

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

PRINTED: 01/18/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155324		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/26/2022	
NAME OF PROVIDER OR SUPPLIER MITCHELL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 24 TEKE BURTON DR MITCHELL, IN 47446			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00387973.</p> <p>Complaint IN00387973 - Substantiated. Federal/State deficiencies related to the allegations are cited at F552.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: August 25 and 26, 2022</p> <p>Facility number: 000217 Provider number: 155324 AIM number: 100289590</p> <p>Census Bed Type: SNF/NF: 64 Total: 64</p> <p>Census Payor Type: Medicare: 3 Medicaid: 55 Other: 6 Total: 64</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 29, 2022.</p>			F 0000	<p>The creation of this Letter of Credible Allegation constitutes Mitchell Manor's written allegation of compliance. Preparation and submission of this letter does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth by the survey agency. This letter is solely prepared because of requirement under state and federal law, and to demonstrate the good faith efforts by this provider to improve the quality of life of each resident.</p>		
F 0552 SS=D Bldg. 00	<p>483.10(c)(1)(4)(5) Right to be Informed/Make Treatment Decisions §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</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 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 30 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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	<p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>Based on interview and record review, the facility failed to ensure a resident's right to choose their treatment option was respected for 1 of 3 residents reviewed for resident's rights. (Resident B)</p> <p>Finding includes:</p> <p>During an interview on 8/25/22 at 9:16 a.m., Family Member 1 indicated Resident B refused the psychoactive medications lorazepam (a prescription-controlled substance used to treat anxiety) and a medication for depression, but he received them anyway. The social worker came in and asked if he wanted to take lorazepam and he told her no, but he was upset and refused to sign the paper.</p> <p>The clinical record for Resident B was reviewed on 8/25/22 at 9:24 a.m. The diagnoses included, but were not limited to, pancreatic cancer and bone cancer.</p>			F 0552	<p>F 552 Right to be informed/Make Treatment Decisions</p> <p>It is the intent of this facility to ensure a resident's right to choose their treatment options.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>Resident B has discharged. No further action warranted.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p>		09/13/2022

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	<p>A psychoactive medication informed consent form, dated 6/1/22, indicated Resident B refused the use of antidepressant medication fluoxetine (a prescription medication to treat depression).</p> <p>A psychoactive medication informed consent form, dated 7/7/22, indicated Resident B refused the use of antianxiety medication lorazepam.</p> <p>The Physician's Orders included, but were not limited to:</p> <p>Lorazepam concentrate 2 mg/ml (milligrams/milliliter), give 0.25 ml, orally every 3 hours for pain, air hunger, and terminal restless, initiated 7/7/22. The order was discontinued on 7/8/22</p> <p>Lorazepam concentrate 2 mg/ml, give 0.25 ml, orally as needed every 6 hours for agitation, air hunger, and terminal restlessness. The order was discontinued on 7/10/22.</p> <p>A pharmacy delivery manifest indicated lorazepam concentrate 2 mg/ml was delivered on 7/2/22 at 5:58 a.m., for Resident B.</p> <p>The Medication Administration Record, dated June 2022, indicated Resident B received fluoxetine 10 mg capsule from 6/1/22 through 6/22/22, daily.</p> <p>The Medication Administration Record, dated July 2022, indicated Resident B received lorazepam concentrate 2 mg/ml on 7/7/22 and 7/8/22.</p> <p>A narcotic sign out sheet for lorazepam concentrate 2 mg/ml indicated Resident B received</p>				<p>SSD/designee to complete audit of residents who have a current order for psychotropic medications to ensure resident and/or representative was informed and given the opportunity to consent or decline use of these medications. Any findings will be addressed. Re-education will be provided by the ED/DON designee as indicated.</p> <p>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>Licensed nurse/designee will obtain consent when an order for newly prescribed psychotropic medication is received. . Psychotropic medication orders will be reviewed in daily clinical meeting by the SSD/designee to ensure any order for psychoactive medication has associated consent or declination recorded in medical record. Inconsistencies will be addressed.</p> <p>Director of Nursing /designee to provide education to licensed nurses and Social Services Director on notifying resident or resident responsible party for any new orders involving psychoactive medications requiring a consent, and obtaining consent before</p>		

