

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 06/06/2023
NAME OF PROVIDER OR SUPPLIER GRAND EMERALD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4010 S IRONWOOD DR, SOUTH BEND, , 46614			
(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 IN00409284. Complaint IN00409284 - State deficiencies related to the allegations are cited at R0090. Survey date: June 5 & 6, 2023 Facility number: 013555 Residential Census: 55 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed 6/7/2023.	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 administrator shall include, but are	R 0090	R0900 The following Plan of Correction is	06/19/2023	

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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:

(A) employee's full name; and

prepared and submitted by
Grand Emerald Place

in South Bend as

mandated by the Indiana State

Department of Health. This

response does not
constitute,

agreement with the allegations
or

citations specified on the

Statement of Deficiencies.
Grand Emerald Place,

South Bend maintains that the
alleged

deficiencies do not individually
or

collectively, jeopardize the
health

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(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 failed to implement their policy related to investigating and reporting allegations of abuse for 1 of 3 residents reviewed for abuse, (Resident B).

Findings include:

On 6/05/23 at 12:00 P.M., in an interview with the Administrator, she indicated a concern with staff reporting situations of abuse that were not actually abuse. The Administrator indicated on 6/04/23 the Assistant Director of Nursing (ADON), reported Certified Nursing Assistant (CNA) 2, was being abusive to Resident B and that the resident indicated CNA 2 was being mean to her.

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

Management - Deficiency

(g) The administrator is responsible for the overall

management of the facility. The responsibilities of

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The Administrator indicated she interviewed Resident B on 6/04/23 and the resident denied any form of abuse occurred. The Administrator indicated she did not report the allegation of abuse to the State Agency because she did not believe abuse occurred and there was nothing to report. The Administrator indicated CNA 2 had never been reported for concerns of abuse before and had never had concerns related to abuse and CNA 2.

On 6/05/23 at 1:00 P.M., in an interview with Resident B, she indicated CNA 2 had an attitude and did not know what precipitated it, and that the CNA was verbally judgmental and sarcastic. The resident indicated when CNA 2 is in her room with another employee, CNA 2 would tell her she would not do her care and another care giver could do it. Resident B indicated CNA 2 told her she would not have foot problems if her family would buy her new shoes, then said her kids never come see her. Resident B indicated CNA 2 was rough when she gave her care, and felt it was abuse and felt she was intimidated and abused. The resident indicated when the Administrator questioned her about the abuse on 6/04/23, she never told her that CNA was not abusive but reported that CNA was judgmental, sarcastic, and

the administrator shall include, but are not limited

to, the following:

(1) Informing the division within twenty-four (24)

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occurrence that directly threatens the welfare,

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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.

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rough with her.

Resident B indicated she had reported to the Director of Nursing (DON) that CNA 2 was verbally abusive, and submitted a typed statement to the ADON on 5/19/23 documenting her complaint, and the Assistant Director of Nursing gave the complaint to the Director of Nursing. Resident B indicated CNA 2 was never removed from work after she submitted her complaint.

On 6/05/23 at 1:37 P.M., in a 2nd interview with the Administrator, she indicated she did not know when the allegations of abuse began from the resident. The Administrator indicated she is unsure when she learned of the allegation but indicated it was recently. The Administrator indicated the Director of Nursing never notified her of the allegation of abuse, and that the DON was unavailable for interview. The Administrator indicated maybe she should have reported it to the State Agency.

On 6/06/23 at 10:10 A.M., in an interview with Certified Nursing Assistant 2, she indicated on 5/18/23, the DON called her at home to ask her if there were problems between her and Resident B and that the resident made a complaint against her. CNA 2 indicated she reported

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

there were no problems. CNA 2 indicated the DON said she should not go into the resident's room anymore since the resident said she wasn't doing what she was supposed to be doing. CNA 2 indicated she was never instructed to go home or stay home pending an investigation of abuse.

On 6/06/23 at 10:30 A.M., in an interview with the Assistant Director of Nursing, she indicated about 2 weeks ago (she was unsure of the dated), Resident B came to her office with a concern and indicated CNA 2 is rough with her during care, does not answer her call light, and does not go in the room at night to turn her. The ADON indicated she advised the resident to write her concerns down and the resident indicated she had already reported her concerns to the DON. The ADON indicated the resident went to type up her concerns and she (ADON) reported the concern to the DON. The ADON indicated the DON was out of the building at the time and indicated she would address the concern when she returned. The ADON indicated she was unhappy about the way the DON addressed the concern because CNA 2 was not suspended pending an investigation. The ADON indicated she was upset at the way the concern was

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:

(A) employee's full name; and

(B) dates and hours worked during the past

twelve (12) months.

addressed and told the DON the allegation should be reported to the State Agency and should be investigated. The ADON indicated the DON did not want to report the allegation to the State Agency. The ADON indicated she did not report the incident to the Administrator because the Administrator is only in the building about 1 time per week. The ADON indicated Resident B gave her a typed statement of the allegation of abuse on 5/19/23, and she gave the statement to the DON at that time. The ADON indicated no investigation was ever done.

