STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLASSWATER CREEK OF PLAINFIELD	10480 GLASSWATER LANE, INDIANAPOLIS, , 46231

(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 IN00372380, IN00372568, IN00373929, IN00375356, and IN00376066. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00372380- Unsubstantiated due to lack of evidence. Complaint IN00372568 - Substantiated. State deficiencies related to the allegations are cited at R053. Complaint IN00373929 - Substantiated. State deficiencies related to the allegations are cited at R407. Complaint IN00375356 - Substantiated. State deficiencies related to the allegations are cited at R407. Complaint IN00376066 - Substantiated. No deficiencies related to the allegations are	R 0000	**We respectfully request desk Review (paper compliance) for Compliance, if acceptable. Should additional information Be required to complete the Request, please advise.**	

	cited. Survey dates: April 1, 4, 5, 6, and 7, 2022 Facility number: 014410 Residential Census: 121 These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on April 19, 2022.			
R 0053	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse. Based on interview, and record review, the facility failed to prevent staff to resident verbal abuse for 4 of 4 residents reviewed for abuse (Residents C, D, Y, Z, BB, and CC). Findings include: 1. An Indiana State Department of Health Survey Report System report, dated 2/4/22 at 1:35 p.m., indicated the Administrator received an e-mail from the corporate office related to a video that was posted on a popular social media sight. The e-mailer reported concern with two staff members Certified Nursing Assistant (CNA) 28 and	R 0053	**R 053 Resident Rights- (3) Incidents:** **Verbal Abuse** **Corrective Actions for those residents found to have been affected:** 1. Executive Director when informed of social media posted video event by email on 2/4/22 , immediately reported the incident to ISDH/ Gateway. Incident Number: 85. Resident C and Resident D were interviewed and assessed for psychosocial wellbeing and noted in their electronic Incident Report in Caremerge. No adverse effects were noted on electronic medical record report in Caremerge. Residents C and D	06/01/2022

	CNA 29 at the community who had posted video with personal preference notices that Resident C and Resident D had posted on their apartment doors. CNA 28 had posted the video and CNA 29 had been tagged and was observed in the video. Residents C and D were identified by names on the signage (note/apartment number). Upon notification of the incident both staff members were suspended pending investigation. Those residents affected by privacy or negative comments (names on doors on posted video or negative comments) were reviewed/audited and two other residents were identified as being affected by this same concern, Resident Y whose last name appeared in the video and who the staff members made negative anti-social statements about her, and Resident Z who the staff members made negative comments about. Staff involved were terminated from employment for violation of company's Policy/Procedure. An e-mail from the corporate office, dated 2/4/22, indicated, "I want to reach out concerning a HIPPA violation in a video I recently saw while scrolling [a social medial site] that was taken in your facility." CNA 28 and CNA 29 were identified by their name badge, CNA 28 posted the video and CNA 29		will be reassessed for psychosocial wellbeing. 2. Executive Director when informed of event on 2/11/22 (actual date of incident unknown by Resident BB) with QMA 30 speaking rudely to Resident BB, Staff member (QMA 30) was immediately suspended pending investigation. Incident was reported on 2/11/22 to ISDH/ Gateway (Incident Number: 86.) Resident BB was interviewed and assessed for psychosocial wellbeing and noted in their electronic Incident Report in Caremerge. No adverse effects were noted on electronic medical record report in Caremerge. Residents BB will be reassessed for psychosocial wellbeing. 3. Executive Director when informed of event on 2/20/22 with Dietary Aide 31, speaking rudely and using profanity to Resident CC, Dietary Aide 31 was suspended pending investigation. Incident was reported on 2/21/22 to ISDH/ Gateway (Incident Number: 87.) Resident CC was interviewed and assessed for psychosocial wellbeing and noted in their electronic Incident	

	was tagged as being in the video. In the video on social media you could see the facility name and two residents full first names with their room numbers as the aides "rated" the resident door signs. "It is worrisome if these young ladies are posting videos like this publicly for anyone to see what else they might be recording behind closed doors ..." a. On 4/1/22 at 10:30 a.m., Resident C was observed sitting in the main dining room conversing with 4 female peers. The resident indicated he would be moving in about 2 weeks to another facility due to multiple issues. Resident C's record was reviewed on 4/5/22 at 9:30 a.m. Diagnoses on Resident C's profile included, but were not limited to, morbid obesity, hyperlipidemia, central pain syndrome, hypertension, and chronic obstructive pulmonary disease. Resident's C's electronic medical record lacked documentation regarding allegations of verbal abuse from a staff member. An Incident Report for Resident C, dated 2/4/22 at 1:35 p.m., indicated, "Staff members posted video of personal preferences of resident that was		Report in Caremerge. No adverse effects were noted on electronic medical record report in Caremerge. Residents CC will be reassessed for psychosocial wellbeing. **Other residents having the potential to be affected will be identified and actions taken:** 1. All Resident apartment doors were audited on 2/6/22 for other residents who have the potential to be affected by this same concern. Two other residents were identified. Resident Y and Resident Z. No identifying information was posted on the video. Executive Director, after audit of all resident doors, reported the other residents affected, as a follow up to ISDH/ Gateway. Incident Number: 85. Residents Y and Z will be assessed for psychosocial wellbeing. No other residents were identified as being affected by this same concern with posting negative comments about residents on social media.	

	posted outside their apartment door. No medical or private information other than resident's name was posted on the video ..." A Witness Statement of Resident C documented by the ADM, dated 2/7/22, indicated, "Privacy/Resident Rights. Spoke with resident re: posted video of his personal preferences posted on door of his apartment. Notified him of video that displayed his name and sign. He reported that he wasn't concerned with any privacy issues or that anyone would know that he lived/resided at community. No adverse effects noted when discussion of posted video was discussed. Stated he wanted to have signage remain outside on apartment door ..." b. On 4/1/22 at 2:20 p.m., observation of note on Resident D's apartment door indicated, do not enter without knocking and asked to enter and respect her privacy as this was her home. Resident observed to be alert, oriented and talkative. Resident D's record was reviewed on 4/5/22 at 10:45 a.m. Diagnoses on Resident D's profile included, but were not limited to, atrial fibrillation, dysuria, major depressive disorder, and hypertension.		2. No residents were identified as being affected by this reported concern on 2/11/22. Incident 86. All residents have the potential to be affected by this same concern. Residents were educated on Resident Rights on 2/25/22. Residents will be educated again on Resident Rights/ Verbal Abuse reporting. Any allegation of a violation of a Resident Right will be investigated and reported to ISDH/Gateway. 3. No residents were identified as being affected by this reported concern on 2/22/22. Incident 87. All residents have the potential to be affected by this same concern. Residents were educated on Resident Rights on 2/25/22. Residents will be educated again on Resident Rights/ Verbal Abuse reporting. Any allegation of a violation of a Resident Right will be investigated and reported to ISDH/Gateway **Corrective measures put into place:** 1.	

