

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2012
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9TH ST JASPER, IN 47546
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F0000	<p>This visit was for the investigation of Complaint IN00115735, IN00115907 and IN00115073.</p> <p>Complaint IN00115735- Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00115907- Substantiated, no deficiencies related to the allegations are cited</p> <p>Complaint IN00115073- Substantiated, no deficiencies related to the allegations are cited</p> <p>Unrelated deficiencies cited.</p> <p>Survey date: September 17, 2012</p> <p>Facility number: 000315 Provider number: 155720 AIM number: 100289030</p> <p>Survey team: Marla Potts, RN</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 2</p>	F0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective October 4, 2012 to the state findings of complaint conducted on September 19, 2012.</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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	<p>Medicaid: 31 Other: 11 Total: 56</p> <p>Sample: 6</p> <p>These deficiencies also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 9/18/12 Cathy Emswiller RN</p>			

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F0224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATE</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from mistreatment by staff, in that CNA #2 argued with Resident D during care resulting in Resident D complaining about the CNA to her charge nurse, for one of three allegations of abuse reviewed.</p> <p>Findings include:</p> <p>During interview on 9/17/12 at 6:50 A.M., CNA #1, indicated she had assisted with Resident D's care approximate 2 weeks ago when Resident D and CNA #2 started arguing. CNA #1 indicated CNA #2 ended up being loud to get over the top of Resident D who was also getting loud and argued with the resident. CNA #1 indicated the resident told CNA #2 to leave the room. CNA #1 indicated she was present when the resident complained about CNA #2's treatment of her to the charge nurse, LPN #3.</p> <p>During interview with LPN #3 on 9/17/12 at 7:00 A.M. indicated she thought she</p>	F0224	<p>The corrective action taken for those residents found to have been affected by the deficient practice is that the CNA that was identified as CNA #2 was terminated from employment. The LPN who was identified as LPN #3 was given a teachable moment for failure to follow policy. LPN #3 was also re-educated on what constitutes abuse and what her responsibility is when an allegation of abuse is reported to her. Upon interview of the resident identified as resident D the resident does not appear to have any negative psychosocial outcome and does not report being fearful of any staff members. The corrective action taken for other residents having the potential to be affected by the same deficient practice is that all residents have the potential to be affected by this deficient practice. As previously mentioned CNA #2 was terminated from employment. The LPN who was identified as LPN #3 was given a teachable moment for failure to follow facility policy. LPN #3 was also re-educated on what constitutes</p>	10/04/2012			

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	<p>had written the incident in the nurses notes, but could not locate the documentation. She indicated she had not told the Director of Nursing nor the Administrator. LPN #3 indicated she had not considered it abuse as the CNA was just gruff and the resident was not upset by the end of the day.</p> <p>During interview with Resident D on 9/17/12 at 9:00 A.M. she indicated she had a bad temper and sometimes argued. She indicated she had no complaint with her treatment by the staff and was not afraid of anyone. Resident D's clinical record was reviewed on 9/17/2 at 9:00 a.m. The most recent Minimum Data Set, dated 6/14/12, indicated the resident was interviewable with no memory loss.</p> <p>The policy and procedure for "Procedure for Reporting Suspected Abuse," no date, indicated "the staff member in charge of the facility when the violation occurred will then begin to obtain written documentation of the events leading to the allegation of abuse. this information will then be given to the Administrator, DON,..." "In all cases if you suspect abuse has occurred you should use chain of command-talk to your supervisor..." "When a report of abuse or suspected abuse had been made an immediate investigation into the incident will be</p>		<p>abuse and what her responsibility is when an allegation of abuse is reported to her. The measures that have been put into place to ensure the deficient practice does not recur is that the facility reviewed and revised their policy on abuse. The changes include that all allegations of abuse are to be reported immediately to the person in charge at the time the event occurs as well as the Director of Nursing. The person in charge of the facility at the time of the event or the Director of Nursing must then immediately notify the Administrator and Social Service Director. In addition failure to notify the person in charge or the Director of Nursing at the time the alleged abuse will result in disciplinary action up to and including termination was added to the policy. A mandatory in-service was provided for all staff members on the revised abuse policy. The corrective action taken to monitor to assure compliance is that a Quality Assurance Tool was developed and implemented to monitor staff's interactions with residents to ensure compliance. The tool includes interviews of residents and staff concerning the conduct of staff while interacting with residents. This tool will be completed by Social Service and/or designee weekly for four weeks, then monthly for three months then quarterly for three quarters. The outcome of this</p>	

