

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

PRINTED: 01/03/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155501		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/18/2019	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BLUFFTON				STREET ADDRESS, CITY, STATE, ZIP COD 1529 W LANCASTER ST BLUFFTON, IN 46714			
(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 IN00311557.</p> <p>Complaint IN00311557-Substantiated, deficiency cited at F-610.</p> <p>Survey Date: December 18 & 19, 2019</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Census bed type: SNF/NF: 40 Total: 40</p> <p>Census payor type: Medicare: 3 Medicaid: 26 Other: 11 Total: 40</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16-2 3.1.</p> <p>Quality review completed December 20, 2019.</p>			F 0000			
F 0610 SS=D Bldg. 00	<p>483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</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 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 disclosed 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>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(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 be taken.</p> <p>Based on interview, and record review, the facility failed to ensure 2 of 3 reported incidents were thoroughly investigated and failed to ensure staff had available the most current policy for abuse, neglect and misappropriation of property. The facility also failed to ensure a five day follow up report was sent to the state agency for 1 of 3 reported incidents reviewed.</p> <p>Findings include:</p> <p>On 12/19/19 at 2:00 p.m. review of the following reported incidents did not have documentation of interview times, who the person was being interviewed, the summary and conclusions documented for the investigation.</p> <p>1. Review of the reported incident dated 10/25/19 indicated Resident B was missing soda and candy bars from her room. The Social Service Director informed the resident they would replace the items. The facility also provided inservicing to the staff on 10/29/19 related to the reportable guidelines on reporting procedures. The facility interviewed 5 residents. Review of the documentation of resident interviews indicated the resident's name was on the interview form</p>			F 0610	<p>Deficiency ID: F610 -D Investigate/Prevent/Correct Alleged Violation Completion Date: January 5, 2020</p> <p>Plan of Correction Text:</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice: <i>The investigation file for Resident B has been corrected for date, times and summary of the conclusion and follow up was resubmitted in the ISDH gateway.</i></p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: <i>Any resident that has had a reportable event could be affected. Reportable files have been audited for proper date, times, summaries and follow up submissions.</i></p>		12/31/2019

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	<p>"Missing Item Audit Form" but it did not indicate the date or time the resident was interviewed.</p> <p>Review of the reported incident dated 11/11/19 indicated Resident B had reported an allegation of verbal abuse by staff to the Social Service Director. There was no written statement in the investigation information related to what the resident had said to the Social Service Director. 7 resident interviews were conducted for this investigation, but there was no documentation of the date and time the interviews were conducted. Review of the interview with Staff Nurse 1, who was the alleged perpetrator, indicated a statement was taken by phone and signed by the Director of Nursing. The interview indicated the time but not the date. Review of an interview with QMA 2 indicated a statement was taken, but the statement had no date or time on the form.</p> <p>Although the facility found the allegation to be unsubstantiated, there was no written documentation in the investigation which summarized how the facility came to their conclusion of the investigation.</p> <p>Interview with the Administrator on 12/19/19 at 2:00 p.m. indicated she understood the documentation in the investigations was lacking in dates, times and a summary of the conclusion.</p> <p>2. On 12/18/19 at 8:50 am the Medical Records nurse provided the requested facility policy for "Abuse, Neglect and Misappropriation of Property." Review of the policy indicated it was not dated.</p> <p>On 12/19/19 at 2:30 p.m. the Administrator provided the current facility policy "Abuse, Neglect and Misappropriation of Property" with a</p>				<p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: <i>Administrator has been educated on completing the Interview Statement and Investigation summary forms and proper documentation practices to ensure all reportable events are completed per state regulations. QAPI will review reportable events monthly for completeness and timely submission.</i></p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place: <i>Administrator and Regional Nurse will audit all documentation for appropriate dates, times, summaries, and timely 5 day submissions. Administrator will audit Weekly x 4 weeks, monthly x6 months, then quarterly thereafter. Results will be submitted to QAPI for review to ensure increased compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes.</i></p>		

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	<p>revision date of 5/8/19. She indicated that after review of the first policy provided, she realized the Medical Records staff had given the wrong policy.</p> <p>Review of the facility policy for "Abuse, Neglect and Misappropriation of Property" with a revision date of 5/8/19 indicated the following under the Reporting Guidelines:</p> <p>"Any abuse allegation must be reported to State within 2 hours from the time the allegation was received." Further review of the facility policy did not indicate the facility was also to provide a follow up report within 5 days to the State Agency..</p> <p>3. Review of the facility reported allegation of abuse dated 11/11/19 for Resident B indicated the facility had reported the incident within 2 hours but there was no documented evidence of a 5 day follow up report being sent to the State Agency.</p> <p>On 12/18/19 at 1:10 pm interview with the Administrator indicated she had sent the 5 day follow up report but there was no documentation of the report being sent.</p> <p>This federal tag is related to complaint IN00311557</p> <p>3-1-28(e)</p>						