	Resident D's electronic medical record lacked documentation regarding allegations of verbal abuse from a staff member. An Incident Report for Resident D, dated 2/4/22 at 1:35 p.m., indicated, "Staff members posted video of personal preferences of resident that was posted outside their apartment door. No medical or private information other than resident's name was posted on the video ..." A Witness Statement of Resident D documented by the Administrator, dated 2/7/22, indicated, video of resident sign on apartment door with name (very small print) on the sign. 1. Do not enter. 2. Cameras in use if staff come in apartment. 3. Treat with respect. 4. Enjoy your life "you too will be old." Resident posted these notes due to concerns in the past on staff not knocking before entering apartment. Resident is adamant that she wants signage to remain on door - in spite of privacy re: her personal preferences being posted on video by staff. No adverse effects were noted during the discussion of the posted video." An Investigation Report by the Administrator, dated 2/9/22, indicated, there had been a report of a HIPPA violation in a video on a popular social media		Upon notification of the posted video on 2/4/22, CNAs 28 and 29 were suspended pending investigation of the event. Event was reported to ISDH/Gateway system. Incident Number: 85. Investigation completed, and corrective actions: Termination were implemented. Staff will be educated on 4/28/22 and will continue to be educated on Resident Rights: Abuse and Neglect education, and Social Networking policy. Resident Rights/ Posted Signage rounds/ audits performed by Administrator and/ or their designee will be completed. During morning stand up, audits will be reviewed. Completed audits with any patterns identified will be ongoing and will be reviewed in Monthly QA. 2. Executive Director, when informed of event on 2/11/22, QMA 30 was suspended pending investigation of the event. Event was reported to ISDH/Gateway system. Incident Number: 86. Investigation completed, and corrective actions: Termination was implemented. Staff will be educated on 4/28/22 and will continue to be educated on Resident Rights: Abuse (Verbal) and Neglect education. Resident Rights rounds/	

	site reported on 2/4/22 by e-mail to the company's hot line. The video displayed 2 residents as being identified by rooms with personal preference posted on the door of the apartment. The facility name was displayed on name badges of the staff members. A Witness Statement for CNA 28, written by the BOM (Business Office Manager) on 2/7/22, with the Administrator signing as a witness, indicated, "Social Networking Policy, Confidentiality Policy, and HIPPA. She did not remember signing the policy and after posting she was aware that it was wrong but didn't mean any harm. She stated she was aware that a name was visible after the fact. She was not naming anyone by saying Karen-Grouchy they were just joking and talking about the signs. Understands she is wrong and did wrong not trying to harassment to any of the residents. She was trying to keep up with a trend and being funny. She wants to apologize and does not want either person's personality determined by this. She is very sorry to have created the post. She was informed that this will be reported to the State...." A Witness Statement for CNA 29, written by the BOM on 2/7/22, with the Administrator		audits performed by Administrator and/ or their designee will be completed. During morning stand up, audits will be reviewed. Completed audits with any patterns identified will be ongoing and will be reviewed in Monthly QA. 3. Executive Director, when informed of event on 2/20/22, Dietary Aide was suspended pending investigation of the event. Event was reported to ISDH/Gateway system. Incident Number: 87. Investigation completed, and corrective actions: Termination was implemented. Staff will be educated on 4/28/22 and will continue to be educated on Resident Rights: Abuse (Verbal) and Neglect education. Resident Rights rounds/ audits performed by Administrator and/ or their designee will be completed. During morning stand up, audits will be reviewed. Completed audits with any patterns identified will be ongoing and will be reviewed in Monthly QA. **How**	

	signing as a witness, indicated, "She did remember signing the policies of Social Networking, Confidentiality, HIPPA. She did not remember the full policy information. [CNA 28] suggested they make a video. The word Karen was not a resident's name. She did see the video before it was posted but did not see anything wrong with it. She felt it was just funny but looking at it now she felt it violated their privacy. She does feel that it's not appropriate to make videos like that after looking back. She was advised this would be reported to State. She was not aware of what was written on the video or involved in that ..." An In-service sign in log, dated 1/12/22, indicated the Administrator and DON (Director of Nursing) had presented education related to the Annual Survey POC (Plan of Correction). The in-service included information on Resident Rights, Abuse, and Neglect. CNA's 28 and 20 both signed as having received the education. Relias an electronic education system, dated 10/28/21, indicated CNA's 28 and 29 both were documented as having received education on Understanding Abuse and Neglect Self-Paced and Preventing, Recognizing, and		**corrective action will be monitored:** 1. Audits for Resident Rights/ Posted Signage rounds/ audits performed by Administrator and/ or their designee will be completed. During morning stand up, audits will be reviewed. Completed audits with any patterns identified will be ongoing and will be reviewed in Monthly QA. Any patterns will be identified with resolution. 2. Audits for Resident Rights rounds/ audits performed by Administrator and/ or their designee will be completed. During morning stand up, audits will be reviewed. Completed audits with any patterns identified will be ongoing and will be reviewed in Monthly QA. Any patterns will be identified with resolution. 3. Audits for Resident Rights rounds/ audits performed by Administrator and/ or their designee will be completed. During morning stand up, audits will be	

	Reporting Abuse. Relias an electronic education system, dated 12/5/21, indicated CNA's 28 and 29 both were documented as having received education on Understanding Abuse and Neglect Self-Paced and Preventing, Recognizing, and Reporting Abuse. Employee Handbook Acknowledgement and Receipt, dated 10/28/21, indicated CNA 28 had signed and dated as having received the handbook. "I understand that it is my responsibility to read and comply with the policies contained in this handbook ..." An Abuse and Neglect Prevention policy, signed and dated by CNA 28 on 10/28/21, indicated, "I acknowledge that I have read, reviewed, understand and received a copy of the facility's Abuse and Neglect Prevention Policy and Procedure. I further acknowledge that I understand that all allegations of abuse must be reported immediately to my Department Manager. I understand that violation of this policy may lead to disciplinary action up to and including termination of my employment at the facility ..." A Resident Rights policy, signed and dated by CNA 28 on		reviewed. Completed audits with any patterns identified will be ongoing and will be reviewed in Monthly QA. Any patterns will be identified with resolution. **Date to be completed: 6/1/22**	

	10/28/21, indicated, "I have read, had the chance to ask questions, and understand the Residents' Personal Rights. I have received a copy of the Residents' Personal Rights. I agree to abide by these Resident Rights while employed by the facility. I understand that any violation of the Resident's Personal Rights may lead to disciplinary action up to and including termination." Social Networking Policy, signed and dated by CNA 28 on 10/25/21, indicated, " ...Even when an employee is social networking on their own time they should use good judgement by not communicating work related issues which would have a negative impact on the Community ...Intellectual property, trade secrets and customer data are strictly forbidden from any online discourse...."			

	A Corrective Action Notice for CNA 28, dated 2/9/22, indicated termination due to policy/procedure violation. Unreasonable, discourteous, and disrespectful behavior while working at the Community and on the clock. On Friday February 4th the community was notified of the posted video. The employee created negative customer service with the use of a (social media site) video. Employee Handbook Acknowledgement and Receipt, dated 12/2/21, indicated CNA 29 had signed and dated as having received the handbook. "I understand that it is my responsibility to read and comply with the policies contained in this handbook ..." An Abuse and Neglect Prevention policy, signed and dated by CNA 29 on 8/26/21, indicated, "I acknowledge that I have read, reviewed, understand and received a copy of the facility's Abuse and Neglect Prevention Policy and Procedure. I further acknowledge that I understand that all allegations of abuse must be reported immediately to my Department Manager. I understand that violation of this policy may lead to disciplinary action up to and including termination of my employment at the facility...."			

