

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

PRINTED: 08/04/2017

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155660	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2017
NAME OF PROVIDER OR SUPPLIER PULASKI HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 624 E 13TH ST WINAMAC, IN 46996		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00230902.</p> <p>Complaint IN00230902 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225 and F226.</p> <p>Survey dates: July 2 and 3, 2017</p> <p>Facility number: 000553 Provider number: 155660 AIM number: 100267430</p> <p>Census Bed Type: SNF/NF: 50 SNF: 6 Total: 56</p> <p>Census Payor Type: Medicare: 8 Medicaid: 32 Other: 16 Total: 56</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/7/17.</p>	F 0000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care.</p> <p>Furthermore, the operation and licensure of the long term care facility and this Plan of Correction in its entirety, constitutes this provider's credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that it was in compliance with the requirements of participation.</p> <p>We are respectfully requesting a</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0225 SS=D Bldg. 00	<p>483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>483.12(a) The facility must-</p> <p>(3) Not employ or otherwise engage individuals who-</p> <p>(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;</p> <p>(ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or</p> <p>(iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p>		<p>desk review to clear any and all proposed or implemented remedies that have been presented to date.</p>	

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	<p>(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.</p> <p>(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must</p>			

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	<p>be taken.</p> <p>Based on record review and interview, the facility failed to ensure a threat of harm to a resident was reported immediately to the Administrator of the facility and reported to the Indiana State Department of Health (ISDH) for 1 of 4 residents reviewed for abuse in a total sample of 4. (Resident D and Employee 1) The facility also failed to ensure staff hired for employment received thorough background checks, related to references for 4 of 5 employees hired to work with all residents in the facility, in the past four months. (CNA 4, Respiratory Therapist 5, LPN 6, and Dietary Assistant 7)</p> <p>Findings include:</p> <p>1. An interview with the Administrator, on 07/02/17 at 1:55 p.m., indicated Employee 1 had been terminated for not talking well about residents and foul language.</p> <p>A typed, signed and undated statement from the Activity Director, read, "On December 1, 2016 it was reported to me that (Employee 1's Name) had been making derogatory remarks about our residents...Reports state that while behind closed doors...made a comment that a resident didn't like her and that she would</p>	F 0225	<p>1. WHAT corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Employee #1 was terminated on 12/1/2016.</p> <p>Employees #2 and #3 have been re-educated on the Abuse Policy and the importance of reporting any allegations. See samples #1 a, b and #2 a, b.</p> <p>CNA #4, Respiratory Therapist #5, LPN #6 and Dietary Assistant #7 were removed from the schedule until their reference checks were completed. See samples #3a1, 3a2, 3a3, 3a4, 3b1, 3b2, 3b3, 3c1, 3c2, 3c3, 3d1, 3d2, 3d3.</p> <p>The Human Resources Director has been re-educated on the Hiring Policy related to the importance of reference checks being completed before a new employee begins employment. See samples #4 a, b.</p> <p>1. HOW other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p>	08/02/2017

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	<p>like to just kick her teeth in..."</p> <p>A hand written and signed statement by Employee 2 and Employee 3, dated 12/02/16, indicated on November 16, 2016, Employee 1 stated to them she did not think Resident D liked her and she felt like kicking Resident D's teeth in. Employee 1 was informed this was inappropriate behavior.</p> <p>During an interview on 07/03/17 at 8:55 a.m., the Activity Director indicated she had been on vacation 11/16/16 and returned to work on 12/01/16. She was informed of this incident on 12/01/16 and Employee 1 was terminated. The Administrator had not been informed of the Employee making a threat of wanting to kick the resident's teeth out until 12/01/16 and should have been informed on 11/16/16.</p> <p>During an interview on 07/03/17 at 9:50 a.m., Employee 3 indicated Employee 1 had made the statement of wanting to kick Resident D's teeth out as they were leaving the building and Employee 1 said it in a, "joking manner" and, because she was laughing, they did not report the statement to the Administrator.</p> <p>During an interview on 07/03/17 at 11:45 a.m., the Administrator indicated the</p>		<p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Further education and discipline will occur immediately for staff not reporting allegations of abuse in a timely manner.</p> <p>During an allegation of abuse investigation interviews will be initiated with alert resident to determine if the potential allegation has affected other residents. See sample # 5.</p> <p>No employees will be allowed to begin employment until the required number of reference checks have been completed.</p> <p>1. WHAT measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Further education and discipline will occur immediately for staff not reporting allegations of abuse in a timely manner.</p>	

