

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/28/2022	
NAME OF PROVIDER OR SUPPLIER LAKE PARK RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RIPLEY ST, LAKE STATION, , 46405					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00397214. Complaint IN00397214 - Substantiated. State deficiency related to the allegations is cited at R0090. Survey date: 12/28/22 Facility number: 001136 Residential Census: 91 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 12/30/22.	R 0000					
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the	R 0090	1. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? The caseworker that received the allegation was in serviced by the			02/22/2023	

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administrator shall include, but are not limited to, the following:

(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:

- (A) epidemic outbreaks;
- (B) poisonings;
- (C) fires; or
- (D) major accidents.

If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.

(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:

Administrator and counselled about reporting allegations as soon as they are reported by any resident or observed.

2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All residents have the potential to be affected by the same alleged deficient practice.

3. What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur?

All staff, including case management and nursing staff will be in serviced on reporting allegations of abuse when they are received. The Inservice will also include the types of abuse and their description to ensure staff understands abuse.

4. How the deficient practice will be monitored to ensure the deficient practice will not recur, what the quality assurance program will be put into place?

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(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to not immediately reporting an abuse allegation to the Administrator for 1 of 1 resident reviewed for abuse. (Resident B) Finding includes: Resident B's record was reviewed on 12/28/22 at 10:37 a.m. The diagnoses included, but were not limited to, schizophrenia and bi-polar. A Hospital History and Physical, dated 8/10/22, indicated psychosis and extreme paranoia.	Random meetings will be held with Lake Park Staff by Administrator and/or Director of Nursing in various departments to reiterate that allegations of abuse must be reported to the Administrator immediately upon receipt. Audits of nursing progress notes will be done quarterly by the Director of Nursing for any documentation of allegations of abuse. 5.By what date the systemic changes will be completed. February 22, 2023
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A Hospital Physician's Note, dated 8/14/22, indicated she was delusional.

An Admission Assessment, dated 8/31/22, indicated she was alert, easy to understand, and was independent with activities of daily living.

A Progress Note, dated 11/29/22 at 1:15 p.m., indicated paranoia and believed fellow residents were trying to rape her and were taking items out of her room.

During an interview on 12/28/22 at 12:01 p.m., the Administrator indicated the Progress Note, dated 11/29/22 at 1:15 p.m. was written by a Case Worker and the allegation had not been reported to her on 11/29/22.

An undated policy, Titled, "Reporting Abuse", received from the Business Office Manager as current on 12/28/22 at 12:55 p.m., indicated abuse was to be reported immediately to a Department Head and the Department Head was to notify the Administrator or Director of Nursing.

This State Residential finding relates to Complaint IN00397214.

Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to not

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FORM APPROVED

OMB NO. 0938-0391

immediately reporting an abuse allegation to the Administrator for 1 of 1 resident reviewed for abuse. (Resident B)

Finding includes:

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR
PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE