STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155208	A. BUILDING 00 B. WING	06/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER NURSING CENTER	410 W LAGRANGE RD HANOVER, IN 47243

(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
R 0000 Bldg. 00	This visit was for the Investigation of Residential Complaint IN00232363. Complaint IN00232363 - Substantiated. State deficiency related to the allegation is cited at R0052. Survey date: June 13 & 14, 2017 Facility number: 000115 Residential Census: 7 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5. Quality review completed on June 19, 2017.	R 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.	
R 0090 Bldg. 00	410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	(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 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			

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	the public upon request Based on interview and record review, the facility failed to report an allegation of abuse to the State for 1 of 3 residents reviewed for abuse. (Resident D) Findings include: On 6/13/17 at 10:00 A.M., the Administrator provided copies of all Reportables for the last three months, and they were reviewed at that time. The reportable's lacked a recent allegation of abuse. During an interview on 6/13/17 at 10:00 A.M., the Administrator indicated the five reportables were all the reportables for the last three months. During an interview on 6/14/17 at 1:25 P.M., the Administrator indicated there was an ongoing investigation being conducted for an allegation of abuse on 6/7/17. The allegation of abuse had not been reported to the State yet and was not included in the Reportables provided on 6/13/17. A Report of Concern, dated 6/7/17 (No time indicated) and filed by RN 18, indicated an incident between Resident D and the Maintenance Director had occurred. She had witnessed the Maintenance Director near Resident D's breast; "her shirt was pulled up over her left breast." When they became aware of the nurse's presence the Maintenance Director "quickly pulled away and the resident pulled her shirt down." A Report of Concern, dated 6/7/17 (No time indicated) and filed by NA (Nursing Aide) 9, indicated he witnessed the Maintenance Director and Resident D face to face, and "it appeared as if they were kissing and making out, ...when I walked in I observed them face to face extremely	R 0090	225 Requires the facility to report allegations of abuse timely. 1. Resident D was assessed for mental anguish with no findings. Administrator was inserviced on the areas that are reportable. 2. All residents have the potential to be affected. All notice of concerns and incident reports were reviewed for the last quarter to ensure no further issues of abuse. Staff continues to be educated on the abuse policy upon hire, annually and as needed. See below for corrective measures. 3. The Abuse Prohibition policy and procedure (focus on the reportable guidelines) was reviewed with no changes made. (See attachment A) The staff was in serviced on the above procedure. 4. The administer or his designee with conduct rounds in the facility twice a day ensuring the staff is knowledgeable of the abuse policy. Questions will be asked to staff to ensure they know what abuse is and how to properly report abuse immediately after removing the resident from danger. The administrator will call the Regional Director after each round of interviews to discuss findings.If needed,the administrator will then report the incident to the ISDH timely per policy and per the regulation.	06/26/2017

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	close." A Written Statement, dated 6/7/17 (No time indicated), by the Assistant Director of Nursing (ADON) indicated she had received a report from a floor nurse that she had witnessed an inappropriate situation between the Maintenance Director and Resident D who resides on the assisted living in the facility. She indicated she spoke with Resident D and the resident denied any inappropriate contact. She interviewed 16 residents concerning inappropriate behavior from staff. The investigation documentation lacked the 16 interviews of residents. Record review on 6/13/2017 at 1:45 P.M. indicated Resident D was alert and oriented with a Brief Interview for Mental Status (BIMs) score of 15 conducted on 6/7/17. The current facility policy titled "Abuse Prohibition, Reporting and Investigating" and dated 1/2017 was provided by the Administrator and was reviewed at that time. The policy indicated, "...this facility shall prohibit and prevent abuse ...the relationship between a resident and their caregiver is a professional relationship ...a relationship beyond that of the professional caregiver, the caregiver must report..." The current facility policy titled "Resident Rights" and dated 11/28/2016 was provided by the Administrator and was reviewed at that time. The policy indicated "...resident has the right to be free from abuse..." This State tag relates to Complaint IN00232363		The administrator or his designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, than every two weeks times two months, then quarterly thereafter to ensure residents are being treated appropriately. (See attachment B) The audits will be conducted until 100% compliance is obtained and maintained. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly. 5. The above corrective measures will be completed on or before June 27, 2017.	