	A Resident Rights policy, signed and dated by CNA 29 on 8/26/21, indicated, "I have read, had the chance to ask questions, and understand the Residents' Personal Rights. I have received a copy of the Residents' Personal Rights. I agree to abide by these Resident Rights while employed by the facility. I understand that any violation of the Resident's Personal Rights may lead to disciplinary action up to and including termination." A Social Networking Policy, signed and dated by CNA 29 on 8/17/21, indicated, "Even when an employee is social networking on their own time they should use good judgement by not communicating work related issues which would have a negative impact on the Community ...Intellectual property, trade secrets and customer data are strictly forbidden from any online discourse ..." A Corrective Action Notice for CNA 29, dated 2/9/22, indicate termination due to policy/procedure violation. Unreasonable, discourteous, and disrespectful behavior while working at the Community and on the clock. On Friday February 4th the community was notified of the posted video. The employee created negative			

	customer service with the use of a (social medial site) video. 2. An Indiana State Department of Health Survey Report System report, dated 2/11/22 at 11:01 a.m., indicated Resident BB reported to a private caregiver that a staff member QMA (Qualified Medication Aide) 30 spoke rudely to her about the resident having reported the QMA's behavior to her supervisor. Resident BB was unable to give an incident date or time. This incident was report by the caregiver to the DON by phone. QMA 30 was immediately suspended pending investigation into the allegation of verbal abuse. Findings after investigation determined that QMA 30 did approach the resident about resident feedback about her behavior, and QMA 30 was terminated for policy violation of Resident Rights. Resident BB's record was reviewed on 4/7/22 at 9:50 a.m. Diagnoses included, but were not limited to, anxiety, depression, diabetes mellitus, hyperlipidemia, hypothyroid, and insomnia. Resident BB's electronic medical record lacked documentation regarding allegations of verbal abuse from a staff member.			

	An In-service sign-in sheet, dated 2/8/22 - 2/11/22, indicated topics of HIPPA, Social Networking, Resident Rights and Confidentiality. The education was presented by the DON, and 14 staff members signed as having received the education, including QMA 30. An Investigation Report filled out by the Administrator, dated 2/11/22, indicated Resident BB reported to a friend/private caregiver that staff member QMA 30 spoke rudely to her after the resident had reported the staff member's behavior to her supervisor. The resident was unable to recall exact date. Documents reviewed: 1. Employee/staff member's file re: policies on Resident Rights, Abuse, Neglect reporting, etc. Any disciplinary actions, etc. 2. Resident SLUMS/medical file, etc. 3. Reportable guidelines. A Witness Statement by QMA 30, documented by the BOM during a phone interview, dated 2/11/22, indicated, "Does not any issues with resident. Does not recall speaking to [DON] about any incident. Does not recall being told that she cannot wear Bluetooth. She said she never wears her Bluetooth. She said she does not carry her phone ever. She said we should do the investigation better. She has never had any issues with any resident. She said she			

	always treats them with respect. She said she never went to any resident's room to confront them about why something was said. She said resident in room [room number] and the resident complained about her medication. She said she went to resident's room and asked her about complaining about her. She now states that she has not spoke to any resident about a complaint. She did recall a conversation with [DON] about [Resident BB]. She said she understands she cannot return to the building, call any residents or staff members...." A Witness Statement by QMA 26, dated 2/15/22, indicated [Resident B] informed writer one morning that the QMA the night before named (QMA 30) confronted her about a previous situation. The resident informed the writer that QMA 30 began yelling at her and wanted to know why she told the DON on her, the resident stated she felt intimidated by (QMA 30) and felt uncomfortable. Writer let DON know immediately. A Witness Statement by QMA 13, dated 2/14/22, indicated writer was asked by co-worker on 2/9/22 Resident BB began to express she was fearful of who is giving her medications this evening (QMA 30). She says she confronted her weeks prior about her reporting coming to			

	room speaking on speak phone in another language. Not greeting her and not seeming to care. Writer reported findings to DON. Writer explained she was sorry for not feeling comfortable in her own home. A Corrective Action Form, dated 2/18/22, indicated QMA 30 was terminated due to policy/procedure violation. "Conduct violated resident's rights. Resident reported that staff member QMA 30 approached her/resident and staff QMA 30 became upset that resident reported her behavior to staff member's supervisor. Resident was fearful and upset from this event with staff member. This event was reported to the ISDH (Indiana State Department of Health) as a Resident Rights violation." 3. An Indiana State Department of Health Survey Report System report, dated 2/20/22 at 12:01 p.m., indicated staff reported that Resident CC was disruptive in dining room and became upset with Dietary Aide 31 regarding his meal service. Dietary aide 31 was reported to have spoken rudely to Resident CC using profanity. All residents in the dining room had the potential to be affected by this concern. The investigation found Dietary Aide 31 used inappropriate language to Resident CC. Per staff member			

	interview, Dietary Aide 31 stated she replied to resident when he stated he was going to report her, "I'm not brining you s*** so report that." Dietary Aide 31 was terminated for violation of Resident Rights. Resident CC's record was reviewed on 4/7/22 at 11:22 a.m. Diagnoses on Resident CC's profile included, but were not limited to, cognitive deficit, diabetes mellitus, hyperlipidemia, hypertension, and memory impairment. Resident CC's electronic record lacked documentation of a verbal altercation with a dietary aide on or around 2/22/22. A Resident Grievance Form from the dietary staff, dated 2/22/22, indicated Resident CC cussing out dietary staff and disruptive behavior in the dining room. An e-mail from the Dietary Manager to the ADMINSTRATOR and BOM, dated 2/21/22 at 8:25 a.m., indicated, "I need to speak with both ASAP about an incident that took place yesterday between Dietary Aide 31 and Resident CC. I have spoken to neither of them at this time. I am being told that there was a 10 minute altercation between the two of them that took place in the dining room. Resident CC			

	called Dietary Aide 31 a bi*** for his food not coming out immediately and the argument went from there ...Dietary Aide 31 Amber has a poor attitude and has admittedly stated she has a bad attitude and poor demeanor when dealing with residents. I am perfectly fine with removing her from the schedule ..." A Witness Statement per Dietary Aide 31 via phone interview with the Administrator, and the BOM and DM signed as witness to phone interview, dated 2/21/22, indicated, "I went to [Resident CC's] table and he asked about his food. I told him that the trays were being prepared and that I would bring it to him. He then said you better bring it. I told him that he needed to say please. [Resident CC] then said that he was going to report me, and I told him I am not bringing you s*** so report that. While giving the above statement to her supervisor she stated that she is not his f****** slave." A Corrective Action Notice, dated 2/22/22, indicted Dietary Aide 31 was terminated due to policy/procedure violation. Reported to Administrator that Dietary Aide 31 used inappropriate language in her response to resident in the dining room, who became argumentative with her on			

	2/20/22 during lunch meal service. Staff member was suspended pending an investigation. Statement taken from Dietary Aide 31 who stated she replied to resident, "I am not bringing you s***, so report that," when resident stated he was going to report her conduct. Investigation found staff member Dietary Aide 31 violated resident rights. Dietary Aide 31 had received education at date of hire on Resident Rights and Abuse and Neglect. Employee Handbook Acknowledgement and Receipt, dated 1/7/22, indicated Dietary Aide 31 had signed and dated as having received the handbook. "I understand that it is my responsibility to read and comply with the policies contained in this handbook ..." An Abuse and Neglect Prevention policy, signed and dated by Dietary Aide 31 on 1/7/22, indicated, "I acknowledge that I have read, reviewed, understand and received a copy of the facility's Abuse and Neglect Prevention Policy and Procedure. I further acknowledge that I understand that all allegations of abuse must be reported immediately to my Department Manager. I understand that violation of this policy may lead to disciplinary action up to and including termination of my employment			

	at the facility...." A Resident Rights policy, signed and dated by Dietary Aide 31 on 1/13/22, indicated, "I have read, had the chance to ask questions, and understand the Residents' Personal Rights. I have received a copy of the Residents' Personal Rights. I agree to abide by these Resident Rights while employed by the facility. I understand that any violation of the Resident's Personal Rights may lead to disciplinary action up to and including termination." On 4/7/22 at 11:56 a.m., the ADMINSTRATOR provided an Abuse, Neglect and Financial Exploitation Prevention policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "The community will make every effort to prevent abuse, neglect, or financial exploitative staff behavior through staff training ...If a resident alleges or an investigation uncovers possible abuse, neglect, misappropriation of resident property ...as a result of actions by a staff member ...the Administrator or designee will contact local law enforcement authorities immediately of the allegation ..." On 4/7/22 at 11:56 a.m., the Administrator provided a			

