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
EVERGREEN VILLAGE AT BLOOMINGTON	3607 SOUTH HEIRLOOM DRIVE, BLOOMINGTON, , 47401

(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 IN00370964 and IN00370996. Complaint IN00370964 - Unsubstantiated due to lack of evidence. Complaint IN00370996 - Substantiated. State deficiency related to the allegation is cited at R090. Unrelated deficiency cited. Survey dates: January 18 and 19, 2022 Facility number: 014002 Residential Census: 112 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on January 26, 2022.	R 0000		

R 0029	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(d) (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on interview and record review, the facility failed to ensure a resident was treated with respect of their dignity for 1 of 5 residents reviewed for resident's rights (Resident C). Findings include: During an interview, on 1/19/22 at 10:14 a.m., the Administrator indicated, on 1/12/22, Resident C made coffee drinks for the housekeeping staff. Housekeeper 1 went to Resident C's room to let her know it was at the end of his shift, and he did not need a coffee drink. Housekeeper 1 rubbed Resident C's shoulders. He asked Resident C if that "felt good," and she was "pretty for her age." The next day, Resident C indicated to the nurse, when Housekeeper 1 rubbed her shoulders; asked her if it "felt good;" and she was "pretty for her age", made her feel uncomfortable. Housekeeper 1 indicated Resident C complained of pain in her shoulders. He rubbed her shoulders; asked her if it "felt good;" and she was "pretty for her age." Housekeeper 1 was	R 0029	R029: **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** -Employee was terminated effective immediately upon notification of the deficient practice. -All employees completed an in-service to train them on our policy around resident rights, and Abuse, Neglect or Exploitation to ensure deficient practice does not continue. **2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken:** -All residents had the potential to be affected by the	02/28/2022

	terminated because he acknowledged he had rubbed Resident C shoulders, asked if it "felt good" and she was "pretty for her age." On 1/19/22 at 2:15 p.m., Resident C's clinical record was reviewed. The diagnosis included, but was not limited to, depression. A Resident Grievance Form, dated 1/13/22 at 12:30 p.m., indicated, on 1/12/22, after Housekeeper 1 finished his job, he went to Resident C's room. Housekeeper 1 came up behind Resident C and was stroking her back, telling her she was the most beautiful lady here. Resident C was afraid of Housekeeper 1 because he had a key to her apartment, and she did not want him near her anymore. Housekeeper 1 indicated Resident C was going to make coffee drinks. He went back to Resident C's room to let her know he had to leave. Resident C complained of her shoulders hurting. Housekeeper 1 indicated he started rubbing her shoulders and he asked her if "it felt good" and "you look pretty for you age." Housekeeper 1 was terminated from employment. Housekeeper 1's Corrective Action Notice, dated 1/18/22, indicated he was terminated. Housekeeper 1 rubbed a		alleged deficient practice. Interviews were completed by Admin on current residents, no other concerns were brought forward by residents. **3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur:** -Re-education of facilities “Abuse, Neglect and Financial Exploitation Prevention” policy will be given to all staff via in person in-servicing and Relias training. **4. 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:** **Team will monitor resident**	

	resident's shoulders and stroke her back; asking her if it "felt good" and told her "she was pretty for her age. The resident was afraid and worried about him having a key to her apartment. On 1/19/22 at 2:30 p.m., the Administrator provided the facility's policy, "Abuse, Neglect, and Financial Exploitation Prevention," revision date 2/2021, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "...Staff members will conduct themselves in a manner that is respectful and courteous at all times." Based on interview and record review, the facility failed to ensure a resident was treated with respect of their dignity for 1 of 5 residents reviewed for resident's rights (Resident C). Findings include: During an interview, on 1/19/22 at 10:14 a.m., the Administrator indicated, on 1/12/22, Resident C made coffee drinks for the housekeeping staff. Housekeeper 1 went to Resident C's room to let her know it was at the end of his shift, and he did not need a coffee drink. Housekeeper 1 rubbed Resident C's shoulders. He asked Resident C if that "felt		**grievance forms, team will monitor activity and continue education for all staff members.** -The Administrator or designee will monitor compliance of ongoing training & education for current staff, as well as orientation training & education of all new staff regarding all aspects of resident rights to ensure compliance. This monitoring will be completed monthly for 4 months (March, April, May, June) and quarterly thereafter. If quarterly compliance falls below a 95% threshold, monthly audits will resume until a 95% threshold is achieved. **5. By what date the systemic changes will be completed:** -February 28, 2022	