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	<p>statement was not reported to the ISDH due to it being made to other employees and not to a resident and the employee was terminated.</p> <p>Resident D's record was reviewed on 07/03/17 at 9:20 a.m. The diagnoses included, but were not limited to, Alzheimer's disease and dementia.</p> <p>A Quarterly Minimum Data Set assessment, dated 06/01/17, indicated the resident's cognition status was severely impaired.</p> <p>During an interview on 07/03/17 at 9:30 a.m., Resident D indicated the employees at the facility were nice and no one had threatened or harmed her.</p> <p>2. Files for five employees hired within the past four months were reviewed on 07/03/17 at 10:25 a.m.</p> <p>There were no reference checks found in the files for CNA 4 - hired 06/01/17, Respiratory Therapist 5 - hired 04/27/17, LPN 6 - hired 05/05/17, and Dietary Assistant 7 - hired 05/16/17.</p> <p>During an interview on 07/03/17 at 10:25 a.m., Human Resources indicated she had been busy and had not had time to get the reference checks and the employees had</p>		<p>All facility staff were re-educated on the types of abuse and the timely reporting to the Administrator any allegation (s) of abuse. See sample #6a,b,c,d,e,f,g,h,i.</p> <p>No employees will be allowed to begin employment until the required number of reference checks have been completed.</p> <p>All department heads involved in the hiring process were re-educated on the on the Hiring Policy related to the importance of reference checks being completed before a new employee begins employment. See samples #7 a, b.</p> <p>1. 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?</p> <p>During morning meeting the 24 hour report will be reviewed by the Unit Manager for potential incidents of abuse and reported to the Administrator or his/her designee immediately.</p> <p>The Human Resources Director will utilize the New Hire Checklist to ensure all references are completed before orientation of the new employee. Results will be reported monthly to the QAPI committee</p>	

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F 0226 SS=D Bldg. 00	<p>been working in the building.</p> <p>During an interview on 07/03/17 at 10:35 a.m., the Administrator indicated the employees should have had reference checks completed.</p> <p>This Federal Tag relates to Complaint IN00230902.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(e)</p> <p>483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 483.12 (b) The facility must develop and implement written policies and procedures that:</p> <p>(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>(2) Establish policies and procedures to investigate any such allegations, and</p> <p>(3) Include training as required at paragraph §483.95,</p>		<p>which will make any needed recommendations. See sample #11.</p> <p>Staff and residents will be interviewed weekly for four weeks and monthly thereafter for any potential incidents of abuse. See samples #5, #8. Results will be reported monthly to the QAPI committee which will make any needed recommendations.</p> <p>The Administrator or his/her designee will be responsible for follow up.</p> <p>1.BY WHAT DATE the systemic changes will be completed? August 2, 2017</p>	

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	<p>483.95</p> <p>(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-</p> <p>(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.</p> <p>(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>(c)(3) Dementia management and resident abuse prevention.</p> <p>Based on record review and interview the facility failed to ensure the Abuse Prohibition Policy was followed, related to timely reporting a threat against a resident to the Administrator, reporting a threat against a resident to the Indiana State Department of Health (ISDH) (Resident D and Employee 1), and notifying the Responsible Party and Physician of an allegation of abuse by a resident (Resident C) for 2 of 4 residents reviewed for abuse in a total sample of 4. The facility also failed to obtain reference checks on employees hired within the past four months for 4 of 5 employee records reviewed. (CNA 4, Respiratory Therapist 5, LPN 6, and Dietary Assistant 7)</p>		F 0226	<p>1. WHAT corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Employee #1 was terminated on 12/1/2016.</p> <p>Employees #2 and #3 have been re-educated on the Abuse Policy and the importance of reporting any allegations. See samples #1 a, b and #2 a, b.</p> <p>The physician and Responsible Party for resident C were notified of the unusual occurrence of 5/22/17. See sample # 9.</p> <p>CNA #4, Respiratory Therapist #5, LPN #6 and Dietary Assistant #7 were removed from the schedule until their reference checks were completed. . See samples #3a1, 3a2, 3a3, 3a4,</p>	08/02/2017