	Resident's Personal Rights Policy and Procedure, dated 2/2022, and indicated the policy was the one currently being used by the facility. The policy indicated, "Each resident shall have the right to: 1. Be free from mental, emotional, social and physical abuse and neglect and exploitations ...5. Have his or her privacy respected ...14. Be treated at all times with courtesy, respect, and full recognition of personal dignity and individuality...." This State Residential finding relates to Complaint IN00372568. Based on interview, and record review, the facility failed to prevent staff to resident verbal abuse for 4 of 4 residents reviewed for abuse (Residents C, D, Y, Z, BB, and CC). Findings include: 1. An Indiana State Department of Health Survey Report System report, dated 2/4/22 at 1:35 p.m., indicated the Administrator received an e-mail from the corporate office related to a video that was posted on a popular social media sight. The e-mailer reported concern with two staff members Certified Nursing Assistant (CNA) 28 and CNA 29 at the community who had posted video with personal preference notices that Resident			

	C and Resident D had posted on their apartment doors. CNA 28 had posted the video and CNA 29 had been tagged and was observed in the video. Residents C and D were identified by names on the signage (note/apartment number). Upon notification of the incident both staff members were suspended pending investigation. Those residents affected by privacy or negative comments (names on doors on posted video or negative comments) were reviewed/audited and two other residents were identified as being affected by this same concern, Resident Y whose last name appeared in the video and who the staff members made negative anti-social statements about her, and Resident Z who the staff members made negative comments about. Staff involved were terminated from employment for violation of company's Policy/Procedure. An e-mail from the corporate office, dated 2/4/22, indicated, "I want to reach out concerning a HIPPA violation in a video I recently saw while scrolling [a social medial site] that was taken in your facility." CNA 28 and CNA 29 were identified by their name badge, CNA 28 posted the video and CNA 29 was tagged as being in the video. In the video on social media you could see the facility			

	name and two residents full first names with their room numbers as the aides "rated" the resident door signs. "It is worrisome if these young ladies are posting videos like this publicly for anyone to see what else they might be recording behind closed doors ..." a. On 4/1/22 at 10:30 a.m., Resident C was observed sitting in the main dining room conversing with 4 female peers. The resident indicated he would be moving in about 2 weeks to another facility due to multiple issues. Resident C's record was reviewed on 4/5/22 at 9:30 a.m. Diagnoses on Resident C's profile included, but were not limited to, morbid obesity, hyperlipidemia, central pain syndrome, hypertension, and chronic obstructive pulmonary disease. Resident's C's electronic medical record lacked documentation regarding allegations of verbal abuse from a staff member. An Incident Report for Resident C, dated 2/4/22 at 1:35 p.m., indicated, "Staff members posted video of personal preferences of resident that was posted outside their apartment door. No medical or private information other than resident's			

	name was posted on the video ..." A Witness Statement of Resident C documented by the ADM, dated 2/7/22, indicated, "Privacy/Resident Rights. Spoke with resident re: posted video of his personal preferences posted on door of his apartment. Notified him of video that displayed his name and sign. He reported that he wasn't concerned with any privacy issues or that anyone would know that he lived/resided at community. No adverse effects noted when discussion of posted video was discussed. Stated he wanted to have signage remain outside on apartment door ..." b. On 4/1/22 at 2:20 p.m., observation of note on Resident D's apartment door indicated, do not enter without knocking and asked to enter and respect her privacy as this was her home. Resident observed to be alert, oriented and talkative. Resident D's record was reviewed on 4/5/22 at 10:45 a.m. Diagnoses on Resident D's profile included, but were not limited to, atrial fibrillation, dysuria, major depressive disorder, and hypertension. Resident D's electronic medical record lacked documentation regarding allegations of verbal			

abuse from a staff member.

An Incident Report for Resident D, dated 2/4/22 at 1:35 p.m., indicated, "Staff members posted video of personal preferences of resident that was posted outside their apartment door. No medical or private information other than resident's name was posted on the video ..."

A Witness Statement of Resident D documented by the Administrator, dated 2/7/22, indicated, video of resident sign on apartment door with name (very small print) on the sign. 1. Do not enter. 2. Cameras in use if staff come in apartment. 3. Treat with respect. 4. Enjoy your life "you too will be old." Resident posted these notes due to concerns in the past on staff not knocking before entering apartment. Resident is adamant that she wants signage to remain on door - in spite of privacy re: her personal preferences being posted on video by staff. No adverse effects were noted during the discussion of the posted video."

An Investigation Report by the Administrator, dated 2/9/22, indicated, there had been a report of a HIPPA violation in a video on a popular social media site reported on 2/4/22 by e-mail to the company's hot line. The video displayed 2 residents as

being identified by rooms with personal preference posted on the door of the apartment. The facility name was displayed on name badges of the staff members.

A Witness Statement for CNA 28, written by the BOM (Business Office Manager) on 2/7/22, with the Administrator signing as a witness, indicated, "Social Networking Policy, Confidentiality Policy, and HIPPA. She did not remember signing the policy and after posting she was aware that it was wrong but didn't mean any harm. She stated she was aware that a name was visible after the fact. She was not naming anyone by saying Karen-Grouchy they were just joking and talking about the signs. Understands she is wrong and did wrong not trying to harassment to any of the residents. She was trying to keep up with a trend and being funny. She wants to apologize and does not want either person's personality determined by this. She is very sorry to have created the post. She was informed that this will be reported to the State...."

A Witness Statement for CNA 29, written by the BOM on 2/7/22, with the Administrator signing as a witness, indicated, "She did remember signing the policies of Social Networking,

	Confidentiality, HIPPA. She did not remember the full policy information. [CNA 28] suggested they make a video. The word Karen was not a resident's name. She did see the video before it was posted but did not see anything wrong with it. She felt it was just funny but looking at it now she felt it violated their privacy. She does feel that it's not appropriate to make videos like that after looking back. She was advised this would be reported to State. She was not aware of what was written on the video or involved in that ..." An In-service sign in log, dated 1/12/22, indicated the Administrator and DON (Director of Nursing) had presented education related to the Annual Survey POC (Plan of Correction). The in-service included information on Resident Rights, Abuse, and Neglect. CNA's 28 and 20 both signed as having received the education. Relias an electronic education system, dated 10/28/21, indicated CNA's 28 and 29 both were documented as having received education on Understanding Abuse and Neglect Self-Paced and Preventing, Recognizing, and Reporting Abuse. Relias an electronic education			

	system, dated 12/5/21, indicated CNA's 28 and 29 both were documented as having received education on Understanding Abuse and Neglect Self-Paced and Preventing, Recognizing, and Reporting Abuse. Employee Handbook Acknowledgement and Receipt, dated 10/28/21, indicated CNA 28 had signed and dated as having received the handbook. "I understand that it is my responsibility to read and comply with the policies contained in this handbook ..." An Abuse and Neglect Prevention policy, signed and dated by CNA 28 on 10/28/21, indicated, "I acknowledge that I have read, reviewed, understand and received a copy of the facility's Abuse and Neglect Prevention Policy and Procedure. I further acknowledge that I understand that all allegations of abuse must be reported immediately to my Department Manager. I understand that violation of this policy may lead to disciplinary action up to and including termination of my employment at the facility ..." A Resident Rights policy, signed and dated by CNA 28 on 10/28/21, indicated, "I have read, had the chance to ask questions, and understand the			

