

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/12/2023	
NAME OF PROVIDER OR SUPPLIER CEDARHURST OF DYER		STREET ADDRESS, CITY, STATE, ZIP CODE 1763 CALUMET AVENUE, DYER, , 46311					
(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 IN00414849 and IN00420280. Complaint IN00414849 - No deficiencies related to the allegations are cited. Complaint IN00420280 - No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey dates: December 11 & 12, 2023 Facility number: 014415 Residential Census: 77 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 12/13/23.	R 0000					

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R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are 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	R 0090	R090: Administration and Management What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice The incident was reported to ISDH on 12/18/23. The Executive Director will report all allegations of abuse to ISDH per IN requirements. No other residents will experience any ill effects related to the deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken All residents have the potential to be affected by the deficient practice.	02/09/2024
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individual under eighteen (18) years of age to an adult facility.

(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:

(A) employee's full name; and

(B) dates and hours worked during the past twelve (12) months.

(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.

(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request

Based on record review and interview, the facility failed to ensure the Indiana Department of Health (IDOH) had been notified of an unusual occurrence, related to a sexual contact involving residents who were unable to give consent, for 1 of 2 incidents reviewed for IDOH reporting. (Residents H and J)

Finding includes:

Resident H's record was

All department heads will routinely randomly interview residents and staff weekly for 3 months to ensure all allegations of abuse have been reported.

What monitoring system will be put in place to ensure the Administrator has reported all allegations of abuse timely to IDOH and who will be responsible for oversight of the Administrator

Director of Nursing(DON) will be responsible for oversight of Executive Director to ensure timely reporting. DON will interview Executive Director weekly for 3 months to inquire if all allegations of abuse were reported to IDOH. DON will report allegations of abuse through Gateway in Executive Director's absence.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not

reviewed on 12/12/23 at 11:20 a.m. The diagnoses included, but were not limited to, Alzheimer's disease.

A cognitive assessment, dated 3/15/23, indicated a severely impaired cognitive status.

A Level of Care assessment, dated 3/15/23, indicated confusion and memory loss, oriented to only self, and ambulated independently.

A Progress Note, dated 4/20/23 at 9:17 p.m., indicated around 8 p.m., Resident H was found in a male resident's room (Resident J) by a Nursing Assistant. She had her shirt and bra pulled down and the male resident was inappropriately touching her breast. The nurse was immediately notified, the resident was dressed, and assisted out of the room. There was no distress or anxiousness from the resident. The family, Director of Nursing (DON), Administrator, and Nurse Practitioner were notified.

A Progress Note, dated 4/21/23 at 1:27 p.m., indicated the resident had not remembered the incident on 4/20/23. There was no distress or discomfort.

recur

All staff were in-serviced on recognizing and reporting abuse.

All managers were in-serviced on additional interviews added to the weekly routine rounds.

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

Director of Nursing will oversee and ensure the Executive Director reports all allegations of abuse to IDOH in a timely manner. Weekly routine rounds, with interviews, will be submitted to Director of Nursing for review.

By what date the systemic changes will be completed

Resident J's record was reviewed on 12/12/23 at 11:39 a.m. The diagnoses included, but were not limited to dementia.

A cognitive assessment, dated 2/13/23, indicated a moderately impaired cognition status.

A Level of Care assessment, dated 2/13/23, indicated he was oriented to person and place and ambulated independently.

A Progress Note, dated 4/20/23 at 8:26 p.m., indicated a female resident (Resident H) was escorted out of the resident J's room. The female resident was not notably scared or upset. The family, Director of Nursing (DON), Administrator, and Nurse Practitioner were notified.

A Progress Note, dated 4/21/23 at 1:31 p.m., indicated the resident had not remembered the incident on 4/20/23. There was no distress or discomfort.

The Incident Report, provided by the Administrator, indicated Resident H was found in Resident J's room. She had her shirt and bra pulled down and Resident J had fondled her breast. The Nursing Assistant had immediately notified the nurse and re-dressed Resident H and assisted her out of the room. There was no distress or anxiousness from either resident. Both families had been

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notified. Resident H was confused and disoriented. Abuse was unsubstantiated as the incident appeared to be consensual.

A written statement from Employee 2, dated 4/21/23, indicated she had observed Resident H and Resident J having a conversation in the hallway around 8 p.m. on 4/20/23. When she returned from the laundry room the residents were not in a public area. She checked Resident H's room and she was not in her room, she then went to Resident J's room and found the female resident in his room. The female resident had her shirt and bra off and the male resident was fondling her breasts. The male resident was asked to step back from the female resident and the female resident was asked to redress herself. The nurse was called to the room and was informed of the observation. The female resident was escorted to the common area.

A written note from the Administrator, dated 4/21/23, indicated neither resident could remember the incident and neither of them displayed signs or symptoms of distress. Both family members were notified and were explained the incident and reactions of both the residents at the time of the incident and both verbalized

understanding. Resident H's family was not pleased with the incident but was understanding in terms of the inappropriate behavior related to the dementia.

During an interview on 12/12/23 at 10:40 a.m., the Administrator indicated the incident had not been reported to the IDOH because it was determined to be consensual since there had not been any anxiety or psychosocial symptoms.

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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
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