

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

PRINTED: 01/19/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155335		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/05/2023	
NAME OF PROVIDER OR SUPPLIER  OSSIAN HEALTH CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 IN00398123.</p> <p>Complaint IN00398123 - Substantiated. Federal/state deficiencies related to the allegations are cited at F600.</p> <p>Survey date: Janurary 5, 2023</p> <p>Facility number: 000228 Provider number: 155335 AIM number: 100266650</p> <p>Census Bed Type: SNF/NF: 81 Residential: 36 Total: 117</p> <p>Census Payor Type: Medicare: 5 Medicaid: 60 Other: 52 Total: 117</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 6, 2023</p>			F 0000	<p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. The facility requests a desk review.</p>		
F 0600 SS=D 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</p>						

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

TITLE

(X6) DATE

Tomi Cobb

HFA

01/16/2023

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>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;</p> <p>Based on interview and record review the facility failed to ensure 1 of 5 residents were free from mental abuse by staff. (Resident B)</p> <p>Findings include:</p> <p>A record review was completed on 1/5/23 at 11:14 AM for Resident B. Diagnoses included Alzheimers, unspecified dementia and depression.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 11/29/22, indicated Resident B had a Brief Mental Interview Status (BIMS) score of 5/15 (severely impaired).</p> <p>An investigation file was provided by the Director of Nursing (DON) on 1/5/23 at 12:24 PM. The file included a facility reported incident, dated 12/28/22. The report indicated on 12/28/22 a staff member alerted the DON there was a brief video put on snapchat (social media) of Resident B, dressed in pajamas and two nurse aides, Certified Nursing Assistant (CNA) 2 and CNA 3, were dancing with Resident B. Resident B was smiling and laughing with the staff members.</p> <p>A statement, dated 12/29/22, indicated Scheduler 7 received a video from a previous employee showing CNA 2 and CNA 3 dancing on snapchat with Resident B.</p>			F 0600	<p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. The facility requests a desk review.</p> <p>·Describe what the facility did to correct the deficient practice for each client cited in the deficiency.</p> <p>·Investigation concluded that only 1 resident was identified as being affected.</p> <p>·Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected.</p> <p>·Residents residing on west hall had the potential to be affected by the isolated incident, investigation concluded there were no other residents affected.</p> <p>·Describe the steps or systemic changes the facility has made or will make to ensure that the</p>		01/16/2023

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	<p>A statement, dated 12/29/22, indicated the DON spoke with CNA 3 via phone. CNA 3 indicated she had posted a video of Resident B on snapchat and sent the video to 7 people. CNA 3 indicated she had not received any notifications that the video was recorded. CNA 3 also indicated she then deleted the video.</p> <p>A statement, dated 12/29/22, indicated CNA 2 was in the video with Resident B. CNA 2 indicated she did not think CNA 3 would post the video on social media. CNA 2 also indicated she had viewed the video on snapchat but did not send the video to anyone.</p> <p>In an interview on 1/5/23 at 12:16 PM, the DON indicated on 12/28/22 Scheduler 7 notified the DON that a former employee had sent a video of 2 CNAs with a resident to her. The DON indicated the video had been sent to a private group message of 7 people. The DON indicated through the investigation it was found that CNA 3 had taken a video of CNA 2 and Resident B dancing and posted the video on social media.</p> <p>In an interview on 1/5/23 at 11:44 AM, CNA 4 indicated videos and/or photographs should not be taken by anyone, including staff.</p> <p>A policy, dated 10/17/22, titled "Freedom from Abuse, Neglect, Exploitation and Misappropriation of Property," was provided by the Executive Director on 1/5/23 at 12:13 PM. The policy indicated "each resident has the right to be free from abuse, neglect and corporal punishment of any type by anyone." The policy also indicated "mental abuse includes abuse that is facilitated or enabled through the use of technology, such as smartphones and other personal electronic</p>				<p>deficient practice does not recur, including any in-services, but this also should include any system changes you made.</p> <ul style="list-style-type: none"> <li>·The resident was monitored for any signs and symptoms of psychosocial distress and well-being</li> <li>·The Certified Nursing Assistants involved in the incident were part of the investigation and educated on the policy violation of social media. They were removed immediately from resident contact and suspended. Following investigation CNA'S were terminated from facility employment.</li> <li>·Facility policies on abuse and social media was reviewed with no changes made.</li> <li>·All facility staff were education by inservice on the Abuse Policy, Resident Rights and Social Media Policy.</li> <li>·Staff are inserviced on Abuse, Resident Rights and Social Media use on hire and annually at minimum.</li> <li>·Describe 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.</li> <li>·Facility will educate staff members on abuse, resident rights and social media policies by inservice monthly for a minimum 6 months.</li> </ul>		

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	<p>devices. This would include keeping and/or distributing demeaning or humiliating photographs and recordings through social media or multimedia messaging. If a photograph or recording of a resident, or the manner that it is used, demeaned or humiliated a resident, regardless of whether the resident provided consent and regardless of the resident's cognitive states, the surveyor must consider the noncompliance related to abuse at this tag."</p> <p>This Federal Finding relates to Complaint IN00398123</p> <p>3.1-27(b)</p>				<p>·10 random staff members will take the post quiz following inservicing each month to ensure information is understood.</p> <p>·Results of the staff quizzes will be reviewed in QAPI to ensure compliance. QA will determine further need for monitoring after 6 months.</p> <p>·Who is responsible ·Administrator/Designee · Date of Compliance o 1/16/2023</p>		