	Residents' Personal Rights. I have received a copy of the Residents' Personal Rights. I agree to abide by these Resident Rights while employed by the facility. I understand that any violation of the Resident's Personal Rights may lead to disciplinary action up to and including termination." Social Networking Policy, signed and dated by CNA 28 on 10/25/21, indicated, " ...Even when an employee is social networking on their own time they should use good judgement by not communicating work related issues which would have a negative impact on the Community ...Intellectual property, trade secrets and customer data are strictly forbidden from any online discourse...." A Corrective Action Notice for CNA 28, dated 2/9/22, indicated termination due to policy/procedure violation. Unreasonable, discourteous, and disrespectful behavior while working at the Community and on the clock. On Friday February 4th the community was notified of the posted video. The employee created negative customer service with the use of a (social media site) video. Employee Handbook Acknowledgement and Receipt,			

	dated 12/2/21, indicated CNA 29 had signed and dated as having received the handbook. "I understand that it is my responsibility to read and comply with the policies contained in this handbook ..." An Abuse and Neglect Prevention policy, signed and dated by CNA 29 on 8/26/21, indicated, "I acknowledge that I have read, reviewed, understand and received a copy of the facility's Abuse and Neglect Prevention Policy and Procedure. I further acknowledge that I understand that all allegations of abuse must be reported immediately to my Department Manager. I understand that violation of this policy may lead to disciplinary action up to and including termination of my employment at the facility...." A Resident Rights policy, signed and dated by CNA 29 on 8/26/21, indicated, "I have read, had the chance to ask questions, and understand the Residents' Personal Rights. I have received a copy of the Residents' Personal Rights. I agree to abide by these Resident Rights while employed by the facility. I understand that any violation of the Resident's Personal Rights may lead to disciplinary action up to and including termination."			

	A Social Networking Policy, signed and dated by CNA 29 on 8/17/21, indicated, "Even when an employee is social networking on their own time they should use good judgement by not communicating work related issues which would have a negative impact on the Community ...Intellectual property, trade secrets and customer data are strictly forbidden from any online discourse ..." A Corrective Action Notice for CNA 29, dated 2/9/22, indicate termination due to policy/procedure violation. Unreasonable, discourteous, and disrespectful behavior while working at the Community and on the clock. On Friday February 4th the community was notified of the posted video. The employee created negative customer service with the use of a (social medial site) video. 2. An Indiana State Department of Health Survey Report System report, dated 2/11/22 at 11:01 a.m., indicated Resident BB reported to a private caregiver that a staff member QMA (Qualified Medication Aide) 30 spoke rudely to her about the resident having reported the QMA's behavior to her supervisor. Resident BB was unable to give an incident date or time. This incident was report			

	by the caregiver to the DON by phone. QMA 30 was immediately suspended pending investigation into the allegation of verbal abuse. Findings after investigation determined that QMA 30 did approach the resident about resident feedback about her behavior, and QMA 30 was terminated for policy violation of Resident Rights. Resident BB's record was reviewed on 4/7/22 at 9:50 a.m. Diagnoses included, but were not limited to, anxiety, depression, diabetes mellitus, hyperlipidemia, hypothyroid, and insomnia. Resident BB's electronic medical record lacked documentation regarding allegations of verbal abuse from a staff member. An In-service sign-in sheet, dated 2/8/22 - 2/11/22, indicated topics of HIPPA, Social Networking, Resident Rights and Confidentiality. The education was presented by the DON, and 14 staff members signed as having received the education, including QMA 30. An Investigation Report filled out by the Administrator, dated 2/11/22, indicated Resident BB reported to a friend/private caregiver that staff member QMA 30 spoke rudely to her			

	after the resident had reported the staff member's behavior to her supervisor. The resident was unable to recall exact date. Documents reviewed: 1. Employee/staff member's file re: policies on Resident Rights, Abuse, Neglect reporting, etc. Any disciplinary actions, etc. 2. Resident SLUMS/medical file, etc. 3. Reportable guidelines. A Witness Statement by QMA 30, documented by the BOM during a phone interview, dated 2/11/22, indicated, "Does not any issues with resident. Does not recall speaking to [DON] about any incident. Does not recall being told that she cannot wear Bluetooth. She said she never wears her Bluetooth. She said she does not carry her phone ever. She said we should do the investigation better. She has never had any issues with any resident. She said she always treats them with respect. She said she never went to any resident's room to confront them about why something was said. She said resident in room [room number] and the resident complained about her medication. She said she went to resident's room and asked her about complaining about her. She now states that she has not spoke to any resident about a complaint. She did recall a conversation with [DON] about [Resident BB]. She said she understands she cannot			

	return to the building, call any residents or staff members...." A Witness Statement by QMA 26, dated 2/15/22, indicated [Resident B] informed writer one morning that the QMA the night before named (QMA 30) confronted her about a previous situation. The resident informed the writer that QMA 30 began yelling at her and wanted to know why she told the DON on her, the resident stated she felt intimidated by (QMA 30) and felt uncomfortable. Writer let DON know immediately. A Witness Statement by QMA 13, dated 2/14/22, indicated writer was asked by co-worker on 2/9/22 Resident BB began to express she was fearful of who is giving her medications this evening (QMA 30). She says she confronted her weeks prior about her reporting coming to room speaking on speak phone in another language. Not greeting her and not seeming to care. Writer reported findings to DON. Writer explained she was sorry for not feeling comfortable in her own home. A Corrective Action Form, dated 2/18/22, indicated QMA 30 was terminated due to policy/procedure violation. "Conduct violated resident's rights. Resident reported that staff member QMA 30 approached her/resident and			

	staff QMA 30 became upset that resident reported her behavior to staff member's supervisor. Resident was fearful and upset from this event with staff member. This event was reported to the ISDH (Indiana State Department of Health) as a Resident Rights violation." 3. An Indiana State Department of Health Survey Report System report, dated 2/20/22 at 12:01 p.m., indicated staff reported that Resident CC was disruptive in dining room and became upset with Dietary Aide 31 regarding his meal service. Dietary aide 31 was reported to have spoken rudely to Resident CC using profanity. All residents in the dining room had the potential to be affected by this concern. The investigation found Dietary Aide 31 used inappropriate language to Resident CC. Per staff member interview, Dietary Aide 31 stated she replied to resident when he stated he was going to report her, "I'm not brining you s*** so report that." Dietary Aide 31 was terminated for violation of Resident Rights.			

