STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155721	A. BUILDING 00 B. WING	10/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE MANOR HEALTHCARE CENTER	8935 E 46TH ST INDIANAPOLIS, IN 46226

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00183127 and IN00184146. Complaint IN00183127- Substantiated. Deficiencies related to the allegations are cited at F223 and F226. Complaint IN00184146- Substantiated. No deficiencies related to the allegations are cited. Survey date: October 13, 14, and 15, 2015 Facility number: 000383 Provider number: 155721 AIM number: 100289610 Census bed type: SNF/NF: 35 Total: 35 Census payor type: Medicare: 1 Medicaid: 25 Other: 9 Total: 35 Sample: 5	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 30576 on October 20, 2015.			
F 0223 SS=D Bldg. 00	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on record review and interview, the facility failed to ensure a resident (Resident B) was protected from physical abuse by a staff member. 1 of 3 resident reviewed for abuse in a sample of 5. (Resident #B) Findings include: The record of Resident B was reviewed on 10/14/15 at 10:30 A.M. Diagnoses, obtained from the recapitulation of orders for September 2015 and signed by the physician, included but were not limited to dementia with depression and behaviors, anemia, hypertension, anorexia, and osteoporosis.	F 0223	Preparation and/or execution of this plan does not constitute admission oragreement by the provider of the truth of the facts alleged or conclusions setforth on the statement of deficiencies. This plan of correction is preparedand/or executed solely because required. F 223 1.What corrective action(s) will be accomplished forthose residents found to have been affected by the practice: A licensed nurse assessed the resident and foundto have an injury to the right side of his face just above the eye. Theemployee was immediately suspended pending investigation. Nursing attended to the injury and providedthe resident with dry bedding. The employee was	11/14/2015

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	A quarterly Minimum Data Set (M.D.S.) assessment dated 9/29/15 indicated Resident B was cognitively impaired, had mood issues including being down and depressed, had no documented behavior issues, required staff assistance for bed mobility, ambulation, dressing, and bathing, and was incontinent of bowel and bladder. A facility Reportable Incident form filed with the Indiana State Department of Health Long Term Care by the facility Administrator on 9/23/15 at 1:47 P.M. included, but was not limited to: "Residents Involved: (Resident B)...Staff involved: (CNA #1)... Description added- 9/23/15...When morning QMA was making the rounds she found (Resident B)...was not dressed, he was soaked, sheets pads (sic) wet. The resident was very angry stated (sic) the skinny 'bi...h' came in here and went crazy. The resident stated he was told his break (sic) stinks. The resident stated he was hit in the head with water pitcher (sic) and items thrown at him... Type of injury added- 9/23/15...The resident noted with small abrasion and swelling to right side of face just above the eye.		ultimately terminated on9-25-15. B. How you will identify other residents having potentialto be affected by the same practice and what corrective action will be taken: All residents are at risk. TheNHA will in-service all department heads and staff on abuse and neglect and caringfor residents with dementia and behaviors prior to 11-14-15 for all staff. (C) What measures will be put into place or whatsystematic changes you will make to ensure that the practice does not reoccur: TheNursing Home Administrator will in-service all department heads and staff oncaring for residents with dementia and behaviors and abuse and neglect,including reporting abuse and neglect, by 11-14-15 D. How the corrective action(s) will be monitored toensure the practice will not recur, i.e., what quality assurance program willbe put into place: The Social Services Director or Designee will meetwith all residents and the resident council president in a resident councilmeeting prior to 11-14-15 to explain their rights as a resident, whatconstitutes abuse and how to report abuse to the facility staff. The SSD will meet with interviewable residentsweekly on business days x 60 days asking CMS question QP253 and documenting theresults on the form. After the	

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	Type of prevention measures added-9/23/15...The body assessment was done...the non-emergent police was called (sic) and the report number is..." Follow up added- 9/25/15...After investigation of residents (sic) allegations the facility has determined that the allegations were substantiated. The employee (CNA #1) was terminated as of 09/25/15." An Incident/Accident Report dated 9/23/15 indicated: "Resident involved: (Resident B)...Date of Incident: 9/23/15...Property Involved: Water pitcher... Describe exactly what happened...Patient has a raised 2cm x 2cm (2 centimeter by 2 centimeter) raised (sic) area on his right eyebrow with a 1cm (1 centimeter) open area. (Resident B) states the CNA hit him with a water pitcher, causing this injury." A Social Services progress note dated 9/23/15 at 12:35 P.M., indicated: "Reported that (Resident B) was hit on the head with water pitcher (sic) by CNA on night shift 9/22...The incident is under investigation and has been reported to the state...The injury was minor to forehead but nursing did attend to injury."		initial audits the Social Services Director orDesignee will audit 1 day weekly for 30 days. All results will be reviewed inmorning meeting and in QA for 90 days or until substantial compliance is met.Any allegations of abuse will be reported immediately to ISDH and the localpolice department as required by regulation and the elder justice act. e. 11-14-15	