	good," and she was "pretty for her age." The next day, Resident C indicated to the nurse, when Housekeeper 1 rubbed her shoulders; asked her if it "felt good;" and she was "pretty for her age", made her feel uncomfortable. Housekeeper 1 indicated Resident C complained of pain in her shoulders. He rubbed her shoulders; asked her if it "felt good;" and she was "pretty for her age." Housekeeper 1 was terminated because he acknowledged he had rubbed Resident C shoulders, asked if it "felt good" and she was "pretty for her age." On 1/19/22 at 2:15 p.m., Resident C's clinical record was reviewed. The diagnosis included, but was not limited to, depression. A Resident Grievance Form, dated 1/13/22 at 12:30 p.m., indicated, on 1/12/22, after Housekeeper 1 finished his job, he went to Resident C's room. Housekeeper 1 came up behind Resident C and was stroking her back, telling her she was the most beautiful lady here. Resident C was afraid of Housekeeper 1 because he had a key to her apartment, and she did not want him near her anymore. Housekeeper 1 indicated Resident C was going to make coffee drinks. He went back to Resident C's room to let			

	her know he had to leave. Resident C complained of her shoulders hurting. Housekeeper 1 indicated he started rubbing her shoulders and he asked her if "it felt good" and "you look pretty for you age." Housekeeper 1 was terminated from employment. Housekeeper 1's Corrective Action Notice, dated 1/18/22, indicated he was terminated. Housekeeper 1 rubbed a resident's shoulders and stroke her back; asking her if it "felt good" and told her "she was pretty for her age. The resident was afraid and worried about him having a key to her apartment. On 1/19/22 at 2:30 p.m., the Administrator provided the facility's policy, "Abuse, Neglect, and Financial Exploitation Prevention," revision date 2/2021, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "...Staff members will conduct themselves in a manner that is respectful and courteous at all times."			
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	R 0090	R090: **1. What corrective action(s) will be accomplished for those**	02/28/2022

	facility. The responsibilities of the 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:		**residents found to have been affected by the deficient practice:** -All incidents requiring immediate reporting to the ISDH will be done so in a timely manner -Resident identified as being deficient had a complete head to toe assessment completed by nurse. No injuries noted at the time. **2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken:** -No other residents had the potential to be affected by this deficient practice in this instance	

	(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 observation, interview, and record review, the facility failed to report to Indiana Department of Health (IDOH) a resident's fall with major injury which required medical treatment beyond basic first aid for 1 of 4 residents reviewed for Administration. (Resident D) Finding Includes: During an interview on 1/19/22 at 9:55 a.m., Resident D indicated that he fell in the bathroom on 12/12/21 in the early morning hours and sustained a head laceration (a deep cut or tear in the skin) with significant bleeding. He was sent out to the ER for treatment		**3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur:** -Staff will be educated to appropriately identify what constitutes a “reportable” incident. The material to be used for this staff training will be the ISDH Division of Long-Term Care Incident Reporting Policy pages 6-10 specific to Residential Care Facilities. https://www.in.gov/health/files/IncidentReportingPolicy-Final.pdf. **4. 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 resident injuries will be reviewedto make sure they do not meet qualification for reporting.	