	Resident CC's record was reviewed on 4/7/22 at 11:22 a.m. Diagnoses on Resident CC's profile included, but were not limited to, cognitive deficit, diabetes mellitus, hyperlipidemia, hypertension, and memory impairment. Resident CC's electronic record lacked documentation of a verbal altercation with a dietary aide on or around 2/22/22. A Resident Grievance Form from the dietary staff, dated 2/22/22, indicated Resident CC cussing out dietary staff and disruptive behavior in the dining room. An e-mail from the Dietary Manager to the ADMINSTRATOR and BOM, dated 2/21/22 at 8:25 a.m., indicated, "I need to speak with both ASAP about an incident that took place yesterday between Dietary Aide 31 and Resident CC. I have spoken to neither of them at this time. I am being told that there was a 10 minute altercation between the two of them that took place in the dining room. Resident CC called Dietary Aide 31 a bi*** for his food not coming out immediately and the argument went from there ...Dietary Aide 31 Amber has a poor attitude and has admittedly stated she has a bad attitude and poor demeanor when dealing with			

	residents. I am perfectly fine with removing her from the schedule ..." A Witness Statement per Dietary Aide 31 via phone interview with the Administrator, and the BOM and DM signed as witness to phone interview, dated 2/21/22, indicated, "I went to [Resident CC's] table and he asked about his food. I told him that the trays were being prepared and that I would bring it to him. He then said you better bring it. I told him that he needed to say please. [Resident CC] then said that he was going to report me, and I told him I am not bringing you s*** so report that. While giving the above statement to her supervisor she stated that she is not his f****** slave." A Corrective Action Notice, dated 2/22/22, indicted Dietary Aide 31 was terminated due to policy/procedure violation. Reported to Administrator that Dietary Aide 31 used inappropriate language in her response to resident in the dining room, who became argumentative with her on 2/20/22 during lunch meal service. Staff member was suspended pending an investigation. Statement taken from Dietary Aide 31 who stated she replied to resident, "I am not bringing you s***, so report that," when resident stated he			

	was going to report her conduct. Investigation found staff member Dietary Aide 31 violated resident rights. Dietary Aide 31 had received education at date of hire on Resident Rights and Abuse and Neglect. Employee Handbook Acknowledgement and Receipt, dated 1/7/22, indicated Dietary Aide 31 had signed and dated as having received the handbook. "I understand that it is my responsibility to read and comply with the policies contained in this handbook ..." An Abuse and Neglect Prevention policy, signed and dated by Dietary Aide 31 on 1/7/22, indicated, "I acknowledge that I have read, reviewed, understand and received a copy of the facility's Abuse and Neglect Prevention Policy and Procedure. I further acknowledge that I understand that all allegations of abuse must be reported immediately to my Department Manager. I understand that violation of this policy may lead to disciplinary action up to and including termination of my employment at the facility...." A Resident Rights policy, signed and dated by Dietary Aide 31 on 1/13/22, indicated, "I have read, had the chance to ask questions, and understand the Residents' Personal Rights. I			

	have received a copy of the Residents' Personal Rights. I agree to abide by these Resident Rights while employed by the facility. I understand that any violation of the Resident's Personal Rights may lead to disciplinary action up to and including termination." On 4/7/22 at 11:56 a.m., the ADMINSTRATOR provided an Abuse, Neglect and Financial Exploitation Prevention policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "The community will make every effort to prevent abuse, neglect, or financial exploitative staff behavior through staff training ...If a resident alleges or an investigation uncovers possible abuse, neglect, misappropriation of resident property ...as a result of actions by a staff member ...the Administrator or designee will contact local law enforcement authorities immediately of the allegation ..." On 4/7/22 at 11:56 a.m., the Administrator provided a Resident's Personal Rights Policy and Procedure, dated 2/2022, and indicated the policy was the one currently being used by the facility. The policy indicated, "Each resident shall have the right to: 1. Be free from mental, emotional, social and			

	physical abuse and neglect and exploitations ...5. Have his or her privacy respected ...14. Be treated at all times with courtesy, respect, and full recognition of personal dignity and individuality...." This State Residential finding relates to Complaint IN00372568.			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. A. Based on observation, interview, and record review, the facility failed to follow CDC (Centers for Disease Control) guidelines during a pandemic and ensure infection control practices for COVID-19 were	R 0407	**R 407 Infection Control (2) Incidents** **Corrective Actions for those residents found to have been affected:** A. No residents were identified (Per 2567 survey completed on 4/7/22) as being affected by Covid 19 screening (no documentation of the attestation forms) from Staff on duty on evenings, nights, and weekends.	06/01/2022

	followed for screening of staff on evening, night, and weekend shifts for 4 of 5 days reviewed for screening. (QMA 12, QMA 32, CNA 33, QMA 15, LPN 16, CNA 17, QMA 18, CNA 19, Cook 20, Cook 21, Dietary Aide 22, Move-in-Coordinator, and Housekeeper 24). B. Based on observation and interview, the facility failed to have an effective garbage and waste disposal program for the safe and sanitary disposal of solid waste, including soiled surgical masks, gloves, adult briefs, and items used for rehabilitative therapy for 1 of 5 days of observation. Findings include: A. A confidential interview conducted during the course of the survey indicated, the interviewee indicated the facility was not properly monitoring visitors and employees for COVID-19 and were not monitoring to assure attestation forms were being completed after hours. The interviewee had taken concerns to the corporate office but felt they had not listened, and the interviewee was "hitting brick walls." During a review of non-vaccinated staff COVID-19 screening, dated 4/1/22 - 4/4/22, there was no documentation to include		B. No residents were identified (Per 2567 survey completed on 4/7/22) as being affected by garbage and waste disposal program (trash and debris on grounds and lid to dumpster not closed). **Other residents having the potential to be affected will be identified and actions taken:** A. Other residents have the potential to be affectedby Covid 19 screening (no documentation of the attestation forms) from Staff on duty on evenings, nights, and weekends. B. Other residents have the potential to be affected by noncompliance with garbage and waste disposal program (trash and debris on grounds and lid to dumpster not closed). **Corrective measures put into place:** A. Audits for staff and visitor Covid 19 screenings (documentation of the attestation	

	attestation forms for 3 of 5 staff member who had worked to include: a. QMA 12 had no documentation of having been screened before working an evening shift on Monday 4/4/21. b. QMA 32 had no documentation of having been screened before working night shifts on Saturday 4/2/22 or Sunday 4/3/22. c. CNA 33 had no documentation of having been screened before working night shifts on Saturday 4/2/22 or Sunday 4/3/22. During a review of staff COVID-19 screening, dated Sunday 3/27/22, there was no documentation to include attestation forms for 10 of 17 staff members who had worked to include: a. QMA 15 had no documentation of having been screened before working day shift. b. LPN 16 had no documentation of having been screened before working evening shift. c. CNA 17 had no documentation of having been screened before working evening shift.		forms) will be completed by Director of Nursing and / or their designee. Audits will be reviewed for compliance at morning stand up meeting. QMA 12, QMA 32, QMA 15, QMA 18, CNA 33, CNA 17, CNA 19, LPN 16, Cook 20, Cook 21, Dietary Aide 22, Move in Coordinator and Housekeeper 24, will receive education related to noncompliance with signing of attestation for Covid 19 screening. Staff will receive education on 4/28/22 and continue to be educated for compliance with the Covid 19 screenings (documentation of the attestation forms). B. Audits for garbage and waste disposal program (trash and debris on grounds and lid to dumpster not closed) will be completed by Maintenance Director and / or their designee. Audits will be reviewed for compliance at morning stand up meeting. **How corrective action will be monitored:**	

	d. QMA 18 had no documentation of having been screened before working night shift. e. CNA 19 had no documentation of having been screened before working night shift. f. Cook 20 had no documentation of having been screened before working day and evening shifts. g. Cook 21 had no documentation of having been screened before working day and evening shifts. h. Dietary aide 22 had no documentation of having been screened before working day and evening shifts. i. Move-on-Coordinator as MOD (Manager on Duty) for the day had no documentation of having been screened before working the day shift. j. Housekeeper 24 had no documentation of having been screened before working day and evening shifts. An All Staff Meeting Agenda, dated 1/12/22, indicated, "Infection Control ...All visitors AND STAFF must be screened by staff upon arrival with signatures - temperature and questions - please ensure you are using correct form. Please		A. Audits for staff and visitor Covid 19 screenings (documentation of the attestation forms) will be reviewed for compliance. This review/audit will be reviewed at morning stand up meeting. The audits will be on going and be reviewed at the monthly QA meeting. Any patterns will be identified with resolution. B. Audits for garbage and waste disposal program (trash and debris on grounds and lid to dumpster not closed) will be reviewed for compliance. This review/audit will be reviewed at morning stand up meeting. The audits will be on going and be reviewed at the monthly QA meeting. Any patterns will be identified with resolution. `**Date to be completed: 6/1/22**	

ensure you are answering the front door after hours and screening anyone who enters. Please ensure you are stopping non-residents in the hallway after hours to ensure they have completed the attestation ..." There was no documentation provided for staff who might have attended.

