

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155491	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/26/2012
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NAME OF PROVIDER OR SUPPLIER LINCOLN CENTERS FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1029 E 5TH ST CONNERSVILLE, IN 47331
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F0000	<p>This visit for the Investigation of Complaint IN00109224 and Complaint IN00110028.</p> <p>Complaint IN00109224 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00110028 -- Substantiated. Federal/State deficiency related to the allegations is cited at F224.</p> <p>Survey dates: June 25 and 26, 2012</p> <p>Facility number: 000316 Provider number: 155491 AIM number: 100286370</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 118 Total: 118</p> <p>Census payor type: Medicare: 17 Medicaid: 76 Other: 25 Total: 118</p> <p>Sample: 4</p>	F0000	<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>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. The provider alleges compliance as of July 09, 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>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/1/12 Cathy Emswiller RN</p>			

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F0224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRI ATN</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 protected from abuse/neglect as evidenced by a staff member denying a resident's request to get assistance for toileting, and then, instead, assisted the same resident in getting dressed and transported the resident into a dimly lit dining room without other staff or residents present prior to 5:00 a.m., where he remained until found by another staff member who then assisted him with toileting and returning him to his room. This resulted in the resident indicating he was very upset by these events. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 6-25-12 at 2:10 p.m. His diagnoses included, but were not limited to hydronephrosis with placement of bilateral nephrostomy tubes, diabetes, high blood pressure, psoriatic arthritis, blood clot of the right leg, benign prostatic hypertrophy and carotid stenosis.</p>	F0224	<p>F 224 =D Prohibit/Neglect/Misappropriation</p> <ol style="list-style-type: none"> 1. Resident #B no longer resides at facility 2. All staff will continue to receive abuse and neglect training upon hire during staff orientation, and at least annually to prevent incidences of abuse & neglect 3. The Director of Clinical Services immediately re-educated staff after the incident and will re-educate staff on 07.05.12 related to the facility policy and procedure on abuse and neglect. 4. The Director of Clinical Services or designee will question staff knowledge regarding Abuse & Neglect P&P 3 x wkly for 4 weeks then 1 x weekly x 2 months. <p>Results of these visual rounding will be submitted to the facility RM/QA for further review and recommendations.</p>	07/09/2012

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	<p>He was admitted to the facility on 6-11-12 following a hospitalization and short stay at another facility. His admission nursing assessment indicated he was alert and oriented to person, place and time. It indicated he was able to walk in his room or hallway and to toilet with limited assistance. The assessment did not indicate if the limited assistance required one or two persons.</p> <p>Review of the nursing notes indicated on 6-13-12 at 5:00 a.m., LPN #1 "found res[ident] setting in the dimly lit DR [dining room.]" She indicated she greeted him. She indicated the resident became angry and indicated, "I'm doing well at all [sic], that lady right there (pointing at CNA) has p----d me off. This writer asked res[ident] what had happened et [and] res[ident] stated, 'I put my call-light on to go to the BR [bathroom] et she had me roll from side to side in bed, got me dressed, et pushed me up here to sit like an idiot et still never took me to the BR.' This writer apologized to res[ident] et offered to help res[ident] to BR, res[ident] accepted offered [sic]. After res[ident] voided, this writer offered to assist [sign for with] completion of AM [morning] care, res[ident] refused et stated, 'I will call my wife et she will come in et help me.'" Note then indicated, "Questioned CNA about situation. CNA stated, 'I</p>		Compliance date: 07/ 09/12	

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	<p>checked his pants et he was dry.'" Notes then indicated the wife was present at 5:30 a.m., "Apologized for misunderstanding et explained that CNA is use to working on total care halls. Also informed both that res[ident] [sic] had been removed from hall. Both were pleased."</p> <p>In interview with the Director of Clinical Services (DCS) on 6-25-12 at 2:27 p.m., she indicated CNA #2 was an experienced CNA with an Associate's degree in medical assistance. She indicated this CNA had cared for Resident #B previously and had toileted him, but he was unable to urinate the previous night. She seemed to think that because of the nephrostomy tubes, that took care of his urination needs. She indicated at approximately 8:00 a.m. on 6-13-12, LPN #1 contacted her and "Told me [name of Resident #B] had requested [name of CNA #2] to take him to the bathroom, but instead got him up and dressed and took him to the dining room." She indicated LPN #1 indicated after she had toileted the resident that morning, she had CNA #2 switch halls with another staff member.</p> <p>The DCS indicated she spoke with Resident #B and his wife at approximately 10:00 a.m. and then later</p>			

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	<p>to the wife and daughter in the DCS's office. She indicated the family "Did not seem upset...Daughter said he was going through a rough time and needed extra TLC [tender, loving care]. Gave them all of our phone and cell numbers. The wife suggested he was a little confused and needed a little extra TLC." She indicated after the conversation with the resident and his wife, she notified the Administrator, and an investigation was initiated at that point. She indicated the Indiana State Department of Health (ISDH) was e-mailed details of the investigation around 10:00 a.m. on 6-14-12. The Administrator provided a copy of the e-mail face sheet identified as "Reportable Incident" and identified as for Resident #B on 6-25-12 at 11:48 a.m.. This face sheet indicated it was e-mailed on 6-14-12 at 10:07 a.m. from the DCS to the ISDH incidents department with a copy sent to the Administrator.</p> <p>The DCS indicated that after she had spoken with Resident #B and his family, she contacted CNA #2 to come back to the facility to discuss the situation. She indicated CNA #2 "Told me she assumed the nephrostomy tubes was his only means of urination. She had him use the walker with the seat and had him sit on the seat. He did get into a dining room chair...My findings [were] he had</p>			

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	<p>requested to go to the bathroom. She denied that request. The charge nurse took him to the bathroom to meet his needs. [Name of CNA #2] was terminated."</p> <p>In interview with a family member of Resident #B on 6-25-12 at 1:35 p.m., she indicated on the morning of 6-13-12, the staff member who was trying to care for Resident #B thought he couldn't get up was trying to dress him in bed is why she rolled him back and forth several times. She indicated "No one knows if she really laid on top of him...since then he had a lot of pain on that right side." She indicated Resident #B called her around 4:30 a.m. on 6-13-12 to come in and help him. She indicated, "He had been having some mental issues because of the medications, but because of what the nurse said, we knew it was true." She indicated she had spoken with the nurse on duty who had found him and taken him to the bathroom, "But she didn't say anything about the aide." She indicated she spoke with the DCS and the Assistant Director of Clinical Services (ADCS) around 9:00 a.m. with another family member present. She indicated. "They both assured me the aide would be put on suspension and then interviewed...They not once came to us...I had to go and find them each time."</p>			

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	<p>A policy entitled, "Resident Abuse--Staff to Resident," with an effective date of 3/12, was provided by the Administrator on 6-25-12 at 10:06 a.m. This policy indicated, "'Abuse' means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, or pain, or mental anguish, or deprivation by an individual, including a caretaker of goods and services that are necessary to attain or maintain physical, mental and psychosocial well-being...'Neglect' means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. It may include, but not be limited to, being left to sit or lie in urine or feces, isolating dependent residents by leaving them in their rooms or other isolated locations apart from temporary monitored separation occurring in the context of assessment and care planning, or failing to answer call bells to provide needed assistance."</p> <p>This Federal tag relates to Complaint IN00110028.</p> <p>3.1-27(a)(1) 3.1-27(a)(3) 3.1-27(a)(4)</p>						