On 6/06/23 at 10:45 A.M., in an interview with Qualified Medication Aid 3, she indicated Resident B was very alert but required assistance with activities of daily living (ADLs). QMA 3 indicated Resident B told her she did not want CNA 2 in her room anymore because the CNA was rough with her and that the CNA yelled at her. QMA 3 indicated she reported the allegation to the DON and the DON indicated she would talk to CNA 2 about it. QMA 3 indicated she did not make a report the the Administrator because the Administrator is in the building 1 day per week.

On 6/06/23 at 11:10 A.M., in a 3rd interview with the Administrator, she indicated CNA 2 could be rough in the

(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

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their availability.

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years and making the reports

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way she spoke to residents and has had to talk to the CNA about how she talks. The Administrator indicated Resident B's concerns should have been reported to the State and the allegations should have been investigated, but were not. The Administrator indicated at this time that Resident B did not have a current Service Plan in place and correcting Service Plans was part of the facility's Plan of Correction from an Annual Survey conducted around 5/09/23.

On 6/06/23 at 11:30 A.M., the record for Resident B was reviewed. Diagnoses included, Multiple Sclerosis, wheelchair dependence, and urinary urgency.

Review of the resident's Initial Assessment indicated Resident B's cognitive status was alert and oriented, and required assistance with transfers and toilet use.

On 6/05/23 at 2:00 P.M., the Administrator provided a copy of Resident B's complaint and a copy of her interview with the resident. Resident B's complaint, dated 5/19/23, indicated, "...Around the middle or end of March, a care giver [CNA 2] began to make judgmental and sarcastic remarks when taking care of me...I informed [DON] at that

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?

Resident Council held 6/14/2023, residents were given a handout containing Resident Rights and the Grievance/Complaint procedure. Residents were asked encouraged to file grievances or complaints, no residents have come forward regarding grievances, complaints, or allegations with employees.

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

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time and she said that she would look into it. A couple of weeks later [DON] asked how things were and I said that they were not getting any better in fact, might be worse...Then a couple weeks ago, she helped get me up and dress me. She was rough with me...On May 19 on the over night shift...she was rude...she was rough with me when helping to position me and change my pad...."

The facility staffing schedule for 5/12/23 to 5/25/23 was provided by the administrator and indicated CNA worked on 5/18/23, 5/20/23, and 5/21/23 from 10:00 P.M. to 6:00 A.M.

A policy, titled, "Occurrence Reporting" dated 10/1/21, indicated, "...this community will ensure that all unusual occurrences that directly threaten the welfare, safety, or health of a resident will be reported to the ISDH [Indiana State Department of Health] and other appropriate authorities within twenty-four hours of becoming aware of the occurrence...Abuse is the willful infliction of...intimidation...pain, or mental anguish. Willful means that the actions were deliberate, regardless of whether the individual intended to do harm or inflict injury...Upon receiving a report of an unusual occurrence, the Leadership Team Member or Executive

Staff were educated on 6/15/2023 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 6/14/2023 of the Grievance and Complaint Policy, resident understand that Grievance and Complaint Book are at the front desk. The Grievance Book will be checked weekly

Director will first ensure the resident's safety and elbowing...In the event an associate...is accused of abuse...the individual will be asked to leave the property and asked to refrain from coming to the property until an investigation can be completed..The associate reporting the occurrence will complete and incident Report with the facts...including a. Time; b. Place; c. Assessment findings;...."

This State finding relates to Complaint IN00409284.

Based on interview and record review, the facility failed to implement their policy related to investigating and reporting allegations of abuse for 1 of 3 residents reviewed for abuse, (Resident B).

Findings include:

On 6/05/23 at 12:00 P.M., in an interview with the Administrator, she indicated a concern with staff reporting situations of abuse that were not actually abuse. The Administrator indicated on 6/04/23 the Assistant Director of Nursing (ADON), reported Certified Nursing Assistant (CNA) 2, was being abusive to Resident B and that the resident indicated CNA 2 was being mean to her. The Administrator indicated she

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 Executive Director or Designees mailbox.

By what date will the systemic changes be completed

6/19/2023

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that time. The ADON indicated no investigation was ever done.

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to do harm or inflict injury...Upon receiving a report of an unusual occurrence, the Leadership Team Member or Executive Director will first ensure the resident's safety and elbowing...In the event an associate...is accused of abuse...the individual will be asked to leave the property and asked to refrain from coming to the property until an investigation can be completed..The associate reporting the occurrence will complete and incident Report with the facts...including a. Time; b. Place; c. Assessment findings;...."

This State finding relates to Complaint IN00409284.

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