

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2013
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NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10TH ST MIDDLETOWN, IN 47356
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F000000	<p>This visit was for the Investigation of Complaint IN00128496 and Complaint IN00129060. This visit resulted in a partially-extended survey -- immediate jeopardy.</p> <p>Complaint IN00128496 - Unsubstantiated due to lack of evidence. Complaint IN00129060 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: May 22, 2013 Extended survey dates: May 23, 24 and 25, 2013</p> <p>Facility number: 000343 Provider number: 155486 AIM number: 100289600</p> <p>Survey team: Penny Marlatt, RN-TC Barbara Gray, RN (May 22, 23 and 24, 2013)</p> <p>Census bed type: SNF/NF: 24 Total: 24</p>	F000000	<p>This plan of correction is submitted to serve as a Credible Allegation of compliance in association with stated completion dates. Preparation and/or execution of this plan of correction does not constitute an admission of agreement by the provider or conclusions set facts on the statemtn of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by State and Federal laws.</p>	
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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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	<p>Census Payor type: Medicare: 5 Medicaid: 13 Other: 6 Total: 24</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/30/13 by Suzanne Williams, RN</p>				

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F000225 SS=L	<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 observation, interview and</p>	F000225	What corrective actions will be	06/10/2013			

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	<p>record review, the facility failed to ensure an allegation of abuse was promptly investigated and further potential abuse was prevented for 1 of 1 sampled resident reviewed with allegations of abuse related to a resident allegedly being touched inappropriately by PTA (Physical Therapy Assistant) #1 staff member. This deficient practice had the potential to affect all 24 residents in the facility. (Resident #A and PTA #1)</p> <p>The Immediate Jeopardy (IJ) began on 5-22-13 at 9:52 a.m. when the Director of Nursing (DON) was verbally notified of an allegation of inappropriate touching toward a former female resident by a male therapist of the facility, and the facility did not initiate an investigation until 5-23-13 at approximately 8:30 a.m. The DON was notified of the IJ on 5-23-13. The immediate jeopardy was removed on 5/25/13, but noncompliance remained at the lower scope and severity level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>In a confidential interview with a</p>		<p>accomplished for those residents found to have been affected by the deficient practice?The female resident no longer resides in this facility and was discharged to home on 3/19/2013 with her daughterHow other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?All residents in the facility were interviewed on 5/23/2013 with no residents found to be affected.All residents will be interviewed regarding their treatment by staff 1 time monthly for 3 months and randomly thereafter.All new admissions will be interviewed weekly for 4 weeks then 1 time monthly for 2 months and randomly thereafter. (see attachment #1)If concerns are identified regarding allegations of abuse the 6/5/2013 revised Facility Policy & Procedure (see attachment #2) will be implemented immediately.The D.O.N./Administrator will be responsible for monitoring.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?The Facility Policy & Procedure has been revised (see attachment #2) to reflect current procedures and approved and signed by Medical Director, Facility Owners, Director of Operations, Administrator and Director of Nursing on June 7, 2013 (see attachment #3)All staff</p>		

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	<p>family member on 5-17-13 at 11:31 a.m., while at another facility, the family member indicated Resident #A had shared with her that she had been inappropriately touched by a male therapist at this facility on 4-18-13 while receiving physical therapy services. The family member indicated Resident #A was removed from the facility the following day and indicated the facility was not informed of the inappropriate touching. The family member was confidentially interviewed again on 5-22-13 at 10:30 a.m. for further information. The family member indicated the former resident would not be able to discuss any issues related to the allegation, "It makes her nervous." The family member indicated she was unaware of exactly how or where the former resident was touched inappropriately. The family member indicated the former resident also indicated the male therapist had indicated to her that he was in love with her. The family member did not indicate when this comment occurred.</p> <p>On 5-22-13 at 9:52 a.m. during the entrance conference, the DON was queried if the facility had received any abuse allegations since March of 2013. She indicated there had not been any abuse allegations of any</p>		<p>was reinserviced on the revised policy and procedure on June 7, 2013 with the exception of 1 staff member on vacation who was inserviced on June 10, 2013. (see attachment #4)How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?The D.O.N. will interview all residents regarding their treatment by staff 1 time monthly for 3 months and randomly thereafter.New admissions will be interviewed 1 time weekly for 4 weeks then 1 time monthly for 2 months and randomly thereafter.The staff will be interviewed 1 time monthly for 3 months.The 6/5/2013 revised policy and procedure on abuse will be included in new employee files and explained to them with verbal understanding. Written receipt will be maintained in employee files.The quality assurance committee will meet quarterly January, April, July, and October on the second Wednesday of the month. Members of the quality assurance committee include: Medical Director, Administrator, D.O.N., A.D.O.N., Consultant Pharmacist, Social Service Director, Activity Director, Maintenance Director, Business Office Manager. If an allegation occurs between Q/A committee meeting the Administrator/D.O.N. will call an emergency meeting and will</p>				