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	initiated by the person in charge of the facility at the time of the occurrence..." 3.1-28(a)		tool will be reviewed at the quarterly Quality Assurance Meeting to determine if further action is warranted. Any negative response that is identified during the completion of the audit tool will be immediately reported to the Director of Nursing and the Administrator for further action.	

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F0225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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 (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,</p>	F0225	The corrective action taken for	10/04/2012			

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	<p>the facility failed to ensure an allegation made by a resident concerning treatment by a CNA (Certified Nursing Assistant) was immediately reported to the Administrator of the facility and the allegation investigated for one of three allegations reviewed. Resident D.</p> <p>Findings include:</p> <p>During interview on 9/17/12 at 6:50 A.M., CNA #1, indicated she had assisted with Resident D's care approximate 2 weeks ago when Resident D and CNA #2 started arguing. CNA #1 indicated CNA #2 ended up being loud to get over the top of Resident D who was also getting loud and argued with the resident. CNA #1 indicated the resident told CNA #2 to leave the room. CNA #1 indicated she was present when the resident complained about CNA #2's treatment of her to the charge nurse, LPN #3.</p> <p>During interview with LPN #3 on 9/17/12 at 7:00 A.M. indicated she thought she had written the incident in the nurses notes, but could not locate the documentation. She indicated she had not told the Director of Nursing nor the Administrator. LPN #3 indicated she had not considered it abuse as the CNA was just gruff and the resident was not upset by the end of the day.</p>		<p>those residents found to have been affected by the deficient practice is that the CNA identified as CNA #2 was terminated from employment. The LPN who was identified as LPN #3 was given a teachable moment for failure to follow facility policy. LPN #3 was also re-educated on what constitutes abuse and what her responsibility is when an allegation of abuse is reported to her. Upon interview of the resident identified as resident D the resident does not appear to have any negative psychosocial outcome and does not report being fearful of any staff members. The corrective action taken for other residents having the potential to be affected by the deficient practice is that all residents have the potential to be affected by this deficient practice. As previously mentioned CNA #2 was terminated from employment. The LPN identified as LPN #3 was given a teachable moment for failure to follow facility policy. LPN #3 was also re-educated on what constitutes abuse and what her responsibility is when an allegation of abuse is reported to her. The measures that have been put into place to ensure that the deficient practice does not recur is that the facility has reviewed and revised it's policy on abuse. The changes include that all allegations of abuse are to be reported immediately to the person in</p>				

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	<p>During interview with Resident D on 9/17/12 at 9:00 A.M. she indicated she had a bad temper and sometimes argued. She indicated she had no complaint with her treatment by the staff and was not afraid of anyone. Resident D's clinical record was reviewed on 9/17/2 at 9:00 a.m. The most recent Minimum Data Set, dated 6/14/12, indicated the resident was interviewable with no memory loss.</p> <p>The policy and procedure for "Procedure for Reporting Suspected Abuse," no date, indicated "the staff member in charge of the facility when the violation occurred will then begin to obtain written documentation of the events leading to the allegation of abuse. this information will then be given to the Administrator, DON,..." "In all cases if you suspect abuse has occurred you should use chain of command-talk to your supervisor..." "When a report of abuse or suspected abuse had been made an immediate investigation into the incident will be initiated by the person in charge of the facility at the time of the occurrence..."</p> <p>3.1-28(c) 3.1-28(d)</p>		<p>charge of the facility at the time the event occurs as well as the Director of Nursing. The person in charge of the facility at the time of the event or the director must then immediately notify the Administrator and Social Service Director. In addition failure to notify the person in charge or the Director of Nursing at the time of the alleged abuse will result in disciplinary action up to nad including termination was added to the facility policy. A mandatory in-service was provided for all facility staff members on the revised abuse policy. The corrective action taken to monitor to assure compliance is that a Quality Assurance Tool was developed and implemented to monitor staff's interactions with residents to ensure compliance. The tool includes interviews of residents and staff concerning the conduct of staff while interacting with residents. This tool will be completed by the Social Service Director and/or designee weekly for four weeks, then monthly for three months, then quarterly for three quarters. The outcome of this tool will be reviewed at the quarterly Quality Assurance meeting to determine if further action is warranted. Any negative response that is identified during the completion of the audit tool will be immediately reported to the Director of Nursing and the Administrator for further action.</p>		