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	<p>0.25 ml the medication on the following dates and times:</p> <p>7/7/22 at 3:30 p.m.</p> <p>7/7/22 at 5:30 p.m.</p> <p>7/7/22 at 8:00 p.m.</p> <p>7/7/22 at 11:00 p.m.</p> <p>7/8/22 at 2:00 a.m.</p> <p>7/8/22 at 5:00 a.m.</p> <p>7/8/22 at 8:00 a.m.</p> <p>7/8/22 at 11:00 a.m.</p> <p>7/8/22 at 2:00 p.m.</p> <p>7/8/22 at 8:00 p.m.</p> <p>During an interview on 8/25/22 at 10:45 a.m., the SSD (Social Service Director) indicated Resident B told her he did not want to take lorazepam. Resident B was aggravated and did not sign the consent.</p> <p>During an interview on 8/25/22 at 12:04 p.m., the DON indicated the staff should not have administered the fluoxetine nor the lorazepam if Resident B's wishes were to not take them.</p> <p>On 8/25/22 at 8:31 a.m., the Administrator provided a copy of an undated facility policy, titled "Area of Focus: Resident Rights," and indicated this was the current policy used by the facility. A review of the policy indicated "at the time of admission, a resident is afforded certain rights in a Long-Term Care Facility. The facility and its associates have the responsibility for ensuring these rights are always upheld..."</p> <p>This Federal tag relates to Complaint IN00387973.</p> <p>3.1-4(d)</p>				<p>administration.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur:</p> <p>DON/Designee will audit new orders as they are received for psychotropic medications to ensure a consent has been obtained orders x 90 days x's 6 months of monitoring. This will occur five days a week during daily stand up meeting.</p> <p>Results of this audit will for forwarded to the Quality Assurance Performance Improvement Committee. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and quarterly thereafter once full compliance has been achieved for a total of 6 months of monitoring. Frequency and duration of reviews will be increased as needed, if areas of noncompliance exist. Re-education will be provided by the ED/DON regarding the above plan if areas of non-compliance reviewed. Plan to be updated as indicated by the QAPI committee.</p> <p>The Health Facility Administrator at Mitchell Manor is responsible for ensuring compliance with this plan of correction.</p>		

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F 0600 SS=G Bldg. 00	<p>483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on interview and record review, the facility failed ensure a resident's right to be free from sexual abuse for 1 of 3 residents reviewed for sexual abuse. A cognitively intact male resident placed his hands down in the pants of a cognitively impaired female resident. (Resident C, Resident D)</p> <p>Finding includes:</p> <p>During an interview on 8/25/22 at 2:19 p.m., the Regional Director of Nursing indicated that CNA 1 reported Resident C had his hand in Resident D's pants. Resident D was cognitively impaired and would not have been able to consent.</p> <p>During an interview on 8/25/22 at 2:47 p.m., the SSD (Social Service Director) indicated on 8/19/22 at approximately 6:00 p.m., a CNA reported she saw Resident C with his hand down Resident D's</p>			F 0600	<p>Please be advised that Mitchell Manor respectfully disputes the validity of this deficiency and has requested informal dispute resolution. This Plan of Correction is not an admission of liability and we are filing in compliance with state and federal requirements.</p> <p>F 600 Free from Abuse and Neglect</p> <p>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice:</p> <p>Resident D was assessed by licensed nurse immediately to</p>		09/13/2022

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	<p>pants. Resident C was cognitively intact, but Resident D was not.</p> <p>The clinical record for Resident C was reviewed on 8/26/22 at 8:19 a.m. The diagnoses included, but were not limited to, non-Alzheimer's dementia and depression.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 6/3/22, indicated Resident C was cognitively intact, had physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) on 1-3 days during the look back period.</p> <p>A care plan, dated 8/19/22 and current through 12/1/22, indicated Resident C with occasional inappropriate statements of a sexual nature to associates, and an incident of sexual nature involving a resident. The interventions, all dated 8/19/22, included, but were not limited to, placed on 1:1 staff supervision and administer medications as ordered that are prescribed to decrease inappropriate sexual behaviors.</p> <p>A psychoactive medication consent form, dated 6/4/22, indicated Resident C was taking Lexapro for sexual behaviors.</p> <p>The current Physician's Orders included, but was not limited to:</p> <p>Escitalopram (an anti-depressant medication) 10 mg (milligrams), every day for sexual disorder, initiated 6/1/22.</p> <p>A Psychiatry Progress note, dated 8/8/22, indicated sexual dysfunction stable, continue Lexapro (escitalopram) 10 mg daily as ordered</p>				<p>ensure no physical harm.</p> <p>Resident D was assessed for psychosocial distress, none noted and resident is free from abuse. Resident D does not seem to have any recall of the event and has fear of persons or place, of being left alone, of being in the dark and/or disturbed sleep, no extreme change of behavior including aggressive or disruptive behaviors, no withdrawal, isolating or signs of depression. Resident D was placed on 1-1 staff observation until resident C discharged from facility. Resident C was placed 1-1 until transferred to behavioral health hospital for evaluation and treatment. Incident was investigated by the facility.</p> <p>Family and/or Power of Attorney for resident C & D notified of incident. Police called and notified of incident and responded to facility with Resident D unable to give statement and Resident C denying allegation.</p> <p>Resident C placed immediately on 1-1 upon return to facility from hospital on 9/2/22. Resident C discharged from facility on 9/7/2022 to a smaller facility able to provide increased supervision and closer to POA to allow POA increased visits. POA and resident were in agreement to this transfer.</p> <p>Care plans were updated for Resident C & D.</p> <p>How other residents having the</p>		