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	<p>type in that time frame. The DON was then verbally notified of an allegation of inappropriate touching toward a former female, Resident #A, by a male therapist, PTA #1, of the facility. The DON was notified the resident had been removed from the facility shortly after the event and this had not been reported to the facility by the resident or the family.</p> <p>On 5-22-13, PTA #1 was observed walking in the hallway, between the therapy department and the nurse's station, at 11:31 a.m., at 1:07 p.m. and at 3:24 p.m. At 3:24 p.m., PTA #1 indicated he was preparing to leave for the day. He was observed to exit the facility on 5-22-13 at 3:26 p.m. On 5-23-13, he was observed in the therapy department at 8:00 a.m.</p> <p>In interview with the DON on 5-23-13 at 8:05 a.m., she was queried regarding what steps or actions she had taken into the abuse allegation she had received the previous morning. She indicated she had not initiated "anything yet about the allegation." She indicated with ISDH (Indiana State Department of Health) staff in the building, she had become flustered. She indicated she would immediately place PTA #1 on suspension, pending the outcome of</p>		<p>review any allegations. If all staff can answer the questions correctly for 3 consecutive months the monitoring will be done randomly there after. If any staff is not able to answer the questions regarding the abuse policy then further monthly monitoring will be necessary. By what date the systemic changes will be completed? All systemic changes will be completed by 6/10/2013</p>				

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	<p>the abuse investigation, "and treat it like any other investigation."</p> <p>On 5-23-13 at 4:07 p.m., the MDS Coordinator provided a list of 6 current residents, 4 female and 2 male, for whom PTA #1 provided therapy services on 5-22-13, after the facility had been notified of the abuse allegations. The list indicated he provided no resident therapy services on 5-23-13.</p> <p>Resident #A's clinical record was reviewed on 5-22-13 at 11:21 a.m. Her diagnoses included, but were not limited to, a lower leg fracture in March 2013. Review of her admission Minimum Data Set (MDS) assessment, dated 3-31-13, indicated she was moderately cognitively impaired, required extensive assistance of one person with transfers, was unable to ambulate, and required extensive assistance of one person with dressing, bathing and hygiene, and toileting. Due to the fractured lower leg, she was physician ordered to be non-weight bearing of that leg. She was physician ordered to receive physical therapy (PT) and occupational therapy (OT). She had begun PT services on 3-27-13 and was receiving these services 5 days per week. She had begun OT</p>				

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	<p>services on 3-28-13 and was receiving these services 5 days per week. These services continued until day of discharge on 4-19-13.</p> <p>On 5-22-13 at 11:07 a.m., the DON provided a copy of a policy entitled, "Investigating and Reporting Allegations of Abuse Allegations of Abuse [sic] (Physical, Mental, Verbal, and Sexual) and/or Financial Exploitation and Involuntary Seclusion." This policy indicated, "It is the policy of Middletown Nursing and Rehabilitation Center to ensure resident's rights to be free of verbal, sexual, physical, or mental abuse, corporal punishment and involuntary seclusion...The facility will ensure that all alleged violations involving mistreatment, neglect or abuse...are reported immediately to the facility administrator or other officials in accordance with state or federal law by established facility procedures. The facility will thoroughly investigate all allegations of violations...During the investigation , the facility will prevent further potential abuse while the investigation is in progress by suspension of work of the alleged perpetrator while the investigation is completed..." This policy was indicated to be the current policy in effect.</p>			

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	<p>The immediate jeopardy that began on 5-22-13 was removed on 5-25-13 at 3:20 p.m. when the facility completed an investigation into the allegation of abuse and completed inservicing of all active staff members regarding abuse/abuse prohibition. Post inservice interviews were conducted with 5 of 40 staff from all shifts to verify their understanding of what to do in the event of an abuse allegation. The noncompliance remained at the lower scope and severity level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy because the facility is still reviewing and revising abuse policies and will need to re-educate all staff to the revised abuse/abuse prohibition policies.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d) 3.1-28(e)</p>				

