

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 02/06/2023	
NAME OF PROVIDER OR SUPPLIER ASTER PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 741 PARK EAST BLVD, LAFAYETTE, , 47905					
(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 IN00394648. Complaint IN00394648 - Substantiated. State Residential Finding related to the allegations is cited at R0053 and R0116. Survey dates: February 3 and 6, 2023. Facility number: 013045 Residential Census: 99 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on February 13, 2023.	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	Deficiency ID:R053 Completion Date:3/13/2023 What corrective action(s) will be			03/13/2023	

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Based on record review and interview, the facility failed to ensure a resident was free from verbal abuse, related to a staff members direct comment to a resident for 1 of 3 residents reviewed for verbal abuse.

(Resident B)

Finding includes:

An Indiana State Department of Health (ISDH) reportable incident, dated 11/11/2022 at 3:01 p.m., indicated Resident B told staff member 2 she did not like her. Staff member 2 was heard by other staff members and residents to tell the resident the feeling was mutual.

Resident B's record was reviewed on 1/6/2023 at 3:10 p.m. Diagnoses included, but were not limited to, anemia, dementia, major depressive disorder, anxiety, chronic pain disorder, and hypertension.

The resident had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated severe dementia and cognitive impairment

A written note, dated 11/11/2022, staff member 2 indicated she did comment to Resident B "the feeling is mutual" when the resident indicated she did not like staff

accomplished for those Residents found to have been affected by the deficient practice? Employee was immediately suspended following incident and employment terminated following investigation. Education provided to staff on Abuse and Resident Rights.

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? All Residents have the potential to be affected. No additional Residents reported any additional allegations during investigation.

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member 2. She did not think she was verbally abusing the resident.

A written note, dated 11/11/2022, staff member 3 indicated staff member 2 commented to Resident B "That's fine, the feeling is mutual and I don't like you either!" when the resident said "That's Ok, I don't like her anyways!" then Resident B looked at staff member 3, lowered her head, and looked sad. Staff member 3 then went to talk with Resident B and Resident B indicated "she tells me that every day she works! She is very mean!" Staff member 3 reported the observation to the ED (Executive Director).

A written note, dated 11/11/2022, staff member 4 indicated staff member 2 was being very rude to Resident B. Resident B was telling other staff members and residents staff member 2 hated her. Staff member 2 indicated to Resident B the feeling was mutual when Resident B indicated she did not like staff member 2. Staff member 2 could be verbally abusive to residents and she reported this incident to the ED.

A written note, dated 11/11/2022, staff member 5 indicated staff member 2 pointed to Resident B and called her "that thing" when staff

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? All staff will be re-educated by 3/13/23 on Resident Rights and abuse policies, including but not limited to verbal abuse and abuse reporting. New hires will receive education on Resident Rights and abuse policy on orientation.

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	member 2 was telling other staff Resident B was not going to an activity. The comment was reported to the ED. A nursing progress note, dated 11/11/2022 at 9:30 p.m., indicated the resident expressed increased anxiety at 6:00 p.m. on 11/11/2022. The family and physician were notified of the incident. During an interview, on 2/6/2023 at 4:45 p.m., the ED indicated staff member 2 did not return to work after she was suspended on 11/11/2022. He attempted to contact her 3 times with no return response after he had completed the investigation. She was terminated for failure to follow company policies and procedures. Staff member 2 never admitted to the verbal abuse. A facility policy, titled "Abuse Prohibition, Reporting, and Investigation," dated as revised 01/2023 and received from the Executive Director on 1/3/2023 at 2:10 p.m., indicated "...Verbal Abuse- The use of oral, written, and/or gestured language that willfully includes disparaging and derogatory terms to resident or their families or within hearing distance, regardless of their age, ability to comprehend, or disability...." This Residential tag relates to		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? All staff will be re-educated by 3/13/23 on Resident Rights and abuse policies, including but not limited to verbal abuse and abuse reporting. New hires will receive education on Resident Rights and abuse policy on orientation. An abuse policy training CQI tool will be used weekly x 4 weeks then monthly x 3 months. If 100% threshold not met, disciplinary action and new action plan will be completed. The monitoring tool will be completed by Executive Director/designee.	
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Complaint IN00394648.

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member 2. She did not think she was verbally abusing the resident.

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member 2 was telling other staff Resident B was not going to an activity. The comment was reported to the ED.

A nursing progress note, dated 11/11/2022 at 9:30 p.m., indicated the resident expressed increased anxiety at 6:00 p.m. on 11/11/2022. The family and physician were notified of the incident.