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	<p>Findings include:</p> <p>1. An interview with the Administrator, on 07/02/17 at 1:55 p.m., indicated Employee 1 had been terminated for not talking well about residents and foul language.</p> <p>A typed, signed and undated statement from the Activity Director, read, "On December 1, 2016 it was reported to me that (Employee 1's Name) had been making derogatory remarks about our residents...Reports state that while behind closed doors...made a comment that a resident didn't like her and that she would like to just kick her teeth in..."</p> <p>A hand written and signed statement by Employee 2 and Employee 3, dated 12/02/16, indicated on November 16, 2016, Employee 1 stated to them she did not think Resident D liked her and she felt like kicking Resident D's teeth in.</p> <p>During an interview on 07/03/17 at 8:55 a.m., the Activity Director indicated she had been on vacation 11/16/16 and returned to work on 12/01/16. She was informed of this incident on 12/01/16 and Employee 1 was terminated. The Administrator had not been informed of the Employee making a threat of wanting to kick the resident's teeth out until</p>		<p>3b1, 3b2, 3b3, 3c1, 3c2, 3c3, 3d1, 3d2, 3d3.</p> <p>The Human Resources Director has been re-educated on the Hiring Policy related to the importance of reference checks being completed before a new employee begins employment. See samples #4 a, b.</p> <p>1. HOW other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Further education and discipline will occur immediately for staff not reporting allegations of abuse in a timely manner.</p> <p>All allegations of abuse will be reported to the family and physician.</p> <p>During an allegation of abuse investigation interviews will be initiated with alert resident to determine if the potential allegation has affected other residents. See sample # 5.</p> <p>No employees will be allowed to begin employment until the required number of reference</p>	

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	<p>12/01/16 and should have been informed on 11/16/16.</p> <p>During an interview on 07/03/17 at 9:50 a.m., Employee 3 indicated Employee 1 made the statement of wanting to kick Resident D's teeth out as they were leaving the building and Employee 1 said it in a, "joking manner" and, because she was laughing, they did not report the statement to the Administrator.</p> <p>During an interview on 07/03/17 at 11:45 a.m., the Administrator indicated the statement was not reported to the ISDH due to it being made to other employees and not to a resident and the employee was terminated.</p> <p>2. Resident C's record was reviewed on 07/03/17 at 7:20 a.m. The diagnoses included, but were not limited to dementia.</p> <p>A Significant Change Minimum Data Set assessment, dated 05/10/17, indicated a severely impaired cognition status.</p> <p>An Indiana State Department of Health reportable incident, dated 05/22/17 at 9:20 a.m., indicated during a shower on 05/22/17 at 9:05 a.m., the resident voiced to CNA 8 she had fought with two men in Indianapolis and was knocked out and</p>			<p>checks have been completed.</p> <p>1. WHAT measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Further education and discipline will occur immediately for staff not reporting allegations of abuse in a timely manner.</p> <p>Further education and discipline will occur immediately for staff not reporting allegations of abuse to the family and physician per the Abuse Policy.</p> <p>All facility staff were re-educated on the types of abuse and the timely reporting to the Administrator, family and physician any allegation (s) of abuse. See sample #6a,b,c,d,e,f,g,h,i.</p> <p>During morning meeting the 24 hour report will be reviewed by the Unit Manager for potential incidents of abuse and reported to the Administrator or his/her designee immediately. The Unit Manager or</p>	

