STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155621	A. BUILDING 00 B. WING	09/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE HAVEN HEALTH AND REHABILITATION CENTER	3400 STOCKER DR EVANSVILLE, IN 47720

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00209087. This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on July 26, 2016. Complaint IN00209087- Substantiated. Federal/State deficiencies related to the allegations are cited at F225. Survey dates: September 7 & 8, 2016 Facility number: 000442 Provider number: 155621 AIM number: 100266510 Census bed type: SNF: 21 SNF/NF: 50 Total: 71 Census payor type: Medicare: 22 Medicaid: 31 Other: 18 Total: 71 This deficiency reflects State findings cited in accordance with 410 IAC	F 0000	By submitting the enclosed material, we are not admitting the truth or accuracy of any specific 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 September 23rd, 2016 to the state findings of the investigation of complaint number IN00209087, conducted on September 7th and 8th, 2016. The facility respectfully requests paper compliance in relation to the above findings.	

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

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	16.2-3.1. Quality review completed by #02748 on September 9, 2016.			
F 0225 SS=D Bldg. 00	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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other			

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	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.			
	Based on interview and record review, the facility failed to report an allegation of abuse. There was no documentation that an investigation was completed or the allegation was reported to the state survey agency. (Resident C). Findings include: On 9/7/16 at 10:45 a.m., Resident C's clinical record was reviewed. A progress note from the Social Service Director, dated 8/8/16, indicated that a care conference was held on that day. The progress note indicated Resident C had complained about CNA #1 (certified nursing assistant). The progress note further indicated the Assistant Director Nursing was notified. There was no further documentation regarding the incident. On 9/8/16 at 9:28 a.m., during an interview with the Social Service Director, she indicated that Resident C's brother brought up during a care conference on 8/8/16 that Resident C was in a good mood before her shower, and was tearful after her shower. He further	F 0225	F 225 The corrective action taken for those residents found to have been affected by the deficient practice is that Resident C has had no additional allegations of abuse. Based upon the outcome of the facility investigation, which was completed at the time it was reported to management, the allegation of abuse was unsubstantiated. *The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that* a housewide audit has been completed of all alert and oriented residents. Upon interview of all alert and oriented residents, no other allegations of abuse have been reported. The measures that have been	09/23/2016

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	indicated that Resident C told him that CNA #1 had washed her hard. The Social Service Director indicated she reported this to the Assistant Director of Nursing and Administrator #1 on 8/8/16. On 9/7/16 at 3:22 p.m., an interview was conducted with Administrator #1. He indicated he thought there was a write up about the alleged incident regarding CNA #1 and Resident C. He indicated that CNA #1 has a gruff demeanor and that she was eventually terminated because of her attitude. On 9/8/16 at 10:55 a.m., an interview was completed with Administrator #2. She indicated she had spoken via telephone with Administrator #1. Administrator #2 indicated Administrator #1 had indicated he had not reported the allegation involving CNA #1 and Resident C to the State Survey Agency. No investigation documentation was provided by Administrator #1 or Administrator #2. On 9/8/16 at 11:35 a.m., a policy was provided by Administrator #2. The policy indicated that the facility will report/respond to all allegations to all appropriate agencies, including the [Name of State Survey Agency].		put into place to ensure that the deficient practice does not recur is that a mandatory in-service on the facility abuse prevention and reporting policies has been conducted for all facility employees. *The corrective action taken to monitor to assure compliance is that* the facility will review all investigations into allegations of abuse at the regularly scheduled Quality Assurance meetings to ensure that all components of the facility abuse policies have been completed, including the timely reporting of all abuse allegations to the Indiana State Department of Health. This review will be conducted at each Quality Assurance meeting for the next 12 months. Any concerns will be promptly addressed by the Quality Assurance committee.	

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	This Federal tag relates to Complaint IN00209087. 3.1-28(c)			