	and obtained "twenty some" staples for the laceration to his scalp and his arms were "tore up". On 1/19/22 at 1:15 p.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), hypertension, and an unspecified cardiovascular disorder. A progress note, dated 12/12/21 at 4:55 a.m., indicated the resident was attempting to get off the toilet and fell and hit his head. He went to get up again and hit his head a second time on the floor. 911 was called and resident was sent out to the ER. A progress note, dated 12/12/21 at 11:03 a.m., indicated the resident returned to the facility approximately at *:00 a.m.. "...Resident returned with 22 staples on his head and several cuts/lacerations on his arms..." A review of Resident D's documentation for ER visit indicated the following: The documentation for Resident D's ER visit, dated 12/12/21 at 1:26 a.m., indicated the resident's diagnosis for the ER visit was for an 18 centimeter laceration. The documentation for Resident D's ER visit, dated 12/12/21 at		The Administrator, DON or designee will continue to report all major accidents, (unexpected or unintentional events resulting in any fracture or other outcome that requires medical treatment beyond basic first aid or ER/physician evaluation). This includes injuries resulting from improper care techniques. This further includes burns greater than 1st degree, choking incidents requiring hospital treatment, injuries that limit the ability of the resident to perform his/her normal activities. Internal incident reports will continue to be reviewed daily by the DON or designee to ensure such incidents have been reported as required. This is an ongoing best practice without a stop date. If any incident is identified by the DON or designee as a “reportable” incident and it has not been reported, the ADM, DON or designee will immediately report that incident and provide one-on-one education, coaching and/or corrective action, as appropriate to the	

	2:20 a.m., indicated on the procedure and technique sections described the repair of a biparietal (referring to both parietal bones of the skull; both sides of the skull) linear (a straight line) scalp laceration; the wound was reapproximated (fit back into place) utilizing 21 staples. During an interview on 1/19/22 at 2:00 p.m., the Administrator indicated they report to the IDOH resident's falls with fractures. During an interview on 1/19/22 at 3:05 p.m., the Regional Nurse Consultant stated they followed the State residential rules for reporting incidents to the IDOH. The Division of Long Term Care Reportable Incident Policy, dated 7/15/15, indicated, "...B. Types of incident reportable under Residential State rules...5. MAJOR ACCIDENTS - unexpected or unintentional events resulting in any fracture or other outcomes that require medical treatment beyond basic first aid or ER/physician evaluation..." This Residential tag relates to Complaint IN00370996. Based on observation, interview, and record review, the facility failed to report to Indiana Department of Health (IDOH) a resident's fall with major injury		specific situation for the staff member(s) involved. **5. By what date the systemic changes will be completed:** -February 28, 2022 1. What corrective action was implemented for the resident affected by the deficient practice? 2. How will the facility identify other residents with the potential to be affected by the deficient practice? Will it not affect all residents if the facility fails to report?	

which required medical treatment beyond basic first aid for 1 of 4 residents reviewed for Administration. (Resident D)

Finding Includes:

During an interview on 1/19/22 at 9:55 a.m., Resident D indicated that he fell in the bathroom on 12/12/21 in the early morning hours and sustained a head laceration (a deep cut or tear in the skin) with significant bleeding. He was sent out to the ER for treatment and obtained "twenty some" staples for the laceration to his scalp and his arms were "tore up".

On 1/19/22 at 1:15 p.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), hypertension, and an unspecified cardiovascular disorder.

A progress note, dated 12/12/21 at 4:55 a.m., indicated the resident was attempting to get off the toilet and fell and hit his head. He went to get up again and hit his head a second time on the floor. 911 was called and resident was sent out to the ER.

A progress note, dated 12/12/21 at 11:03 a.m., indicated the resident returned to the facility approximately at *:00 a.m.. "...Resident returned with 22

staples on his head and several cuts/lacerations on his arms..."

A review of Resident D's documentation for ER visit indicated the following:

The documentation for Resident D's ER visit, dated 12/12/21 at 1:26 a.m., indicated the resident's diagnosis for the ER visit was for an 18 centimeter laceration.

The documentation for Resident D's ER visit, dated 12/12/21 at 2:20 a.m., indicated on the procedure and technique sections described the repair of a biparietal (referring to both parietal bones of the skull; both sides of the skull) linear (a straight line) scalp laceration; the wound was reapproximated (fit back into place) utilizing 21 staples.

During an interview on 1/19/22 at 2:00 p.m., the Administrator indicated they report to the IDOH resident's falls with fractures.

During an interview on 1/19/22 at 3:05 p.m., the Regional Nurse Consultant stated they followed the State residential rules for reporting incidents to the IDOH.

The Division of Long Term Care Reportable Incident Policy, dated 7/15/15, indicated, "...B. Types of incident reportable under Residential State

	rules...5. MAJOR ACCIDENTS - unexpected or unintentional events resulting in any fracture or other outcomes that require medical treatment beyond basic first aid or ER/physician evaluation..." This Residential tag relates to Complaint IN00370996.			

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