

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 06/10/2025	
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF GATEWAY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 6338 WEST QUIET ROAD, GREENFIELD, , 46140					
(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 IN00459890, IN00460238, and IN00461145. Complaint IN00459890 -- State deficiencies related to the allegations are cited at R0090. Complaint IN00460238 -- State deficiencies related to the allegations are cited at R0090. Complaint IN00461145 -- No deficiencies related to the allegations are cited. Survey dates: June 8, 9 and 10, 2025 Facility number: 015521 Residential Census: 35 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-5. Quality review completed on June 16, 2025.	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.	R 0090	<u>R 0090 Failure to Report</u> - <i>What corrective actions will be accomplished for those residents who are found to have been affected by the deficient practice? Please describe what immediate corrective actions were put in place related to the residents pertaining to accuracy of service plans and family involvement in service plan reviews.</i> Monthly/ Annual training will be mandatory for all staff regarding Abuse, Reporting, Resident rights. - <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Please describe what actions were put into</i>	06/30/2025
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(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:

(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 interview and record review, the facility failed to ensure an allegation of staff to resident physical abuse was immediately reported to the Executive Director for 1 of 3 residents reviewed for abuse. (Resident C)

Findings include:

In an interview with Licensed Practical Nurse (LPN) 3 on

place to identify potential residents who could be affected by the same deficient practice related to accuracy of service plans and family involvement in service plan reviews.

Monthly/
Annual training will be mandatory for all staff regarding Abuse, Reporting, Resident rights.

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What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Please describe how all staff were educated on the procedure for accuracy of service plans and family involvement in service plan reviews.

6-9-25 at 12:40 p.m., she indicated sometime in mid to late May 2025, on a Saturday, while at home, she received a text message from Home Health Aide (HHA) 4, indicating Certified Nurse Aide (CNA) 5 had been abusive towards Resident C during incontinence care. "I asked her what happened. She said that [name of CNA 5] had snatched [name of Resident C]'s pants down real fast and that he was then being mean to the staff and he was in a bad mood. I asked her if she saw it, but she said she heard it from another staff member. Said they were sitting around and talking. I asked her if the staff member had reported it to the nurse on duty. I told [name of HHA 4] the aide who witnessed it, [name of CNA 6], was the one who needed to report this to the nurse on duty. From what I gathered, they kept trying to get the girl to come forward, the aide [CNA 6] said she did not think it was abuse because of how you have to help him. So that aide didn't report anything to the nurse [on duty on the unit] or [name of the Director of Nursing]." LPN 3 indicated her understanding of allegation of abuse reporting was previously unclear and now thinks she failed her part in reporting to the management team.

In an interview with CNA 6 on 6-9-25 at 2:40 p.m., she

A mandatory in-service was held on 06/12/25 by Health and Wellness Director to go over Abuse, Neglect, and Reporting policies. Along with mandatory RELIAS training for all staff due by 06/30/2025.

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How will the corrective actions be monitored to ensure the deficient practice will not recur? Who is responsible for monitoring the systemic changes related to accuracy of service plans and family involvement in service plan reviews. If monitoring is for six months or less, please explain the criteria that will be used to determine whether further monitoring is necessary or if the monitoring can be stopped.

The Health and Wellness Director or designee will be responsible for overseeing compliance with RELIAS training. The Executive Director and Health and Wellness Director will be educated on the policy and process in the EHR.

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indicated she and CNA 5 were providing incontinent care to Resident C. "If you know much about him, you know you have to keep talking to him and tell him what you're doing and you need to move fast, because he is always on the go. I was in front of him and [name of CNA 5] was behind him. I think it kind of surprised him that she slid his pants down, but I don't think me or [name of CNA 5] did anything that wasn't normal care for him. There was nothing to report about anything, other than his normal care. Trust me, I would report to the nurse or Director of Nursing or the Administrator if I suspected something wasn't right."

In an interview with HHA 4 on 6-9-25 at 6:12 p.m., she indicated sometime between late April and mid-May 2025, she heard about a situation in which CNA 5, was providing incontinent care for Resident C and that CNA 5 "snatched his pants down real fast when she was trying to change him." She clarified she did not witness the situation, only heard about it. HHA 4 defined the term of "snatch," to mean "moved her real fast." HHA 4 indicated she thought the situation sounded like CNA 5 was being very rough with Resident C's care and "something needed to be done about [name of CNA 5]." HHA 4 indicated she was

Compliance will be tracked by the monthly Quality Committee.

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By what date the systemic changes will be completed?

06/30/2025

"unsure who reported this to the nurse." She did not indicate she had contacted LPN 3 regarding the situation by text or had made the Director of Nursing (DON) or Executive Director (ED) aware of her concerns for rough care of a resident by a staff member.

During the entrance conference with the ED and DON on 6-8-25 at 7:15 p.m., the ED and DON indicated they were unaware of any allegations of abuse or rough care for Resident C but would file a reportable incident with the State Department of Health and begin investigation immediately. The ED indicated CNA 5 was no longer employed with the facility.

In an interview with the DON on 6-9-25 at 2:15 p.m., she reiterated she had not received any information about any care concerns with Resident C concerning rough treatment by staff. She described Resident C was a person who walks or wanders independently frequently on the secured memory care unit, has speech, but most times was unaware of his location or even name, was generally able to be re-directed and was incontinent of bowel and bladder which required the assistance of one or two staff to provide incontinent care.

A review of employee files

related to education for their most recent documented abuse prohibition training, including reporting requirements, indicated LPN 3 had training on 4-18-25, HHA 4 and CNA 5 had training on 4-29-25 and CNA 6 had this training during orientation on 5-15-25.

On 6-8-25 at 8:50 p.m., the ED provided a copy of a policy with a revision date of 10-2021, and entitled, "Abuse, Neglect, Exploitation Prevention." This policy indicated, "It is the policy of Charter Senior Living to maintain the rights of all residents to be free from abuse, neglect, exploitation and mistreatment...provide a mechanism for prompt identification, reporting, and investigation of any allegation and/or reasonable suspicion of abuse...It will ensure that all reporting of abuse and neglect is handled in accordance with regulatory standards...The act of alleged abuse, neglect, or exploitation must be reported immediately up to 24 hours after the allegation to the state licensing agency via the preferred method of notification...An investigation will be started when the Executive Director or Health & Wellness Director receives a notification of any alleged violation and reported to the State Complaint Registry immediately up to the first 24 hours as per state

regulation...Immediate measures will be taken to ensure the safety of the resident and to prevent further abuse, neglect, exploitation...During orientation, and prior to Resident contact, in-service all employees about Resident Rights...and what to do if they witness or suspect abuse, neglect or exploitation and how to report it...Annually or more frequently if mandated by State regulation, present a mandatory in-service for all staff on Resident Rights, prohibition of abuse...what to do if they witness or suspect abuse, including how to report abuse and how to recognize signs of burnout, frustration and stress that may lead to abuse..."

This Residential tag relates to Complaints IN00459890 and IN00460238.

2.5-1.2(v)(2)

2.5-1.3(g)(1)

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2.5-1.2(v)(2)

2.5-1.3(g)(1)

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