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F0226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure policies and procedures for the investigation of allegations of abuse were implemented in that an allegation made by a resident concerning treatment by a CNA (Certified Nursing Assistant) was not immediately reported to the Administrator of the facility and the allegations not investigated for one of three allegations reviewed. Resident D.</p> <p>Findings include:</p> <p>During interview on 9/17/12 at 6:50 A.M., CNA #1, indicated she had assisted with Resident D's care approximate 2 weeks ago when Resident D and CNA #2 started arguing. CNA #1 indicated CNA #2 ended up being loud to get over the top of Resident D who was also getting loud and argued with the resident. CNA #1 indicated the resident told CNA #2 to leave the room. CNA #1 indicated she was present when the resident complained about CNA #2's treatment of her to the charge nurse, LPN #3.</p>	F0226	<p>The corrective action taken for those residents found to have been affected by the deficient practice is that the CNA identified as CNA #2 was terminated from employment. The LPN who was identified as LPN #3 was given a teachable moment for failure to follow facility policy. LPN #3 was also re-educated on what constitutes abuse and what her responsibility is when an allegation of abuse is reported to her. Upon interview of the resident identified as resident D, the resident does not appear to have any negative psychosocial outcome and does not report being fearful of any staff members. The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that all resident have the potential to be affected. As previously mentioned CNA #2 was terminated from employment. The LPN identified as LPN #3 was given a teachable moment for failure to follow facility policy. LPN #3 was also re-educated on what constitutes abuse and what her responsibility is when an allegation of abuse is</p>	10/04/2012	

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	<p>During interview with LPN #3 on 9/17/12 at 7:00 A.M. indicated she thought she had written the incident in the nurses notes, but could not locate the documentation. She indicated she had not told the Director of Nursing nor the Administrator. LPN #3 indicated she had not considered it abuse as the CNA was just gruff and the resident was not upset by the end of the day.</p> <p>The policy and procedure for "Procedure for Reporting Suspected Abuse," no date, indicated "the staff member in charge of the facility when the violation occurred will then begin to obtain written documentation of the events leading to the allegation of abuse. this information will then be given to the Administrator, DON,..." "In all cases if you suspect abuse has occurred you should use chain of command-talk to your supervisor..." "When a report of abuse or suspected abuse had been made an immediate investigation into the incident will be initiated by the person in charge of the facility at the time of the occurrence..."</p> <p>3.1-28(a)</p>		<p>reported to her. The measures that have been put into place to ensure that the deficient practice does not recur is that the facility reviewed and revised it's policy on abuse. The changes include that all allegations of abuse are to be reported immediately to the person in charge of the facility at the time the event occurs as well as the Director of Nursing. The person in charge of the facility at the time of the event or the Director of Nursing must then immediately notify the Administrator and Social Service Director. In addition failure to notify the person in charge or the Director of Nursing at the time of the alleged abuse will result in disciplinary action up to and including termination. was added to the policy. A mandatory in-service was provided for all facility staff members on the revised abuse policy. The corrective action taken to monitor to assure compliance is that a Quality Assurance Tool was developed to monitor staff's interactions with residents to ensure compliance. The tool includes interviews of residents and staff concerning conduct of staff while interacting with residents. This tool will be completed by the Social Service Director and/or designee weekly for four weeks, then monthly for three months, then quarterly for three quarters. The outcome of this tool will be reviewed at the</p>		

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			quarterly Quality Assurance meeting to determine if further action is warranted. Any negative response that is identified during the completion of the audit tool will be immediately reported to the Director of Nursing and the Administrator for further action.		