

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155802	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2016
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 SISTERS OF PROVIDENCE SAINT MARY OF THE WO, IN 47876
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00195921.</p> <p>Complaint IN00195921 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited at F225 and F226.</p> <p>Survey Date: 03/18/16</p> <p>Facility number: 003624 Provider number: 155802 AIM number: 200429840</p> <p>Census bed type: SNF/NF: 60 Residential: 34 Total: 94</p> <p>Census payor type: Medicare: 13 Medicaid: 38 Other: 9 Total: 60</p> <p>Sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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 0225 SS=D Bldg. 00	<p>Quality review completed 3/20/16 by 29479.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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</p>			

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	<p>(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 interview and record review, the facility failed to investigate and immediately report an allegation of abuse for 1 of 1 resident reviewed for allegation of abuse. (Resident B).</p> <p>Finding includes:</p> <p>On 3/18/16 at 9:00 a.m., the Administrator and Director of Nursing were interviewed. The staff indicated on 3/15/16, Resident B had fallen from bed, later complained of pain, and was sent to the emergency department for evaluation. The staff indicated the resident had reported to the ambulance staff she had been molested in the facility. The staff indicated the resident had a history of making statements that were not true. They had not reported or investigated the allegation.</p> <p>On 3/18/16 at 9:25 a.m., Resident B was interviewed. The resident was asked if she had been mistreated by anyone in the facility. The resident indicated she didn't think so. The resident was unable to provide any information about a recent fall she had.</p>	F 0225	<p>Providence Health Care will investigate and immediately report all allegations of abuse. Corrective action began for this cited concern while the survey team leader was present in the facility on 3/18/16 by conducting a thorough investigation and reporting the allegation to the Indiana State Department of Public Health. The resident had no signs or symptoms of adverse affects and upon completion of the investigation the allegation was unsubstantiated.</p> <p>Providence Health Care recognizes the potential for all residents to be affected by this finding and put into place the following measures and systemic changes to assure deficit practices do not recur: A. The facility reviewed and updated its Abuse Prevention Policy (see attached) to include ISDH notification immediately with any allegation of abuse B. Initial staff education in the form of paper and verbal communications commenced on 3/18/16. (see attached) Policy review occurred on 3/31/16 during a mandatory staff meeting (see attached). C. Reporting abuse binder located on each nursing unit was updated to reflect policy changes and implementation.</p>	03/19/2016			

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	<p>An ambulance report dated, 3/15/16, provided by the Unit Manager on 3/18/16 at 11:50 a.m., included, but was not limited to, "RUN REPORT NARRATIVE: Medic 64 dispatched on 88 yof [year old female] short fall at ... [facility name]. Upon arrival, Nurse stated pt [patient] fell unknown what happened. Nurse stated pt is complaining of pain all over. Nurse stated pt is normally confused due to Dementia and is acting her normal self. Nurse also stated told her she had been molested. Nurse stated pt has never said this before and she was concerned...[hospital name] RN [registered nurse] was advised that the pt may have been raped. No further pt contact."</p> <p>A hospital emergency record, dated 3/16/16 at 1:45 a.m., included, but was not limited to, "...Pt to ED [emergency department] by EMS [emergency medical staff] from ECF [extended care facility] states they were called out for a fall with no head injury or LOC [loss of consciousness]. EMS states that pt is a dementia pt but is stating that she was molested this evening and that is why she fell. While here in the ED, pt states she is not sure if she was molested or not but thinks someone wanted to....GENITOURINARY FEMALE: Female genitourinary assessment findings</p>		<p>Corrective actions will be monitored to ensure compliance by: The Director of Nursing, or her designee, is conducting quality improvement audits regarding abuse reporting and prevention. Bimonthly audits will be done on five (5) random residents for a period of two months. Bimonthly audits will be done on five (5) random staff members for a period of two months. (see attached audit forms). Results of all audits will be reported to the bi-monthly Risk Management Committee and the quarterly Quality Assurance and Performance Improvement Committee for compliance and additional recommendations. Systemic changes completed 3/31/16</p>		