An All Staff Meeting Agenda, dated 2/18/22, indicated, "Infection Control ...All visitors AND STAFF must be screened by staff upon arrival with signatures - temperature and questions - please ensure you are using correct form. Please ensure you are answering the front door after hours and screening anyone who enters. Please ensure you are stopping non-residents in the hallway after hours to ensure they have completed the attestation ..." There was no documentation provided for staff who might have attended.

On 4/6/22 at 10:28 a.m., the Sales Associate indicated she was temporarily watching the receptionist desk. The current requirements for PPE (personal protective equipment) included all staff, residents and visitors were required to wear surgical masks. Everyone who entered the facility were required to be screened for COVID-19, and the screening included everyone had to sign in on the appropriate

resident, visitor, or vendor log and fill out and sign an attestation form on the vaccinated or unvaccinated form. The receptionist was responsible for making sure everyone screened upon entry. During off hours she was not sure who was responsible for assuring those that entered were screened.

On 4/6/22 at 10:34 a.m., the DON (Director of Nursing) indicated staff were required to be screened for COVID-19 before clocking in for their shift. The screening process included taking their temperature and filling out a vaccinated or unvaccinated attestation form. If the staff member was asymptomatic, they clocked in and proceeded to work, but if the staff member was symptomatic a rapid screening test was performed, and the staff member sent home. The receptionist position was schedule to worked daily until around 5:00 p.m., and it was her responsibility to assure the first and second shift staff had screened for COVID-19 by comparing the staff schedules against the attestation forms. In the morning the receptionist checked for night and weekend completion. The MOD on the weekend worked 10:00 a.m. to 2:00 p.m. or 4:00 p.m., and sat at the receptionist desk unless called away, and was

responsible for monitoring of screening for COVID-19. The DON indicated staff had been educated repeatedly on screening every shift for COVID-19.

On 4/6/22 at 10:43 a.m., when questioned regarding screening for COVID-19, LPN 14 indicated she really wasn't sure about employee screening after hours, and the receptionist left after 5:00 p.m.

On 4/6/22 at 4:11 p.m., the ADM (Administrator) provide Universal Screening Policy, dated 8/17/21, and indicted the policy was then current one being used by the facility. The policy indicated, " ...1. All employees are expected to complete an Employee Attestation at the beginning of their shift. 2. The employee is responsible for completing the attestation in entirety. The administrator, or designee, is responsible for monitoring for appropriate completion and compliance...."

Indiana Department of Health Long-term Care COVID-19 Clinical Guidance, dated 1/4/22, indicated, " ...Screen all healthcare personnel [HCP] each shift, and screen all visitors and vendors entering the facility for known diagnosis or symptoms of COVID-19 and for any history of being a close

contact or exposed to COVID-19 positive or symptomatic person in the preceding 14 days...."

B. During an interview on 4/1/22 at 10:23 a.m., an interviewee indicated they had spoken to the facility Administrator in the past regarding concerns of improper trash storage at the facility and the waste blowing onto neighboring properties. After they spoke with the Administrator the trash had been picked up along the properties and the dumpster that one time to their knowledge. When the facility was built there was a nice structure built for the facility to store 1 trash dumpster, but now there were 2 dumpsters, and both did not fit in the structure. There were paths from animals through neighboring yards to the dumpsters. Both dumpsters' lids were opened. There had been soiled surgical masks, gloves and notes from doctors, that had blown out of the dumpsters. The Administrator indicated about 6 weeks ago the mess would be contained, but that had not happened.

On 4/1/22 at 9:35 a.m., observation of 2 dumpsters enclosed out back in a wooden structure, all but 1 bag of trash in the dumpster, the dumpster lids were open. Observation of a ditch out back and around to the

side dividing the facility parking lot and neighboring homes to be littered with an extensive area of debris to include, but not limited to, several plastic bags hanging on the tall weeds some which looked to be from local stores, plastic, cardboard, paper, a vinyl glove, Styrofoam debris, one plastic cup with a lid from a popular coffee shop, empty plastic adult brief bags, and pieces of a blue pool noodle.

On 4/1/22 at 11:15 a.m., observation of the outdoor dumpster area and nearby ditch dividing the facility parking lot from neighboring homes with the Administrator. The Administrator indicated the trash and debris scattered throughout the ditch was from the facility. She had a discussion with a neighbor several weeks ago about the trash, and the facility had done an initial partial cleanup of the ditch. But due to windy conditions the facility had not gotten the trash and debris all cleaned up.

On 4/1/22 at 11:30 a.m., the Maintenance Director indicated a contracted waste disposal service had picked up trash that morning from inside the dumpsters, but they had not picked up the bag of trash on the ground behind the dumpster, and they would not pick up loose trash or trash bags off the ground. The

Maintenance Director indicated he went out daily to pick up trash off the grounds but had not picked up trash from the pad yet that morning as he was waiting on trash pickup first. Landscapers were contracted to work at the facility approximately 2 weeks ago and had helped to clean up the trash from the ditch, they would start coming every 2 weeks weather permitting. The dumpster lids were heavy, and the night shift staff did not always get them closed due to their height or windy conditions, and trash would get blown out. The Maintenance Director indicated he was responsible for picking up the trash on the facility grounds and making sure the ditch was cleaned up.

On 4/5/22 at 10:00 a.m., the Administrator provided a Waste Removal Policy and Procedure, effective 1/2022, and indicated the policy was the one currently being used by the facility. The policy indicated, "The purpose of this policy is to set forth standards for the collection and removal of waste and liquid waste from the facility and to maintain a clean living environment and optimal protection from bacteria ...Collected rubbish shall be placed in the facility's outdoor dumpster. The dumpster shall be emptied by an approved refuse hauler at a minimum of

once per week, or more often as necessary to prevent overloading of the dumpster and to minimize odors and pests. The dumpster must be equipped with a lid hat can be easily opened and closed completely ..."

This State Residential finding relates to Complaints IN00373929 and IN00375356.

A. Based on observation, interview, and record review, the facility failed to follow CDC (Centers for Disease Control) guidelines during a pandemic and ensure infection control practices for COVID-19 were followed for screening of staff on evening, night, and weekend shifts for 4 of 5 days reviewed for screening. (QMA 12, QMA 32, CNA 33, QMA 15, LPN 16, CNA 17, QMA 18, CNA 19, Cook 20, Cook 21, Dietary Aide 22, Move-in-Coordinator, and Housekeeper 24).

B. Based on observation and interview, the facility failed to have an effective garbage and waste disposal program for the safe and sanitary disposal of solid waste, including soiled surgical masks, gloves, adult briefs, and items used for rehabilitative therapy for 1 of 5 days of observation.

Findings include:

A. A confidential interview

conducted during the course of the survey indicated, the interviewee indicated the facility was not properly monitoring visitors and employees for COVID-19 and were not monitoring to assure attestation forms were being completed after hours. The interviewee had taken concerns to the corporate office but felt they had not listened, and the interviewee was "hitting brick walls."

