

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 08/29/2024	
NAME OF PROVIDER OR SUPPLIER RIVER CROSSING ASSISTED LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MARKET ST, CHARLESTOWN, , 47111					
(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 Complaints IN00440073 and IN00438668. Complaint IN00440073 - No deficiencies related to the allegations are cited. Complaint IN00438668 - State deficiency related to the allegations is cited at R0041. Survey dates: August 27 and 29, 2024. Facility number: 012007 Residential Census: 79 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on September 4, 2024.	R 0000					
R 0041	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(o)(4)	R 0041	1. Grievances from resident council meetings from March 2024-July			09/27/2024	

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FORM APPROVED

OMB NO. 0938-0391

(4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by:

(A) an individual resident;

(B) a resident council or family council, or both;

(C) a family member;

(D) family groups; or

(E) other individuals.

Based on interview and record review, the facility failed to inform and address resident council concerns regarding dignity and staff rudeness for 5 of 7 resident council minutes reviewed related to resident rights. (Resident Council Meetings March, April, May, June, and July 2024)

Findings include:

1. The Resident Council Minutes for March 5, 2024 were reviewed. The minutes indicated under new business that one nurse was to direct and upset residents. Under the department of clinical it indicated "if you see staff doing something wrong, tell the [director of nursing (DON)]".

Review of the Grievance Form, dated March 5, 2024, indicated the description was one nurse was to direct. She upset residents. The investigation

2024, related to dignity and staff responses or privacy reviewed with Resident Council President to verify they have all been addressed and responded to in a satisfactory response.

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

All All staff were educated on resident rights and grievance process including but not limited to dignity, staff treatment, and privacy on 9/12/2024. ED and DON educated by regional nurse on grievance process and investigative process r/t grievances on 9/12/2024.

4.

ED Executive Director and DON or designee to verify grievances identified in resident council have been investigated and appropriately documented 1x/month for 4 months. ED/Designee and DON/Designee will review grievances with QA Committee monthly x4 months for identified issues. QA Committee will determine if audits necessitate extension past 4 months and will continue to review audit results monthly for duration of the

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indicated the nursing administration checked with several residents on the 300 Hall with no issues expressed with a similar concern. the Summary/Findings indicated staff will continue to be monitored. A recommendation of all staff meeting will include training on approach for all residents. The facility was unable to provide follow-up monitoring or documentation.

2. The Resident Council Minutes for April 2, 2024, were reviewed. The minutes indicated under New Business a nurse had been disrespectful to several residents and under old business the document indicated one nurse was very direct, they were looking into incidents.

The facility was unable to provide a follow-up grievance form or any follow-up information related to the April Resident Council meeting minutes.

3. The Resident Council Minutes for May 7, 2024 were reviewed. The minutes indicated under New Business related to privacy and knocking on the door, knocks were either too soft or not ample time given to answer prior to entering room and under Old Business there was one nurse that had poor bedside manner, they were

extended timeframe as applicable. Any presence of unresolved grievances in resident council will result in extension of audits.

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looking into the incidents.

During an interview on 8/29/24, the Resident Council President indicated during the May resident council meeting under new business related to the staff knocking on the residents' doors and staff entering the resident's apartment without permission or giving ample time for the resident to answer.

Review of the Grievance Forms indicated, dated May 8, 2024, related to the description of a nurse having poor bedside manner. Under investigation completed by staff indicated the investigation was initiated and the recommendation/action taken was that the nurse no longer worked at the facility. No other investigation documentation or follow-up was provided.

Review of the Grievance Form, dated May 8, 2024, related to description of "Privacy - knocking on door to soft and not ample time to answer door", indicated the recommendations/action taken was that staff were reminded to knock loudly and give time to answer the door. No other documentation was provided.

4. The Resident Council Minutes for June 4, 2024, were reviewed. The minutes indicated under new business related to

knocking on door too softly and ample time to get to the door and under old business there was no documentation, it was left blank.

The facility was unable to provide a follow-up grievance form or follow-up information related to the June Resident Council meeting minutes.

During an observation on 8/29/24 from 10:45 a.m. through 12:45 p.m., there were eight resident room doors observed with a sign posted to notify staff not to enter without permission.

5. The Resident Council Minutes for July 2, 2024, were reviewed. The minutes indicated under new business related to "People are being rude. Please treat others how you want to be treated" and under old business there was no documentation, it was left blank.

During an interview on 8/29/24, the Resident Council President indicated for the July resident council meeting, under new business, related to staff and residents being rude to other residents and they just wanted everyone to treat each other nicer.

During a confidential interview from 8/27/24 through 8/29/24, Resident B indicated she had spoken to the Administrator recently about staff being rude

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and he just indicated he would take care of it, but nothing was done or changed.

During a confidential interview from 8/27/24 through 8/29/24, Resident H indicated when a resident raised their voice or had spoken negatively towards a staff member, a few of the staff would respond in a rude and disrespectful manor using the same tone back at the resident.

During an interview on 8/29/24 at 12:20 p.m., the Administrator indicated he did not have any additional documentation to prove related to the resident grievances investigations or actions. He had spoken with the staff, but did not document the conversations.

The Resident Council Procedure". It included, but was not limited to, "...A Resident Council allow for residents to identify problems and offer solutions from a resident-perspective...address concerns..."

The Abuse, Prevention and Prohibition Policy, last revised 01/2024, included but was not limited to, "... Investigation...The facility Executive Director will ensure a thorough investigation of alleged violations of individual rights and document appropriate action...."

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This citation relates to
Complaint IN00438668.

Based on interview and record review, the facility failed to inform and address resident council concerns regarding dignity and staff rudeness for 5 of 7 resident council minutes reviewed related to resident rights. (Resident Council Meetings March, April, May, June, and July 2024)

Findings include:

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Review of the Grievance Form, dated March 5, 2024, indicated the description was one nurse was to direct. She upset residents. The investigation indicated the nursing administration checked with several residents on the 300 Hall with no issues expressed with a similar concern. the Summary/Findings indicated staff will continue to be monitored. A recommendation of all staff meeting will include training on approach for all residents. The facility was unable to provide follow-up

monitoring or documentation.

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During a confidential interview from 8/27/24 through 8/29/24, Resident B indicated she had spoken to the Administrator recently about staff being rude and he just indicated he would take care of it, but nothing was done or changed.

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This citation relates to Complaint IN00438668.

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