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	<p>include external genitalia normal...no apparent distress...."</p> <p>Licensed practical nurse (LPN) #1 was interviewed on 3/18/16 at 1:57 p.m. The LPN indicated she had not reported the allegation until the Unit Manager came in around 7:15 a.m.</p> <p>The Unit Manager and Social Service Director were interviewed on 3/18/16 at 10:45 a.m. The Unit Manager indicated she had received the report from LPN #1 around 7:00 to 7:15 a.m. on 3/16/16. She reported the allegation to the SSD. The SSD indicated she interviewed the resident at 7:35 a.m. and had reported the allegation to Adult Protective Services.</p> <p>The facility's policy titled "Abuse Prevention Policy", no date, provided by the SSD on 3/18/16 at 10:28 a.m., included, but was not limited to, "11. Any staff member who has knowledge of or reasonable cause to believe a resident has been or is being abused...is obliged to make an immediate oral report to the Director of Health Care Services, Director of Nursing, their nurse supervisor and Social Service Coordinator, if appropriate....13. Complaints of abuse by a resident or another individual shall be promptly addressed by the nurse on duty and other</p>			

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	<p>disciplines....23. The Director of Health Care Services or designee will contact the ISDH [Indiana State Department of Health] by telephone (317-233-7442) or fax (317-233-7494) immediately within 24 hours upon determining a situation exists (or existed) that is reportable under the ISDH guidelines for reporting unusual occurrences...."</p> <p>A facility document titled "Abuse Prevention & Reporting", dated 3/2013, signed and dated when received in employee files, included but was not limited to, "C. Reasons it is important to report all allegations of abuse: 1. To stop the abuse...2, To prevent further abuse....3. It is the law - The Elder Abuse Laws in Indiana require persons who know of an abuse to report it and could be held liable for any future abuse if they fail to. The state and federal regulations for long term care facilities require that the Administrator must report to ISDH all allegations of abuse within 24 hours....D. Ways to report abuse 1. Immediately - tell your supervisor on duty or Administration (including Director of Nursing, Administrator, Social Services or Human Resources)...."</p> <p>This Federal tag relates to complaint IN00195921.</p>			

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F 0226 SS=D Bldg. 00	<p>3.1-28(2) (c) 3.1-28(2)(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to implement its policies and procedures for immediately reporting and investigating an allegation of abuse for 1 of 1 allegation of sexual abuse. (Resident B)</p> <p>Finding includes:</p> <p>On 3/18/16 at 9:00 a.m., the Administrator and Director of Nursing were interviewed. The staff indicated on 3/15/16, Resident B had fallen from bed, later complained of pain, and was sent to the emergency department for evaluation. The staff indicated the nurse on duty had reported the resident indicated she had been molested to the Unit Manager on 3/16/16 around 7:15 a.m. The staff indicated the resident had a history of making statements that were not true. They had not reported or investigated the allegation.</p>	F 0226	<p>Providence Health Care will implement its policies and procedures for immediately reporting and investigating all allegations of abuse. Corrective action began for this cited concern while the survey team leader was present in the facility on 3/18/16 by conducting a thorough investigation and reporting the allegation to the Indiana State Department of Public Health. The resident had no signs or symptoms of adverse affects and upon completion of the investigation the allegation was unsubstantiated.</p> <p>Providence Health Care recognizes the potential for all residents to be affected by this finding and put into place the following measures and systemic changes to assure deficit practices do not recur: A. The facility reviewed and updated its Abuse Prevention Policy (see attached) to include ISDH notification immediately any allegation of abuse B. Initial</p>	03/19/2016