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F000226 SS=L	<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 observation, interview and record review, the facility failed to ensure policies on investigating and reporting of abuse allegations were implemented for an allegation of abuse which was not promptly investigated with prevention of further potential abuse during the investigation and not promptly reported, for 1 of 1 sampled resident reviewed with allegations of abuse related to a resident allegedly being touched inappropriately by PTA (Physical Therapy Assistant) #1 staff member. This deficient practice had the potential to affect all 24 residents in the facility. (Resident #A and PTA #1)</p> <p>The Immediate Jeopardy (IJ) began on 5-22-13 at 9:52 a.m. when the Director of Nursing (DON) was verbally notified of an allegation of inappropriate touching toward a former female resident by a male therapist of the facility, and the facility did not initiate an investigation until 5-23-13 at approximately 8:30 a.m.</p>	F000226	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?The female resident no longer resides in this facility and was discharged to home on 3/19/2013 with her daughterHow other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?All residents in the facility were interviewed on 5/23/2013 with no residents found to be affected.All residents will be interviewed regarding their treatment by staff 1 time monthly for 3 months and randomly thereafter.All new admissions will be interviewed weekly for 4 weeks then 1 time monthly for 2 months and randomly thereafter. (see attachment #1)If concerns are identified regarding allegations of abuse the 6/5/2013 revised Facility Policy & Procedure (see attachment #2) will be implemented immediately.The D.O.N./Administrator will be responsible for monitoring.What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>	06/10/2013			

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	<p>The DON was notified of the IJ on 5-23-13. The immediate jeopardy was removed on 5/25/13, but noncompliance remained at the lower scope and severity level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>In a confidential interview with a family member on 5-17-13 at 11:31 a.m., while at another facility, the family member indicated Resident #A had shared with her that she had been inappropriately touched by a male therapist at this facility on 4-18-13 while receiving physical therapy services. The family member indicated Resident #A was removed from the facility the following day and indicated the facility was not informed of the inappropriate touching. The family member was confidentially interviewed again on 5-22-13 at 10:30 a.m. for further information. The family member indicated the former resident would not be able to discuss any issues related to the allegation, "It makes her nervous." The family member indicated she was unaware of exactly how or where the former resident was touched inappropriately. The family member indicated the</p>		<p>practice does not recur?The Facility Policy & Procedure has been revised (see attachment #2) to reflect current procedures and approved and signed by Medical Director, Facility Owners, Director of Operations, Administrator and Director of Nursing on June 7, 2013 (see attachment #3)All staff was reinserviced on the revised policy and procedure on June 7, 2013 with the exception of 1 staff member on vacation who was inserviced on June 10, 2013. (see attachment #4)How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?The D.O.N. will interview all residents regarding their treatment by staff 1 time monthly for 3 months and randomly thereafter.New admissions will be interviewed 1 time weekly for 4 weeks then 1 time monthly for 2 months and randomly thereafter.The staff will be interviewed 1 time monthly for 3 months.The 6/5/2013 revised policy and procedure on abuse will be included in new employee files and explained to them with verbal understanding. Written receipt will be maintained in employee files.The quality assurance committee will meet quarterly January, April, July, and October on the second Wednesday of the month. Members of the quality assurance committee include: Medical</p>		

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	<p>former resident also indicated the male therapist had indicated to her that he was in love with her. The family member did not indicate when this comment occurred.</p> <p>On 5-22-13 at 9:52 a.m. during the entrance conference, the DON was queried if the facility had received any abuse allegations since March of 2013. She indicated there had not been any abuse allegations of any type in that time frame. The DON was then verbally notified of an allegation of inappropriate touching toward a former female, Resident #A, by a male therapist, PTA #1, of the facility. The DON was notified the resident had been removed from the facility shortly after the event and this had not been reported to the facility by the resident or the family.</p> <p>On 5-22-13, PTA #1 was observed walking in the hallway, between the therapy department and the nurse's station, at 11:31 a.m., at 1:07 p.m. and at 3:24 p.m. At 3:24 p.m., PTA #1 indicated he was preparing to leave for the day. He was observed to exit the facility on 5-22-13 at 3:26 p.m. On 5-23-13, he was observed in the therapy department at 8:00 a.m.</p> <p>In interview with the DON on 5-23-13</p>		<p>Director, Administrator, D.O.N., A.D.O.N., Consultant Pharmacist, Social Service Director, Activity Director, Maintenance Director, Business Office Manager. If an allegation occurs between Q/A committee meeting the Administrator/D.O.N. will call an emergency meeting and will review any allegations. If all staff can answer the questions correctly for 3 consecutive months the monitoring will be done randomly there after. If any staff is not able to answer the questions regarding the abuse policy then further monthly monitoring will be necessary. By what date the systemic changes will be completed? All systemic changes will be completed by 6/10/2013</p>		

