

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155625	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/21/2016
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NAME OF PROVIDER OR SUPPLIER  ARBOR GROVE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00202834, IN00201694 and IN00201642.</p> <p>Complaint IN00201642 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00202834 - Substantiated. Federal/State deficiencies related to the allegations are cited at F353.</p> <p>Complaint IN00201694 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225 and F353.</p> <p>Survey dates: June 15, 16, 17, 20, and 21, 2016.</p> <p>Facility number: 000305 Provider number: 155625 AIM number: 100287200</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 15 Medicaid: 57 Other: 1 Total: 73</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 0225 SS=D Bldg. 00	<p>Sample: 18</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 34233 on June 23, 2016.</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</p>				

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	<p>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 interview and record review, the facility failed to ensure an allegation of abuse was investigated and reported to the Indiana State Department of Health in a timely manner when a Resident's (Resident #C) family member reported an allegation of abuse to a staff member for 1 of 18 residents reviewed for abuse.</p> <p>Findings include:</p> <p>During an interview on 06/15/2016 at 12:04 P.M., LPN (Licensed Practical Nurse) #1 indicated a family member of Resident #C came to her on the evening of 05/12/2016 and reported that CNA #2 had been mean to Resident #C during his shower that evening. The LPN indicated she asked the family member if they wanted her to call the DON (Director of Nursing) or fill out a report form, but the family member said they would report it themselves to the Administrator. The LPN indicated if an allegation of abuse</p>	F 0225	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>F225 SS=D Investigation/Report Allegations/Individuals</p> <p><b>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Resident #C psychosocial well being was monitored for 72 hours with no negative effects noted.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>All Residents residing in the facility have the potential to be affected by</p>	07/21/2016

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	<p>occurred, staff were supposed to ensure the resident was safe and immediately report to the Administrator and the DON. However, the LPN indicated she did not immediately report the allegation because she was present outside the shower room when the alleged abuse occurred and she did not believe any abuse had happened. LPN #2 completed a grievance form on 05/12/2016 for the behavior of the resident during the shower, but not for the abuse allegation.</p> <p>During an interview on 06/15/2016 at 11:04 A.M., the Administrator indicated all allegations of abuse should be reported immediately. She further indicated even though LPN #1 had been present during the event, the LPN still should have reported the allegation.</p> <p>During an interview on 06/16/2016 at 09:25 A.M., the Administrator indicated she did not investigate the allegation as abuse when it was received because the grievance form was completed for the resident's behavior and the nurse who was present believed it was just a behavior issue of the resident and not abuse.</p> <p>During an interview on 06/17/2016 at 05:43 P.M., the family member of Resident #C indicated CNA #2 had been</p>		<p>the alleged deficient practice.</p> <p>On July 6th, 7th,8th the Customer CareRepresentatives interviewed all interviewable Residents utilizing the QIS form on abuse. Any concerns received from interviews were immediately addressed bythe Executive Director and or designee.</p> <p>Family members were interviewed for those residents whowere unable to be interviewed. Any concerns received from interviews wereimmediately addressed by the Executive Director and or designee</p> <p><b>What measures willbe put in to place or what systemic changes will you make to ensure that thedeficient practice does not recur?</b></p> <p>The ASC Director of Operations provided re-education tothe Executive Director and Director of Nursing on reporting requirements of theabuse prohibition policy and procedure on July 8th, 2016.</p> <p>All staff will be in-serviced on abuse prohibition policyand procedures by 7/21/2016.</p> <p>All new or returning residents will be interviewedregarding abuse prohibition policy by the Social Service Director and ordesignee. Any concerns received from interviews will be immediately addressedby the Executive Director and or designee.</p>	

