

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155680	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/10/2016
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NAME OF PROVIDER OR SUPPLIER  HOMEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2494 N LEBANON ST LEBANON, IN 46052
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00193930 and IN00197718.</p> <p>Complaint IN00193930 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00197718 - Substantiated. Federal/State deficiency related to the allegations is cited at F223.</p> <p>Survey dates: May 06, 09 &amp; 10, 2016</p> <p>Facility number: 002703 Provider number: 155680 AIM number: 200309250</p> <p>Census bed type: SNF/NF: 33 SNF: 26 Residential: 37 Total: 96</p> <p>Census payor type: Medicare: 17 Medicaid: 26 Other: 16 Total: 59</p> <p>Sample: 13</p>	F 0000		
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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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F 0223 SS=D Bldg. 00	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on May 11, 2016.</p> <p>483.13(b), 483.13(c)(1)(i) <b>FREE FROM ABUSE/INVOLUNTARY SECLUSION</b> 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. Based on interview and record review, the facility failed to ensure a resident was free from physical abuse for 1 of 3 residents reviewed for abuse (Resident B).</p> <p>Findings include:</p> <p>A record review of the facility investigation of the abuse allegation was completed on 05/06/16 at 4:00 p.m.</p> <p>A Resident Concern Form, completed 3/1/16, indicated Resident B made a complaint regarding a Certified Resident Care Assistant (CRCA). The form indicated Resident B turned on his call</p>	F 0223	<p><b>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B was assessed for any injury and psychosocial distress immediately after allegation was reported. Investigation was initiated per facility policy.</b></p> <p><b>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All other residents that were under the care of the employee involved in allegation have the potential to be affected by the alleged deficient practice.</b></p>	05/27/2016

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	<p>light and asked to be repositioned. CRCA #1 jerked Resident B from side to side in the bed, causing Resident B's bottom to hurt worse than it already did. Resident B indicated CRCA #1 had a nasty attitude and he did not want him to work down his hall anymore.</p> <p>During the facility investigation, Resident B indicated he tried to show CRCA #1 what to do and CRCA #1 slapped his hand.</p> <p>1 of 6 other residents interviewed during the investigation (Resident C) indicated she did not want CRCA #1 to care for her because he was rough and rude.</p> <p>During an interview on 5/9/16 at 4:00 p.m., the Director of Health Services (DHS) indicated Resident B made an allegation to the nurse on duty and she reported it. The DHS indicated she talked with Resident B and he indicated CRCA #1 had slapped his hand. One other alert and oriented resident stated CRCA #1 was rough and rude during the investigation. She indicated Resident B was very adamant about what happened and Resident C confirmed the behavior, therefore the complaint was substantiated and CRCA #1 was terminated.</p> <p>During an interview on 5/10/16 at 4:30</p>		<p><b>Resident interviews were conducted. Employee was immediately suspended pending investigation and terminated once investigation was complete.</b></p> <p><b>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</b> All-staff will be re-educated on abuse prevention and reporting abuse by DHS/designee by 5/27/2016. Education will include the facility policy for reporting abuse as well as definitions of abuse and preventing staff burn-out. All employees will receive education on abuse reporting and prevention upon hire and with quarterly and PRN in-services thereafter.</p> <p><b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</b> DHS or designee will perform a minimum of 5 resident interviews per week for 8 weeks then monthly times 2 months to ensure residents are free from abuse. Any reports of abuse will be reported as per facility and state guidelines. The results of the audit observations will be reported, reviewed and trended for compliance through the campus Quality Assurance Committee for a minimum of 4 additional months then randomly</p>				

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R 0000  Bldg. 00	<p>p.m., Resident C indicated CRCA #1 was rough with care and rude when he worked at the facility. She indicated one time CRCA #1 threw her right hand out to the side while providing care, causing pain in her shoulder. She indicated she reported this to the facility when they asked her questions about him.</p> <p>This Federal tag relates to complaint IN00197718.</p> <p>3.1-27(a)(1)</p> <p>This visit was for the Investigation of Complaints IN00193930 and IN00198456.</p> <p>Complaint IN00193930 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00198456 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 06, 09 &amp; 10, 2016</p> <p>Residential census: 37</p> <p>Sample: 13</p>	R 0000	thereafter for further recommendation.	

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	Homewood Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00193930 and IN00198456.				