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	<p>5/31/22. Resident has utilized this in past with effectiveness. Facility to monitor and document incidence of inappropriate behaviors.</p> <p>Progress notes included, but were not limited to:</p> <p>On 8/19/22 at 9:23 p.m., Resident C was noted by CNA 1 to have his hand in Resident D's pants earlier this shift. Resident C's wrist was holding Resident D's gown up. When CNA 1 noted the incident, she asked Resident C what he was doing, and he stated "Nothing." CNA 1 could not tell if his hand was in Resident D's brief. She could only see that it was in her pajama pants.</p> <p>On 8/20/22 at 2:40 a.m., received order to send Resident C to neuro-psych hospital, related to incident this day, sexual behavior noted around 6:00 p.m. on 8/19/22, Resident C has been one on one since incident.</p> <p>The clinical record for Resident D was reviewed on 8/26/22 at 9:16 a.m. The diagnoses included, but were not limited to, Alzheimer's disease and dementia.</p> <p>The Quarterly MDS assessment, dated 6/29/22, indicated Resident D had severe cognitive impairment.</p> <p>A care plan, dated 3/9/21 and current through 12/14/22, indicated the resident had impaired cognitive ability/impaired thought processes related to Alzheimer's dementia. The interventions included, but were not limited to, allow extra time for resident to respond to questions and instructions, and administer medications as ordered.</p> <p>The Progress Notes included, but were not limited</p>				<p>potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>Administrator/designee interviewed other female residents in the facility to identify concerns of sexual inappropriateness. No other concerns were noted.</p> <p>Social Services reviewed behavior flow sheets, and progress notes x's previous 30 days to identify any residents that may have sexually inappropriate behaviors with appropriate follow up, behavior flow sheets and care plan updates.</p> <p>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>DON/designee provided education to associates of all disciplines including the SSD on disinhibited sexual behaviors. Education included implementation of appropriate interventions.</p> <p>During Guardian Angel Rounds residents will be interviewed using the abuse questionnaire weekly to identify any sexually inappropriate behaviors for residents with BIMS above 10. Any concerns will be reported immediately to Executive</p>		

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	<p>to:</p> <p>On 8/19/22 at 9:39 p.m., Resident C noted by CNA 1 to have his hand in Resident D's pants earlier this shift. CNA 1 did not know if Resident C's hand was inside the brief. Resident D did not appear to be in any distress at that time. CNA 1 asked Resident C what he was doing and Resident C said "Nothing". CNA 1 took Resident D by the hand and walked her directly to the nurse on duty.</p> <p>On 8/19/22 at 10:22 p.m., the SSD observed Resident D sitting at nurse's station with nurse after an incident occurred earlier today when CNA 1 reported that Resident C was sexually inappropriate with Resident D.</p> <p>During an interview 8/26/22 at 9:41 a.m., CNA 1 indicated she was walking on the education hall toward the nurse's station. She could hear Resident D making weird noises, but not talking. She saw Resident C's left arm up, his hand was in her pants and her gown was resting on his left wrist. Resident C's left arm was moving back and forth very quickly. She rushed to Resident C and Resident D and asked Resident C what he was doing. Resident C jumped and pulled his hand out of Resident D's pants. Resident C turned red, became very agitated and said "nothing." Then he turned his head. This took place on 8/19/22 at approximately 5:53 p.m.</p> <p>On 8/26/22 at 12:00 p.m., the facility was unable to provide a policy on sexual abuse.</p> <p>3.1-27(a)(1)</p>				<p>Director for appropriate follow up. How the corrective action will be monitored to ensure the deficient practice will not recur:</p> <p>ED/designee to utilize a resident to resident checklist when reporting and investigating reportable behaviors to ensure all actions have been taken. ongoing. . Checklist to be completed after each resident sexual abuse reportable allegation ongoing. Social Services Director/designee to bring behavior flow sheets to morning meeting M-Fri during morning meeting, and on weekends by the weekend manager x's 6 months. Weekly IDT review of any sexual abuse allegations x's 6 months of monitoring. Any findings will be investigated, investigated per facility policy and notifications made.</p> <p>DON/designee to print and review progress notes daily in morning meeting, and on weekends x's 6 months of monitoring. Any allegations of res to res sexual abuse will be appropriately addressed, investigated per facility policy and notifications made.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee</p>		

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			<p>meeting monthly for three months and quarterly thereafter once full compliance has been achieved for a total of 6 months of monitoring. Frequency and duration of reviews will be increased as needed, if areas of noncompliance exist. Re-education will be provided by the ED/DON regarding the above plan if areas of non-compliance reviewed. Plan to be updated as indicated by the QAPI committee.</p> <p>The Health Facility Administrator at Mitchell Manor is responsible for ensuring compliance with this plan of correction.</p>		