STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELKHART PLACE ASSISTED LIVING	2024 COUNTY ROAD 24, ELKHART, , 46517

(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 IN00421504. Complaint IN00421504 - State deficiencies related to the allegations are cited at R0090. Survey date: November 15 and 16, 2023 Facility number: 004353 Residential Census: 29 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed 11/17/2023.	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	R0900 The following Plan of Correction is prepared and submitted by Elkhart Place in	11/29/2023

	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:		Elkhart Indiana, as mandated by the Indiana State Department of Health. This response does not constitute, agreement with the allegations or citations specified in the Statement of Deficiencies. Elkhart Place maintains that the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by applicable regulations. We respectfully request a paper compliance for the following citation. 410 IAC 16.2-5-1.3(g) (1-6) Administration and	

	(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 interview and record review, the facility's Administrator failed to ensure an allegation of abuse was reported to the Indiana State Department of Health for 1 of 4 resident reviewed for abuse. (Resident B) Finding includes:		Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the 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;	

	On 11/16/23 at 2:05 P.M., a review of the clinical record for Resident B was conducted. The resident was admitted on 7/25/23 and discharged to another facility on 10/31/23. The resident's diagnoses included, but were not limited to: back pain, spinal stenosis, degenerative disc disease and severe chronic pain. During an entrance conference, on 11/15/23 at 12:30 P.M., the Administrator indicated she had not reported any allegations of abuse, since she had been employed at the facility. She indicated she had been hired approximately 3 weeks ago. During an interview, on 11/16/23 at 11:30 A.M., the Administrator indicated she had a conversation with Resident B, while she was having the resident sign new contracts with the company that took over building. Resident B indicated she had reported, the former Director of Nursing, had interfered with her being administered her pain medication, yelled at her and called her names. The Administrator had mentioned the conversation to the the previous Administrator and the new owners, however she did not take it upon herself to report the allegation to the Indiana State Department of Health. The Administrator indicated she had		(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 before 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: (A) employee's full name; and	

	investigated the allegations, but could not find the documentation when requested. The Administrator indicated the conversation with Resident B occurred either on 10/23/23 or 10/24/23 and she had officially started working at the facility, on 10/21/23. On 11/15/23 at 1:17 P.M., the Administrator provided a policy titled, "Elder Abuse-Neglect Policy", dated 10/1/21, and indicated it was the one currently used by the facility. The policy indicated "...The community prohibits abuse, neglect, and financial exploitation of its residents...Procedure: 1. The Administrator, Director of Nursing, and/or designee will report all allegations that a resident has been subjected to abuse, neglect, or financial exploitation within 24 hours to:...b. Appropriate State Departments of Health...2. a. The community will thoroughly investigated all allegations of abuse, neglect, or exploitation and maintain on-site written documentation of the investigation of the investigation...." This concern relates to complaint IN00421504. Based on interview and record review, the facility's Administrator failed to ensure an		(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 concerning 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 two (2) years and making the reports available for inspection to any member of the public upon request. **What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**	

	allegation of abuse was reported to the Indiana State Department of Health for 1 of 4 resident reviewed for abuse. (Resident B) Finding includes: On 11/16/23 at 2:05 P.M., a review of the clinical record for Resident B was conducted. The resident was admitted on 7/25/23 and discharged to another facility on 10/31/23. The resident's diagnoses included, but were not limited to: back pain, spinal stenosis, degenerative disc disease and severe chronic pain. During an entrance conference, on 11/15/23 at 12:30 P.M., the Administrator indicated she had not reported any allegations of abuse, since she had been employed at the facility. She indicated she had been hired approximately 3 weeks ago. During an interview, on 11/16/23 at 11:30 A.M., the Administrator indicated she had a conversation with Resident B, while she was having the resident sign new contracts with the company that took over building. Resident B indicated she had reported, the former Director of Nursing, had interfered with her being administered her pain medication, yelled at her and called her names. The		Residents were educated on 11/28/2023. residents were given a handout containing Resident Rights and the Grievance/Complaint procedure. No residents from 11/1/2023 on since OPS Living purchased the community have filed a complaint **How the facility will identify 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.** **Staff will continue to be trained on residents' rights, the grievance procedure, and mandatory reporting. Residents will continue to be educated on the complaint and grievance procedure.** **What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not reoccur**	

	Administrator had mentioned the conversation to the the previous Administrator and the new owners, however she did not take it upon herself to report the allegation to the Indiana State Department of Health. The Administrator indicated she had investigated the allegations, but could not find the documentation when requested. The Administrator indicated the conversation with Resident B occurred either on 10/23/23 or 10/24/23 and she had officially started working at the facility, on 10/21/23. On 11/15/23 at 1:17 P.M., the Administrator provided a policy titled, "Elder Abuse-Neglect Policy", dated 10/1/21, and indicated it was the one currently used by the facility. The policy indicated "...The community prohibits abuse, neglect, and financial exploitation of its residents...Procedure: 1. The Administrator, Director of Nursing, and/or designee will report all allegations that a resident has been subjected to abuse, neglect, or financial exploitation within 24 hours to:...b. Appropriate State Departments of Health...2. a. The community will thoroughly investigated all allegations of abuse, neglect, or exploitation and maintain on-site written documentation of the investigation of the		Staff were educated on 11/16/2023 during the monthly staff meeting. Staff was given the following: Unusual Occurrence Reporting Grievance/Complaint Policy and Procedure Elder Abuse, neglect, and exploitation policy and education on prevention. **How the corrective action plan will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put in place:** Residents were educated on 11/28/2023, of the Grievance and Complaint Policy, Residents understand that Grievance and Complaint Book are at the front desk. The Grievance Book will be checked weekly	

	investigation...." This concern relates to complaint IN00421504.		ongoing. The system is in place. The front desk or other staff will make a copy of the grievance form and put a copy in the Executive Director or designee mailbox. **By what date will the systemic changes be completed** 11/29/2023	

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