STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVIVA MERRILLVILLE	7900 RHODE ISLAND STREET, MERRILLVILLE, , 46410

(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 IN00371003. Complaint IN00371003 - Substantiated. State deficiencies related to the allegations are cited at R0090. Survey date: 1/19/22 Facility number: 013733 Residential Census: 51 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 1/21/22.	R 0000	This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies. This plan of correction is being submitted as required by the regulations. The Administrator will ensure all corrective action in the following Plan of Correction has been completed.	
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	R 0090	A. A.The incident regarding residents B and C was reported to IDOH immediately while the state survey complaint # IN00371003 was in process. Both residents still reside at the facility and has had	02/10/2022

	administrator shall include, but are 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:		no adverse effects related to the deficient practice. B. B.To determine if other residents may have been affected all grievance forms over the last 12 months will be reviewed by the administrator or his/her designee. Immediate action will take place if a grievance report is deemed needing further investigation. Action to include additional investigating by the Administrator or his/her designee and reporting of the incident to the proper authorities. The residents affected and his/her responsible party will be notified of any additional findings regarding the review of the grievance report. APS and IDOH will also be notified. C. c.All management staff responsible for investigating and reporting allegations of abuse and neglect will receive proper training regarding Parkside’s Policy and Procedures to include specifics for identifying potential abuse, reporting abuse, investigating alleged abuse and preventing abuse by the Director of Operations. D. D.All grievance reports will	

	(A) employee's full name; and (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 ensure the facility's abuse policy was followed, related to reporting abuse allegations to the Indiana Department of Health (IDOH) for 1 of 3 abuse allegations reviewed. (Residents B and C) Finding includes:		be reviewed by the administrator or his/her designee to assure that any report of alleged abuse or neglect is thoroughly investigated and reported per Parkside policy. Administrator or his/her designee will review every grievance report and report quarterly to the quality assurance committee the ongoing results of this review until a pattern of compliance is obtained. E. E.All training will be completed by 02/10/2022	

During an interview on 1/19/22 at 10:03 a.m., CNA 1 indicated she had reported an allegation of abuse, which involved Residents B and C, to the Director of Nursing (DON) on 1/1/22. She indicated she had written a statement of her concerns as requested by the DON.

During an interview on 1/19/22 at 10:44 a.m., the Administrator provided a full investigation of the allegation, dated 1/1/22 and had determined the allegation was unsubstantiated. She indicated she had not reported the allegation to the IDOH and had treated the allegation as a grievance. She acknowledged the allegation of abuse should have been reported to the IDOH.

The undated facility policy, titled, "Abuse & Neglect", received from the Administrator on 1/19/22 at 11 a.m., indicated all allegations of mistreatment, neglect or abuse would be reported to the Administrator and other officials as required by the Indiana State law. The Administrator would make an initial report of the allegation within 24 hours and would send a follow up report with the conclusion of the investigation within five days.

This Residential tag relates to Complaint IN00371003.

Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to reporting abuse allegations to the Indiana Department of Health (IDOH) for 1 of 3 abuse allegations reviewed. (Residents B and C)

Finding includes:

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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