

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 02/15/2023	
NAME OF PROVIDER OR SUPPLIER WALNUT CREEK MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 525 BENTEE WES COURT, EVANSVILLE, , 47715					
(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 IN00401559. Complaint IN00401559 - Substantiated. State Residential Findings are cited at R0090. Survey date: February 15, 2023 Facility number: 013642 Residential Census: 46 This State Residential Finding was cited in accordance with 410 IAC 16.2-5. Quality review completed February 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 administrator shall include, but are	R 0090	<u>R090 Administration and Management</u> As all residents have the			02/24/2023	

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FORM APPROVED

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OMB NO. 0938-0391

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

potential to be affected by the deficient practice, corrective action included in-service to all employees on facility policy and state regulation that all allegations of mistreatment or abuse must be reported immediately. Training was conducted by the Health Facility Administrator 2/20/23-2/23/23.

To ensure that the same deficient practice does not occur, resident health records will be audited for compliance with use of Resident Health record Audit tool quarterly by the Health Service Director or their designee.

Corrective action will be monitored through audit quarterly for compliance. The results of these audits will be discussed by the CQI committee.

These systematic changes were completed 2/24/23.

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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 record review and interview, the facility failed to immediately report an allegation of abuse to the administrator for 1 of 1 allegations of abuse reviewed. (Resident B)

Finding includes:

The clinical record for Resident B was reviewed on 2/15/23 at 10: 40 a.m. Resident B was admitted on 2/19/21. The diagnoses included, but were not limited to, dementia, diabetes, hypothyroidism, with history of fractures.

The Service Plan, dated 9/13/22, indicated Resident B had severe cognitive impairment with no behaviors.

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A Nursing Progress note, dated 11/10/22 at 10:48 p.m., indicated: "Alert Charting: At approx. [approximately] 8:15 p.m. tonight, upon entering res. [resident] room to administer her HS [hour of sleep] meds [medications], res noted to be upset. Upon further communication and res talking why she was so upset, res began making false accusations/assumptions re: [regarding] another res. This res stated she was mad and began falsely accusing another res of rape. Res informed this is false information-assured res I was the nurse working that particular night, and the mentioned res was sitting in the chair in front of the nurses station almost all night d/t [due to] being unable to sleep (as it was a full moon) This res was in her room all night as she usually is-was not aware of anything going on outside of her room, This is not the first time res has falsely spread information re: other res and staff. Notified Administrator and HSD (Health Service Director) re res spreading this misinformation. Res is difficult to talk with when she believes something is true and refuses to listen to others."

On 2/15/23 at 2:20 p.m., the Administrator indicated she was unaware of the allegation until the discussion at that time. She indicated the facility policy was

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to report immediately to her or the Health Services Director for any allegation.

On 2/15/23 at 3:00 p.m., the current Policy and Procedure for Abuse was received and reviewed. The following was not followed: "Policy: ...All allegations of abuse or neglect will be treated as serious and will be investigated, documented and reported per the standards set forth in this policy and procedure, or per State or Federal regulations whichever is more stringent..."

This State Residential tag relates to Complaint IN00401559.

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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