potential ISDH reportable events will be discussed in morning stand-up meeting. · Any events that seem ambiguous related to ISDH reporting guidelines will be noted on morning meeting log and referred to ISDH for clarification · Morning meeting logs will be reviewed and reported in the monthly Performance Improvement meetings for the next 6 months 	

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	<p>5:30 a.m., a door alarm was sounding . . . [RN #1] & myself went through MDR [main dining room] and seen a young man sitting under the gazebo . . .man stated he was coming to pick up a prescription for his dad for his seizures . . .The nurse & myself then walked back to B-wing & I could hear another door alarm sounding; . . . I began walking back to B wing to start med pass, I turned & the man was literally in my face. . . "</p> <p>Statement dated 6-11-16, CNA #1 indicated "around 530 am [LPN #1] and [RN #1] found a man at the back door by the kitchen . . . a few minutes after that the man is on the inside of Mitchell Manor . . . I see [LPN #1] talking with the man on B wing side, the man is pacing back & forth and you could tell he was high on something. . . . I went over to A D side and called 911."</p> <p>Statement by maintenance director's report of Damage 6-15-16, indicated "At 5:30 am 6/11/16 . . . received a call . . . stated there had been an individual that broke in the door by the laundry dept. and had caused significant damages to the door and broke the glass . . . I than [sic] inspected the door which was badly bent in different place and the tempered glass was cracked all over but not busted</p>			

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	<p>through. But the internal framework on was broke throughout the door from prying and rendered it weak."</p> <p>Interview with the DON (Director of Nursing) on 6/29/16 at 10:10 a.m., indicated they did not fill out a State reportable as instructed by their corporation, as it was decided that it was not necessary due to no harm coming to any of the Residents.</p> <p>Interview with the ED (Executive Director) on 6/29/2016 at 12:00 p.m., indicated they did not report an incident to the state after discussions with the corporation as it was deemed unnecessary due to no resident being harmed related to the incident. When asked for their reporting policy of incidents, the ED provided the Indiana State Department of Health Division of Long Term Care, effective date 07/15/15.</p> <p>A review of the policy indicated, "INCIDENT REPORTING POLICY. To provide guidance on the type of incidents to be reported ... Types of incidents reportable under State rule only: 1. OCCURRENCE THAT DIRECTLY THREATENS THE WELFARE, SAFETY ... OF A RESIDENT. Examples: ... robbery or burglary..."</p>			

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	The facility census, dated 6-11-16, provided by the DON on 6/29/16 at 9:30 a.m., indicated there were 56 residents in the facility. This State tag relates to Complaint IN00202727.				