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	<p>On 3/18/16 at 9:25 a.m., Resident B was interviewed. The resident was asked if she had been mistreated by anyone in the facility. The resident indicated she didn't think so. The resident was unable to provide any information about a recent fall she had.</p> <p>An ambulance report dated, 3/15/16 at 9:39 p.m., provided by the Unit Manager on 3/18/16 at 11:50 a.m., included, but was not limited to, "RUN REPORT NARRATIVE: Medic 64 dispatched on 88 yof [year old female] short fall at ... [facility name]. Upon arrival, Nurse stated pt [patient] fell unknown what happened. Nurse stated pt is complaining of pain all over. Nurse stated pt is normally confused due to Dementia and is acting her normal self. Nurse also stated (sic) told her she had been molested. Nurse stated pt has never said this before and she was concerned... [hospital name] RN [registered nurse] was advised that the pt may have been raped. No further pt contact."</p> <p>A hospital emergency record, dated 3/16/16 at 1:45 a.m., included, but was not limited to, "...Pt to ED [emergency department] by EMS [emergency medical staff] from ECF [extended care facility] states they were called out for a fall with</p>		<p>staff education in the form of paper and verbal communications commenced on 3/18/16. (see attached) Policy review occurred on 3/31/16 during a mandatory staff meeting (see attached). C. Reporting abuse binder located on each nursing unit was updated to reflect policy changes and implementation. Corrective actions will be monitored to ensure compliance by: The Director of Nursing ,or her designee, is conducting quality improvement audits regarding abuse reporting and prevention. Bimonthly audits will be done on five (5) random residents for a period of two months. Bimonthly audits will be done on five (5) random staff members for a period of two months. (see attached audit forms). Results of all audits will be reported to the bi-monthly Risk Management Committee and the quarterly Quality Assurance and Performance Improvement Committee for compliance and additional recommendations. Systemic changes completed 3/31/16</p>				

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	<p>no head injury or LOC [loss of consciousness]. EMS states that pt is a dementia pt but is stating that she was molested this evening and that is why she fell. While here in the ED, pt states she is not sure if she was molested or not but thinks someone wanted to....GENITOURINARY FEMALE: Female genitourinary assessment findings include external genitalia normal...no apparent distress...."</p> <p>Licensed practical nurse (LPN) #1 was interviewed on 3/18/16 at 1:57 p.m. The LPN indicated to her knowledge at the time, she indicated she had not reported the allegation until the Unit Manager came in around 7:15 a.m.</p> <p>The Unit Manager and Social Service Director were interviewed on 3/18/16 at 10:45 a.m. The Unit Manager indicated she had received the report from LPN #1 around 7:00 to 7:15 a.m. on 3/16/16. She reported the allegation to the SSD. The SSD indicated she interviewed the resident at 7:35 a.m. and had reported the allegation to Adult Protective Services.</p> <p>The facility's policy titled "Abuse Prevention Policy", no date, provided by the SSD on 3/18/16 at 10:28 a.m., included, but was not limited to, "11. Any staff member who has knowledge of</p>			

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	<p>or reasonable cause to believe a resident has been or is being abused...is obliged to make an immediate oral report to the Director of Health Care Services, Director of Nursing, their nurse supervisor and Social Service Coordinator, if appropriate....13. Complaints of abuse by a resident or another individual shall be promptly addressed by the nurse on duty and other disciplines....23. The Director of Health Care Services or designee will contact the ISDH [Indiana State Department of Health] by telephone (317-233-7442) or fax (317-233-7494) immediately within 24 hours upon determining a situation exists (or existed) that is reportable under the ISDH guidelines for reporting unusual occurrences...."</p> <p>A facility document titled "Abuse Prevention & Reporting", dated 3/2013, signed and dated when received in employee files, included but was not limited to, "C. Reasons it is important to report all allegations of abuse: 1. To stop the abuse...2, To prevent further abuse....3. It is the law - The Elder Abuse Laws in Indiana require persons who know of an abuse to report it and could be held liable for any future abuse if they fail to. The state and federal regulations for long term care facilities require that the Administrator must report</p>			

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	<p>to ISDH all allegations of abuse within 24 hours....D. Ways to report abuse 1. Immediately - tell your supervisor on duty or Administration (including Director of Nursing, Administrator, Social Services or Human Resources)...."</p> <p>This Federal tag relates to complaint IN00195921.</p> <p>3.1-28(a)</p>				