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	Resident B was interviewed in private in his room on 10/14/15 at 11:45 A.M., He was cooperative and appeared alert and oriented. He indicated he remembered the incident of 9/23/15, and stated "She hit me in the head with a d... water pitcher. I'm glad she's gone." He expressed no other concerns about the facility or staff. The Director Of Nursing was interviewed on 10/14/15 at 1:15 P.M. She indicated the incident involving Resident B had been substantiated, that CNA #1 had been immediately suspended, had not returned to the facility after the incident and had been terminated subsequent to the investigation. A facility policy titled "Employee Conduct With Residents" dated 9/01/14 received from the Director of Nursing on 10/14/15 at 9:00 A.M. indicated: "Policy: All employees must promote care for each resident in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Prohibited Conduct: Any employee that is found to have committed ant form of abuse or neglect of a resident will be subject to disciplinary action up to including termination and including referral for possible prosecution under applicable			

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	statutes." This Federal tag relates to Complaint IN00183127. 3.1-27(a) 3.1-27(b)			
F 0226 SS=D Bldg. 00	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure policies and procedures were implemented to protect residents from abuse by not documenting pre-employment reference checks for 4 employees (LPN #2, CNA #3, QMA #4, and CNA #5), failed to document abuse training for 1 employee (CNA #1), and failed to document resident rights training for 1 employee (LPN #6), of 6 employee records reviewed for pre-employment screening and training. Findings include: Six employee personnel files were reviewed on 10/15/15 at 9:30 A.M., for	F 0226	Preparation and/or execution of this plan does notconstitute admission or agreement by the provider of the truth of the factsalleged or conclusions set forth on the statement of deficiencies. This plan ofcorrection is prepared and/or executed solely because required. F 226 1.Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the practice: A licensed nurse assessed Resident B and found him to have an injury above the eye. Nursing attended to the injury and provided the resident with drybedding. CNA #1 was suspended pendinginvestigation and	11/14/2015

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	completeness of documentation of pre-employment screening and initial training. The following exceptions were noted: CNA #1 was hired 11/24/14. The personnel file contained no documentation of abuse training. LPN #2 was hired 07/23/15. The personnel file contained no documentation of pre-employment reference checks. CNA #3 was hired 07/29/15. The personnel file contained no documentation of pre-employment reference checks. QMA #4 was hired 09/03/15. The personnel file contained no documentation of pre-employment reference checks. CNA #5 was hired 06/29/15. The personnel file contained no documentation of pre-employment reference checks.. LPN #6 was hired 08/27/15. The personnel file contained no documentation of resident right's training. The Director of Nursing was interviewed on 10/15/15 at 1:15 P.M. She indicated the facility had no additional documentation related to CNA #1, LPN #2, CNA #3, QMA #4, CNA #5, or LPN #6.		terminated at the conclusion of the investigation. (b)How youwill identify other residents having potential to be affected by the samepractice and what corrective action will be taken: 1. All residents have the potential to be affected, The NHA will in-service all department headsand staff on caring for residents with dementia and behaviors and abuse andneglect prior to 11-14-15. In-servicetraining will include the definition of abuse abuses, and how to report it. c. Whatmeasures will be put into place or what systematic changes you will make toensure that the practice does not reoccur: 1.The NHA will in-service all department heads and staffon caring for residents with dementia and behaviors and abuse and neglect. In-service education will include using theISDH unusual occurrence reportable guidelines to better understand what is areportable in the state of Indiana and what is considered abuse. 2.The administrator or designee will in-service the HRdepartment and all department heads on proper pre-employment process. This willinclude but not be limited to obtaining references,training on abuse and training on resident's rights. HR will verify that allpre-employment documentation is complete prior to permitting a new employee tobegin working. In-Service education willbe completed by	

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	A facility document titled "Abuse and Neglect Policy" dated 9/01/14 received from the Director of Nursing on 10/14/15 at 9:00 A.M. indicated: "Policy: Each resident has the right to be free from abuse, neglect, and misappropriation of property...Screening: The facility will 1) screen potential employees for a history of abuse, neglect or mistreating residents, 2) attempt to obtain information from precious and /or current employers...Training: The facility will train employees, through orientation, annually, and ongoing sessions, on issues related to abuse prohibition practices..." This Federal tag relates to Complaint IN00183127. 3.1-28 (a)		11-14-15 3.(D) How the corrective action(s) will be monitored toensure the practice will not recur, i.e., what quality assurance program willbe put into place: 1.The SSD will meet with interviewable residentsweekly on business days x 60 days asking CMS question QP253 and documenting theresults on the form. After the initial audits the Social Services Director orDesignee will audit 1 day weekly for 30 days. All results will be reviewed inmorning meeting and in QA for 90 days or until substantial compliance is met.Any allegations of abuse will be reported immediately to ISDH and the localpolice department as required by regulation and the elder justice act. 2.The HR manager will audit all potential employee filesprior to scheduling them for orientation to ensure each potential employee hasall required documents. e. 11-14-15	