During a review of non-vaccinated staff COVID-19 screening, dated 4/1/22 - 4/4/22, there was no documentation to include attestation forms for 3 of 5 staff member who had worked to include:

a. QMA 12 had no documentation of having been screened before working an evening shift on Monday 4/4/21.

b. QMA 32 had no documentation of having been screened before working night shifts on Saturday 4/2/22 or Sunday 4/3/22.

c. CNA 33 had no documentation of having been screened before working night shifts on Saturday 4/2/22 or Sunday 4/3/22.

During a review of staff COVID-19 screening, dated Sunday 3/27/22, there was no documentation to include

attestation forms for 10 of 17 staff members who had worked to include:

a. QMA 15 had no documentation of having been screened before working day shift.

b. LPN 16 had no documentation of having been screened before working evening shift.

c. CNA 17 had no documentation of having been screened before working evening shift.

d. QMA 18 had no documentation of having been screened before working night shift.

e. CNA 19 had no documentation of having been screened before working night shift.

f. Cook 20 had no documentation of having been screened before working day and evening shifts.

g. Cook 21 had no documentation of having been screened before working day and evening shifts.

h. Dietary aide 22 had no documentation of having been screened before working day and evening shifts.

i. Move-on-Coordinator as MOD (Manager on Duty) for the day had no documentation of having been screened before working the day shift.

j. Housekeeper 24 had no documentation of having been screened before working day and evening shifts.

An All Staff Meeting Agenda, dated 1/12/22, indicated, "Infection Control ...All visitors AND STAFF must be screened by staff upon arrival with signatures - temperature and questions - please ensure you are using correct form. Please ensure you are answering the front door after hours and screening anyone who enters. Please ensure you are stopping non-residents in the hallway after hours to ensure they have completed the attestation ..." There was no documentation provided for staff who might have attended.

An All Staff Meeting Agenda, dated 2/18/22, indicated, "Infection Control ...All visitors AND STAFF must be screened by staff upon arrival with signatures - temperature and questions - please ensure you are using correct form. Please ensure you are answering the front door after hours and screening anyone who enters. Please ensure you are stopping non-residents in the hallway

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On 4/6/22 at 10:28 a.m., the Sales Associate indicated she was temporarily watching the receptionist desk. The current requirements for PPE (personal protective equipment) included all staff, residents and visitors were required to wear surgical masks. Everyone who entered the facility were required to be screened for COVID-19, and the screening included everyone had to sign in on the appropriate resident, visitor, or vendor log and fill out and sign an attestation form on the vaccinated or unvaccinated form. The receptionist was responsible for making sure everyone screened upon entry. During off hours she was not sure who was responsible for assuring those that entered were screened.

On 4/6/22 at 10:34 a.m., the DON (Director of Nursing) indicated staff were required to be screened for COVID-19 before clocking in for their shift. The screening process included taking their temperature and filling out a vaccinated or unvaccinated attestation form. If the staff member was asymptomatic, they clocked in and proceeded to work, but if

the staff member was symptomatic a rapid screening test was performed, and the staff member sent home. The receptionist position was schedule to worked daily until around 5:00 p.m., and it was her responsibility to assure the first and second shift staff had screened for COVID-19 by comparing the staff schedules against the attestation forms. In the morning the receptionist checked for night and weekend completion. The MOD on the weekend worked 10:00 a.m. to 2:00 p.m. or 4:00 p.m., and sat at the receptionist desk unless called away, and was responsible for monitoring of screening for COVID-19. The DON indicated staff had been educated repeatedly on screening every shift for COVID-19.

On 4/6/22 at 10:43 a.m., when questioned regarding screening for COVID-19, LPN 14 indicated she really wasn't sure about employee screening after hours, and the receptionist left after 5:00 p.m.

On 4/6/22 at 4:11 p.m., the ADM (Administrator) provide Universal Screening Policy, dated 8/17/21, and indicted the policy was then current one being used by the facility. The policy indicated, " ...1. All employees are expected to complete an Employee

Attestation at the beginning of their shift. 2. The employee is responsible for completing the attestation in entirety. The administrator, or designee, is responsible for monitoring for appropriate completion and compliance...."

Indiana Department of Health Long-term Care COVID-19 Clinical Guidance, dated 1/4/22, indicated, " ...Screen all healthcare personnel [HCP] each shift, and screen all visitors and vendors entering the facility for known diagnosis or symptoms of COVID-19 and for any history of being a close contact or exposed to COVID-19 positive or symptomatic person in the preceding 14 days...."

B. During an interview on 4/1/22 at 10:23 a.m., an interviewee indicated they had spoken to the facility Administrator in the past regarding concerns of improper trash storage at the facility and the waste blowing onto neighboring properties. After they spoke with the Administrator the trash had been picked up along the properties and the dumpster that one time to their knowledge. When the facility was built there was a nice structure built for the facility to store 1 trash dumpster, but now there were 2 dumpsters, and both did not fit in the structure.

There were paths from animals through neighboring yards to the dumpsters. Both dumpsters' lids were opened. There had been soiled surgical masks, gloves and notes from doctors, that had blown out of the dumpsters. The Administrator indicated about 6 weeks ago the mess would be contained, but that had not happened.

On 4/1/22 at 9:35 a.m., observation of 2 dumpsters enclosed out back in a wooden structure, all but 1 bag of trash in the dumpster, the dumpster lids were open. Observation of a ditch out back and around to the side dividing the facility parking lot and neighboring homes to be littered with an extensive area of debris to include, but not limited to, several plastic bags hanging on the tall weeds some which looked to be from local stores, plastic, cardboard, paper, a vinyl glove, Styrofoam debris, one plastic cup with a lid from a popular coffee shop, empty plastic adult brief bags, and pieces of a blue pool noodle.

On 4/1/22 at 11:15 a.m., observation of the outdoor dumpster area and nearby ditch dividing the facility parking lot from neighboring homes with the Administrator. The Administrator indicated the trash and debris scattered throughout the ditch was from the facility. She had a discussion with a

neighbor several weeks ago about the trash, and the facility had done an initial partial cleanup of the ditch. But due to windy conditions the facility had not gotten the trash and debris all cleaned up.

On 4/1/22 at 11:30 a.m., the Maintenance Director indicated a contracted waste disposal service had picked up trash that morning from inside the dumpsters, but they had not picked up the bag of trash on the ground behind the dumpster, and they would not pick up loose trash or trash bags off the ground. The Maintenance Director indicated he went out daily to pick up trash off the grounds but had not picked up trash from the pad yet that morning as he was waiting on trash pickup first. Landscapers were contracted to work at the facility approximately 2 weeks ago and had helped to clean up the trash from the ditch, they would start coming every 2 weeks weather permitting. The dumpster lids were heavy, and the night shift staff did not always get them closed due to their height or windy conditions, and trash would get blown out. The Maintenance Director indicated he was responsible for picking up the trash on the facility grounds and making sure the ditch was cleaned up.

	On 4/5/22 at 10:00 a.m., the Administrator provided a Waste Removal Policy and Procedure, effective 1/2022, and indicated the policy was the one currently being used by the facility. The policy indicated, "The purpose of this policy is to set forth standards for the collection and removal of waste and liquid waste from the facility and to maintain a clean living environment and optimal protection from bacteria ...Collected rubbish shall be placed in the facility's outdoor dumpster. The dumpster shall be emptied by an approved refuse hauler at a minimum of once per week, or more often as necessary to prevent overloading of the dumpster and to minimize odors and pests. The dumpster must be equipped with a lid hat can be easily opened and closed completely ..." This State Residential finding relates to Complaints IN00373929 and IN00375356.				

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