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	<p>rough with Resident #C and that there had been an incident in the bathroom during a shower being given by CNA #2. The family member further indicated nothing was done right away and the CNA continued working with Resident #C.</p> <p>The "Resident/Family Concern/Grievance Form" had a date of concern of 5/12/16 at 8:15 P.M. and a received date of 5/15/16. The concern form indicated Resident #C was yelling, cursing, grabbing, and making bathing unsafe during the resident's shower. A handwritten paper attached to the grievance form and signed by LPN #1 indicated, "...[Resident #C] yelled, cursed, and grabbed for shower hose nozzel [sic] the whole time...His [family member] complained that [Resident #C] cried saying '[CNA #2] was mean hitting his head, using cold water.' I [LPN #1] don't agree, stuck my head in once..."</p> <p>Investigation paperwork was provided by the Administrator on 06/16/2016 at 2:32 P.M. The investigation was initiated due to an allegation of abuse made by Resident #C's family on 05/20/2016. CNA #2 was suspended following the the 05/20/2016 allegation, but not following the 05/12/2016 allegation. The investigation included a handwritten</p>		<p>All staff will be educated on the Abuse Prohibition Policy and Procedure by the Director of Nursing/designee quarterly. During orientation all new hires will receive training on the abuse prohibition policy.</p> <p>During quarterly care plan meetings residents and families will be provided with information on how to report concerns by utilizing grievance forms and the use of ASC hotline number.</p> <p>The Executive Director and or the Director of Nursing will ensure all allegations of abuse, neglect, or misappropriation of resident funds/property are reported timely and investigated immediately per the abuse prohibition policy and procedure including: suspension of employee(s), immediate reporting to ISDH; notification of family and physician, and initiation of investigation to gather further information.</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>The ED will complete the abuse Prohibition and investigation CQI tool will be utilized by the Executive</p>	

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	<p>report of the incident on 05/12/2015 by LPN #1. An incident was reported to the Indiana State Department of Health on 05/20/2016 and indicated "...Family reported this evening that CNA [#2] pulled on [Resident #C's] arm during care on 5/19/2016..." The incident report did not include the allegation made on 05/12/2016.</p> <p>The time card for CNA #2 was provided by the Administrator on 06/21/2016 at 9:25 A.M. and indicated CNA #2 worked May 12, 14, 15, 16, 18, and 19, 2016.</p> <p>The "Daily Line Up" sheets were provided by the Administrator on 06/21/2016 at 9:58 A.M. and indicated CNA #2 worked on the hall where Resident #C lived on May 14, 15, 16, 18, and 19, 2016.</p> <p>The current facility policy, titled "Incident Reporting Policy" and dated 08/2015, was provided by the Administrator on 06/15/2016 at 11:25 A.M. and was reviewed at that time. The policy indicated, "All reportable incidents are to be viewed as serious for purposes of investigation and follow-up...The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse...are reported immediately to the administrator of the</p>		<p>Director/designee weekly x 4 weeks, monthly x 6 months. The results of these audits will be reviewed by the CQI Committee overseen by the ED. If 100% is not achieved, an action plan will be developed.</p>				

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F 0353 SS=E Bldg. 00	<p>facility and to other officials in accordance with State law through established procedures..."</p> <p>This Federal tag relates to complaint IN00201694.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d)</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p>			

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	<p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on interview and record review, the facility failed to ensure adequate staffing was maintained in relation to incontinence care and call lights not being answered in a timely manner for 6 of 11 staff interviews, 3 of 11 resident interviews, and 4 of 7 family interviews. (Resident #C, #D, #G, #N, #O, and #P)</p> <p>Findings include:</p> <p>During a confidential interview, Staff #8 indicated it was difficult to assist all the resident's who needed help eating in a timely manner. This occurred on some days because there were not enough staff. The staff member further indicated residents have said they have to wait too long for assistance at times.</p> <p>During a confidential interview, Staff #5 indicated residents have missed showers and had long waits for call lights to be answered due to a lack of staff. The staff member further indicated it was very difficult to get everything the residents needed done, especially when there was only one aide on a hall.</p> <p>During a confidential interview, Staff #4</p>	F 0353	<p><b>F 353 Sufficient 24-HR Nursing Staff Per CarePlans</b></p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· Resident D is being checked for incontinent care every 2 hours and assisted to bed per preference.</li> <li>· Resident O is receiving assistance from staff during meals.</li> <li>· Resident C call light is currently being monitored for timely assistance.</li> <li>· Resident G is receiving the assistance needed regarding meal times.</li> <li>· Resident P concerns are being addressed regarding other residents needing assistance.</li> <li>· Resident N is receiving the assistance needed in a timely manner.</li> <li>· Residents affected were followed by Social</li> </ul>	07/21/2016

