STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR FORK CROSSING	1745 EAST 67TH STREET, ANDERSON, , 46013

(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 IN00370219. Complaint IN00370219 - Substantiated. State deficiencies related to the allegations are cited at R0053. Survey date: January 13, 2022 Facility number: 014080 Residential Census: 80 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on January 21, 2022.	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	1. Staff member immediately asked to leave resident's apartment while incident occurring due to being overheard by Nursing Director. Staff member immediately brought to Executive Director's office and an investigation was opened.	02/04/2022

Based on interview and record review, the facility failed to prevent verbal abuse of a cognitively impaired resident by a staff member for 1 of 5 residents reviewed for abuse (Resident D).

Findings include:

Review of a report submitted to Indiana Department of Health (IDOH), dated 12/22/21, indicated Home Health Aide (HHA) 8 had been observed in Resident D's room after being told to leave by the resident. HHA 8 was observed to tell the resident she was not her boss and she didn't have to do what the resident told her to do.

Review of Resident D's clinical record was completed on 1/13/22 at 11:25 a.m. Diagnosis included, but was not limited to, dementia.

Review of an 11/5/21 service plan indicated she was independent with ADLs and mobility; she had mild to moderate disorientation or difficulty recalling/retaining information.

Review of a 12/22/21 facility investigation indicated on the same date at 1:35 p.m., HHA 8 was observed by the Nursing Director telling Resident D the resident wasn't her boss and she didn't have to do what she

2. Other interviewable residents were interviewed for any other allegations of abuse. No concerns identified. Non-interviewable residents will be monitored for signs of psychosocial

distress by Memory Care Director and/or her designee.

3. All staff re-educated on Abuse policy & protocol. Memory Care Director and/or her designee will conduct monthly interviews to ensure no new allegations of abuse. Memory Care Director will conduct monthly monitorings of non-interviewable residents for any s/s of distress or changes in baseline related to engagement x 3 months.

4. During monthly Quality Assurance meetings, Memory Care Director and/or her designee will bring results of any incidents x 3 months. If 100% compliance interviews will be discontinued.

said, after the resident told her to leave her room three times.

Review of a 12/22/21 statement from the Nursing Director indicated she heard raised voices from Resident D's room, and heard the resident tell HHA 8 to leave her room three times. HHA 8 replied "You're not my boss, I don't have to do what you say."

Review of a 12/23/21 statement from the Sales Counselor indicated she witnessed the resident being calmed by the Nursing Director as HHA 8 stood behind her. The resident did not calm until HHA 8 left the area.

During phone interview, on 1/13/22 at 11:52 a.m., the Sales Counselor indicated on 12/22/21, she had heard "some back and forth" from Resident D's room and she was yanking on the bathroom door and saw the Nursing Director and HHA 8, who was standing over the resident, trying to still talk to her. The resident calmed when the HHA came out of the apartment.

No other staff involved in the event were available for interview during the survey.

Review of a current facility policy, titled Abuse Non-Tolerance of Resident Policy, dated November 2019 and provided by the

Administrator on 1/13/22 at 9:30 a.m. indicated the following: " ...Residents and clients must be free from abuse by anyone, including Community associates ...

This state residential finding relates to complaint IN00370219.

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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