During an interview, on 2/6/2023 at 4:45 p.m., the ED indicated staff member 2 did not return to work after she was suspended on 11/11/2022. He attempted to contact her 3 times with no return response after he had completed the investigation. She was terminated for failure to follow company policies and procedures. Staff member 2 never admitted to the verbal abuse.

A facility policy, titled "Abuse Prohibition, Reporting, and Investigation," dated as revised 01/2023 and received from the Executive Director on 1/3/2023 at 2:10 p.m., indicated "...Verbal Abuse- The use of oral, written, and/or gestured language that willfully includes disparaging and derogatory terms to resident or their families or within hearing distance, regardless of their age, ability to comprehend, or disability...."

This Residential tag relates to

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	Complaint IN00394648.			
R 0116	Personnel - Noncompliance 410 IAC 16.2-5-1.4(a) (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. Based on record review and interview, the facility failed to ensure written procedures were implemented for employment screenings for 4 of 5 employees reviewed for reference checks. (Employee 6, 9, 10 and 11) Findings include: The employee files were reviewed on 1/6/2023 at 3:55 p.m. No reference checks were completed for 4 of 5 employees reviewed prior to employment at the facility. A record review of Employee 6, on 1/6/2023 at 3:56 p.m., indicated the facility had not completed the reference check process prior to hiring the staff member. A record review of Employee 9, on 1/6/2023 at 3:58 p.m.,	R 0116	Deficiency ID:R116Completion Date:3/13/2023 What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? No residents affected by the deficient practice. 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? No residents potentially affected by the deficient practice. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? Employee Liaison will coordinate with specific department hiring manager to obtain a minimum of two references for any external candidate applying for a position of employment with the facility. References may include immediate supervisors, peers and subordinates. Reference Check Forms will be uploaded from the vendor's website into the	03/13/2023

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indicated the facility had not completed the reference check process prior to hiring the staff member.

A record review of Employee 10, on 1/6/2023 at 3:59 p.m., indicated the facility had not completed the reference check process prior to hiring the staff member.

A record review of Employee 11, on 1/6/2023 at 4:03 p.m., indicated the facility had not completed the reference check process prior to hiring the staff member.

During an interview, on 1/6/2023 at 4:08 p.m., the Executive Director indicated the reference checks for Employees 6, 9, 10, and 11 were not completed prior to hiring at the facility. Staff members were currently working at the facility with no reference checks completed.

A facility policy, titled "Pre-Hire Background and Licensure Screening Policy," dated as revised 08/2022 and received from the Executive Director on 1/6/2023 at 5:00 p.m., indicated "...the hiring manager is responsible for obtaining references. A facility designee may assist the hiring manager in obtaining employee references. Wherever possible, a minimum of two references should be obtained...."

employee's electronic employee file in the HRIS system.

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? All applicants interviewed and considered for possible employment will be audited by ED, working with Employee Liaison and hiring manager, to ensure a minimum of two reference checks have been obtained prior to the next steps of employment can be considered. A QA tool will be implemented for the required reference checks weekly x 4 weeks, then monthly x 3 months. If 100% threshold not met, disciplinary action and new action plan will be completed. The monitoring tool will be completed by Executive Director/designee.

This State deficiency relates to Complaint IN00394648.

Based on record review and interview, the facility failed to ensure written procedures were implemented for employment screenings for 4 of 5 employees reviewed for reference checks. (Employee 6, 9, 10 and 11)

Findings include:

The employee files were reviewed on 1/6/2023 at 3:55 p.m. No reference checks were completed for 4 of 5 employees reviewed prior to employment at the facility.

A record review of Employee 6, on 1/6/2023 at 3:56 p.m., indicated the facility had not completed the reference check process prior to hiring the staff member.

A record review of Employee 9, on 1/6/2023 at 3:58 p.m., indicated the facility had not completed the reference check process prior to hiring the staff member.

A record review of Employee 10, on 1/6/2023 at 3:59 p.m., indicated the facility had not completed the reference check process prior to hiring the staff member.

A record review of Employee 11, on 1/6/2023 at 4:03 p.m., indicated the facility had not

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OMB NO. 0938-0391

completed the reference check process prior to hiring the staff member.

During an interview, on 1/6/2023 at 4:08 p.m., the Executive Director indicated the reference checks for Employees 6, 9, 10, and 11 were not completed prior to hiring at the facility. Staff members were currently working at the facility with no reference checks completed.

A facility policy, titled "Pre-Hire Background and Licensure Screening Policy," dated as revised 08/2022 and received from the Executive Director on 1/6/2023 at 5:00 p.m., indicated "...the hiring manager is responsible for obtaining references. A facility designee may assist the hiring manager in obtaining employee references. Wherever possible, a minimum of two references should be obtained...."

This State deficiency relates to Complaint IN00394648.

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