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	<p>indicated they had heard residents complain about the long wait times for call lights to be answered. The staff member further indicated not all showers get completed and it was difficult to get things done in a timely manner on the 100/200 hall if there was only one aide. This occurred because several residents needed two staff to assist.</p> <p>During a confidential interview, Staff #6 indicated when there were "holes" (unfilled staffing positions) in the schedule they were not always filled. The Staff member further indicated they could not get all of the resident care done and that some days it was "sink or swim" if there was not enough staff.</p> <p>During a confidential interview, Staff #3 indicated there use to be two aides on the 400 hall, but recently it was common to just have one. The Staff further indicated there were several residents who needed two staff for assistance and the resident had to wait for help.</p> <p>During a confidential interview, Staff #7 indicated they felt they were not doing a good job because there were not enough staff to get everything done. The staff member further indicated there was sometimes one aide on a hall when two were needed for some residents.</p>		<p>Services/Memory Care Facilitator for anydistress related to concerns on decreased staffing. <b>Howother residents having the potential to be affected by same deficient practicewill be identified and what corrective action will be taken.</b></p> <ul style="list-style-type: none"> <li>·Allresident that reside at the facility have the potential to be affected by thealleged deficient practice.</li> <li>·In-servicenursing staff on time management and resident care / resident concerns perDNS/designee.</li> <li>·ED/DNS/Schedulerto review facility staffing needs per shift and adjust accordingly.</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur.</b></p> <ul style="list-style-type: none"> <li>·In-serviceto be completed per DNS/designee by 7/21/2016 on time management, residentcare, resident concerns related to staffing.</li> <li>·2students hired to attend CNA class.</li> <li>·Partnershipwith ASC and ASC facility to assist with CNA class.</li> <li>·Facilityutilizes Face Book, Bill Boards and Career Builders to advertise staffingpositions open and available.</li> <li>·DNS/designeeto oversee schedule to ensure appropriate staffing is maintained.</li> </ul> <p><b>Howthe corrective action will be monitored to ensure the</b></p>	

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	<p>During a confidential interview, Resident #D indicated they had to sit for one and a half hours after being incontinent for staff to assist him/her to bed. Resident #D further indicated that it was not the only incident of having to wait such a long time after being incontinent. Resident #D indicated some nights there was only one aide, but he/she needed two people to assist him/her to bed. They had to ask to go to bed early to prevent waiting for hours once the aide got busy.</p> <p>During a confidential interview, Resident #G indicated the facility was short of staff and some days staff don't answer the call light quickly. The Resident further indicated when they didn't have enough staff, he was woken up late and didn't get to breakfast at the normal time.</p> <p>During a confidential interview, Resident #P indicated there was a staffing problem and it had been brought up during resident council meetings. Resident #P further indicated residents had to wait too long to get assistance after using the restroom.</p> <p>During a confidential interview, a family member of Resident #N indicated staff had told him/her they were the only staff member on the hall, but Resident #N</p>		<p><b>deficient practice will not recur.</b></p> <ul style="list-style-type: none"> <li>·CQI tool for Accommodation of Needs will be utilized for 3 residents weekly x 4 weeks, 3 residents monthly x 3 months, and quarterly thereafter until compliance is achieved.</li> <li>·Audit results will be reviewed at the Continuous Quality Improvement meeting held monthly, which is overseen by ED.</li> <li>·If a threshold of 100% is not achieved, an action plan will be developed to ensure compliance.</li> </ul> <p><b>By what date the systemic changes will be completed.</b> Date of Completion 7/21/2016.</p>	

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	<p>required two staff for assistance so he/she had to wait. The family member further indicated Resident #N had to wait 10 minutes after using the restroom to get assisted back to bed, which made the resident uncomfortable due to a sore on his buttocks/lower back.</p> <p>During a confidential interview, a family member of Resident #D indicated the resident has had to sit after being incontinent for long periods of time. The family member further indicated it was often difficult to find a nurse to speak to when you had a question due to staff being so busy.</p> <p>During a confidential interview, a family member of Resident #O indicated he/she felt the facility did not have enough help. The family member further indicated Resident #O takes a long time to eat, but staff did not always have that much time to assist him/her to eat, so the family member would stay at the facility several hours each day to make sure the resident ate lunch and dinner.</p> <p>During a confidential interview, a family member of Resident #C indicated staff would sometimes answer Resident #C's call light and tell him/her they would be back in a minute, but it could take up to an hour for the staff to return.</p>			

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	<p>The Resident Council Meeting Minutes were provided by the Administrator on 06/20/2016 at 9:00 A.M. and were reviewed at that time. The meeting minutes from 04/22/2016 indicated call light wait times were too long. The meeting minutes from 05/26/2016 indicated there was "...No change in call light situation - still taking too long..."</p> <p>A list of residents who required assistance from two staff was provided by the DON (Director of Nursing) on 06/21/2016 at 10:43 A.M., there were 31 residents out of 72 total residents in the facility that required two staff assistance.</p> <p>This Federal tag relates to complaint IN00201694 and IN00202834.</p> <p>3.1-17(a)</p>			