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	<p>at 8:05 a.m., she was queried regarding what steps or actions she had taken into the abuse allegation she had received the previous morning. She indicated she had not initiated "anything yet about the allegation." She indicated with ISDH (Indiana State Department of Health) staff in the building, she had become flustered. She indicated she would immediately place PTA #1 on suspension, pending the outcome of the abuse investigation, "and treat it like any other investigation."</p> <p>In interview with the DON on 5-25-13 at 2:50 p.m., she indicated she had electronically mailed (emailed) an unusual occurrence report to ISDH personnel on 5-23-13 at 8:27 p.m. related to the abuse allegation regarding Resident #A, approximately 34 hours after being notified of the abuse allegation. On 5-25-13 at 2:55 p.m., the DON provided a copy of the emailed confirmation of the ISDH report sent to ISDH personnel which indicated the facility sent the report on 5-23-13 at 8:27 p.m. and it was electronically retrieved by the recipient on 5-23-13 at 11:28 p.m. At this time, the DON also provided a copy of handwritten notes which indicated she had contacted the area Ombudsman via voicemail on 5-24-13</p>			

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NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10TH ST MIDDLETOWN, IN 47356
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>at 8:38 a.m. and the Adult Protective Services representative via telephone on 5-24-13 at 8:41 a.m. to inform each department of the abuse allegation regarding Resident #A.</p> <p>On 5-23-13 at 4:07 p.m., the MDS Coordinator provided a list of 6 current residents, 4 female and 2 male, for whom PTA #1 provided therapy services on 5-22-13, after the facility had been notified of the abuse allegations. The list indicated he provided no resident therapy services on 5-23-13.</p> <p>Resident #A's clinical record was reviewed on 5-22-13 at 11:21 a.m. Her diagnoses included, but were not limited to, a lower leg fracture in March 2013. Review of her admission Minimum Data Set (MDS) assessment, dated 3-31-13, indicated she was moderately cognitively impaired, required extensive assistance of one person with transfers, was unable to ambulate, and required extensive assistance of one person with dressing, bathing and hygiene, and toileting. Due to the fractured lower leg, she was physician ordered to be non-weight bearing of that leg. She was physician ordered to receive physical therapy (PT) and occupational therapy (OT). She had</p>			

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	<p>begun PT services on 3-27-13 and was receiving these services 5 days per week. She had begun OT services on 3-28-13 and was receiving these services 5 days per week. These services continued until day of discharge on 4-19-13.</p> <p>On 5-22-13 at 11:07 a.m., the DON provided a copy of a policy entitled, "Investigating and Reporting Allegations of Abuse Allegations of Abuse [sic] (Physical, Mental, Verbal, and Sexual) and/or Financial Exploitation and Involuntary Seclusion." This policy indicated, "It is the policy of Middletown Nursing and Rehabilitation Center to ensure resident's rights to be free of verbal, sexual, physical, or mental abuse, corporal punishment and involuntary seclusion...The facility will ensure that all alleged violations involving mistreatment, neglect or abuse...are reported immediately to the facility administrator or other officials in accordance with state or federal law by established facility procedures. The facility will thoroughly investigate all allegations of violations...During the investigation , the facility will prevent further potential abuse while the investigation is in progress by suspension of work of the alleged perpetrator while the investigation is</p>			

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	<p>completed..." This policy was indicated to be the current policy in effect.</p> <p>The immediate jeopardy that began on 5-22-13 was removed on 5-25-13 at 3:20 p.m. when the facility completed an investigation into the allegation of abuse and completed inservicing of all active staff members regarding abuse/abuse prohibition. Post inservice interviews were conducted with 5 of 40 staff from all shifts to verify their understanding of what to do in the event of an abuse allegation. The noncompliance remained at the lower scope and severity level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy because the facility is still reviewing and revising abuse policies and will need to re-educate all staff to the revised abuse/abuse prohibition policies.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d) 3.1-28(e)</p>				