STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER PLACE	2879 S LIMA RD, KENDALLVILLE, , 46755

(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 IN00370032. Complaint IN00370032 - Substantiated. State deficiencies related to the allegations are cited at R0053. Survey date: January 11, 2022 Facility number: 004440 Residential Census: 33 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed January 11, 2022	R 0000		
R 0053	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse.	R 0053	**Chandler Place** **2879 S Lima Rd Kendallville, Indiana 46755**	02/01/2022

Based on interview and record review, the facility failed to ensure residents were free from verbal abuse for 1 of 1 residents reviewed. (Resident K)

Findings include:

On 1-11-2022 at 9:32 AM, Resident K was interviewed. She indicated a CNA 1 had told her not to ring her pendant again and to hurry and get up. She indicated she had been shoved. She indicated she went to the Administrator, and after telling her what had happened, the Administrator dismissed the CNA. She was glad she had not seen her since.

On 1-11-2022 a review of an event report dated 12-29-21 indicated CNA 1 had told the resident to not push the pendant button again, had told her to hurry up and get up, and had pushed Resident K. the report indicated Resident K had sustained no injury.

In an interview on 1-11-2022 at 10:25 AM, the Administrator indicated the facility trains regularly for abuse and abuse would not be tolerated. She indicated CNA 1 had been placed on the do not return list.

In an interview on 1-11-2022 at 10:35 AM, LPN 2 indicated the facility trained on abuse regularly.

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Plan of Correction and Allegation of Compliance

R 053 410 IAC 16.2-5-1.2(w)

This State citation is related to complaint IN00370032.

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Residents' Rights-Deficiency

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The personnel sent from this agency will not be able to return to this facility and they will be reported to the agency by the Executive Director.

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

The facility will host monthly resident council meetings that will include resident rights education. The

	facility trained on abuse regularly. This State citation is related to complaint IN00370032.		meetngs will occur monthly and will be ongoing. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?** The personnel sent from this agency will not be able to return to this facility and they are being reported down state. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** The Executive Director will monitor monthly meeting by reviewing notes for the next 90 days and ongoing. **By what date the systemic changes will be completed?**	

			February 1,2022	

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