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	<p>she could have been raped. CNA 8 immediately reported the statement to the Nurse, and the Nurse reported it immediately to the Administrator.</p> <p>An investigation was immediately started and the resident was assessed with no signs of trauma.</p> <p>The Nurse's Note on 05/22/16 at 9:40 a.m., indicated the resident had not been out of the building and the resident denied being hurt.</p> <p>There was no documentation to indicate the Physician and Responsible Party had been notified of the allegation in the investigation and Nurses' Notes.</p> <p>During an interview on 07/03/17 at 11:15 a.m., the Administrator indicated the Physician and Responsible Party had not been notified of the allegation.</p> <p>During an interview on 07/03/17 at 11:45 a.m., the Administrator indicated the Abuse Prohibition Policy states the Physician and Responsible Party will be notified.</p> <p>3. Files for five employees hired within the past four months were reviewed on 07/03/17 at 10:25 a.m.</p>		<p>his/her designee will be responsible to ensure that family and physician have been notified of any potential incidents of abuse.</p> <p>Staff and residents will be interviewed weekly for four weeks and monthly thereafter for any potential incidents of abuse.</p> <p>Audits of all reportable incidents will include ensuring family and physician have been notified. See sample #10.</p> <p>No employees will be allowed to begin employment until the required number of reference checks have been completed.</p> <p>All department heads involved in the hiring process were re-educated on the on the Hiring Policy related to the importance of reference checks being completed before a new employee begins employment. See samples #7 a, b.</p>	

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	<p>There were no reference checks found in the files for CNA 4 - hired 06/01/17, Respiratory Therapist 5 - hired 04/27/17, LPN 6 - hired 05/05/17, and Dietary Assistant 7 - hired 05/16/17.</p> <p>During an interview on 07/03/17 at 10:25 a.m., Human Resources indicated she had been busy and had not had time to get the reference checks and the employees had been working in the building.</p> <p>During an interview on 07/03/17 at 10:35 a.m., the Administrator indicated the employees should have had reference checks completed.</p> <p>The facility, "Abuse Prohibition Policy", dated 04/04/11, and received from the Administrator as current, read, "...All facility staff will be trained...responsibilities to prevent and report suspected abuse...Pre-employment screening of new employees will include investigations of references and reasonable efforts to uncover information about past criminal prosecutions...Any staff member who has knowledge of abuse of a resident, has reasonable cause to believe that a resident is being or has been abused...shall make an immediate oral report to the administrator or director of nursing, or unity (sic) charge nurse...All allegation are reportable...Any</p>		<p>1. 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?</p> <p>During morning meeting the 24 hour report will be reviewed by the Unit Manager for potential incidents of abuse and reported to the Administrator or his/her designee immediately.</p> <p>Audits of all reportable incidents will include ensuring family and physician have been notified. See sample #10.</p> <p>The Human Resources Director will utilize the New Hire Checklist to ensure all references are completed before orientation of the new employee. Results will be reported monthly to the QAPI committee which will make any needed recommendations. See sample #11.</p> <p>Staff and residents will be interviewed weekly for four weeks and monthly thereafter for any potential incidents of abuse. See samples #5, #8.</p> <p>Results will be reported monthly to the QAPI committee which will make any needed recommendations.</p>	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155660	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2017	
NAME OF PROVIDER OR SUPPLIER PULASKI HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 624 E 13TH ST WINAMAC, IN 46996		
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	<p>report(s) of a know abuse or exploitation shall be communicated immediately by telephone to the resident's representative by the administrator or designee...All reports of alleged or suspected or know abuse shall be reported to the Indiana State Department of Health...within 24 hours of the reported incident..."</p> <p>This Federal Tag relates to Complaint IN00230902.</p> <p>3.1-28(a)</p>			<p>The Administrator or his/her designee will be responsible for follow up.</p> <p>1.BY WHAT DATE the systemic changes will be completed? August 2, 2017</p>	