STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155162	A. BUILDING 00 B. WING	10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN RIDGE REHABILITATION CENTRE	600 WASHINGTON AVE WABASH, IN 46992

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00363315. Complaint IN00365315 - Substantiated. Federal/State deficiencies related to the allegations are cited at F600 and F609. Survey dates: October 25, 26, 27 and 28, 2021 Facility number: 000081 Provider number: 155162 AIM number: 100289570 Census Bed Type: SNF/NF: 48 Total: 48 Census Payor Type: Medicare: 1 Medicaid: 39 Other: 8 Total: 48 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 5, 2021.	F 0000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. Autumn Ridge Rehabilitation Centre desires this Plan of Correction to be considered the facility's Allegation of Compliance. We respectfully request paper compliance. Compliance is effective 11/18/2021.	
F 0600 SS=D Bldg. 00	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,			

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

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	involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on observation, interview and record review, the facility failed to prevent staff to resident abuse for 1 of 1 resident's reviewed for staff to resident abuse (Resident B). Findings include: A review of an incident report, dated 10/19/21, indicated at 12:35 p.m., while staff was assisting the Resident B to bed, the resident made a negative statement to the MCS (Memory Care Support) and the MSC responded in a negative way to the resident. Resident B was monitored by social services for 72 hours for signs and symptoms of psycho-social discord. An internal investigation was initiated. MCS was suspended pending the investigation. Resident B's record was reviewed on 10/25/21 at 3:00 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, dementia in other diseases classified elsewhere with behavioral disturbance and major depressive disorder, single episode. A quarterly MDS, dated 9/8/21, indicated the resident was moderately cognitively impaired. He required extensive assistance of two staff members for bed mobility, transfers and toileting. Her required extensive assistance of one staff member for locomotion on and off the	F 0600	**F600** It is the policy of this facility to prevent the resident from Abuse, Neglect, Misappropriation of resident property, and exploitation. **What corrective action will be accomplished for residents affected?** The Director of Nursing and Executive Director were notified by staff who were on-duty at the time of the incident. Upon notification, the MCS (Memory Care Support) staff member was suspended from duty at that time and an investigation was initiated. A report also went to the Elder Justice system. All Staff have been in-serviced on Abuse Policy as of 10/21/21. **How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?** All residents in this facility have the potential to be affected. Social Services and the Executive Director conducted interviews with each resident regarding the care and services that they receive.	11/18/2021

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	unit, dressing and personal hygiene. He required a wheelchair. The investigation was provided by the DON, on 10/25/21 at 10:33 a.m., staff and resident were interviewed related to the MCS and abuse. Inservice for staff on abuse was initiated covering abuse definition, examples and policy and procedure. Investigation was concluded on 10/21/21. Upon careful review of all information this allegation was unsubstantiated. The MCS returned to work on 10/22/21. During an interview with the MCS, on 10/25/21 at 9:24 a.m., she indicated Resident F was having behaviors, the nurse called her into the room to assist. Resident F had already punched a CNA twice in face. As they transferred him to the bed with the stand up lift, he was hitting, scratching and punching at them. She held onto his bottom as they transferred him to the bed because she felt that he was going to fall. He had bitten her on the forearm, scratched the nurse on the forearm. She indicated to him "We do not act like a five year old by punching, hitting and kicking." She received abuse training and education after the incident. She was suspended from noon on Tuesday and came back to work Friday morning. This had never happened before and she felt it was just in the heat of the moment. He had behaviors all day and had thrown water on everyone. During an interview, on 10/25/21 at 2:15 p.m., CNA 17 indicated on 10/19/21, Resident B was in the dining room at lunch and throwing things. He was removed to his room for safety towards other residents and was going to assist him to bed. They used the stand lift to put him to bed as they went to stand him, he (Resident B) refused.		There were no other allegations of abuse or inappropriate care made as a result of those interviews. **What measures will be put into place to ensure this practice does not recur?** The Executive Director will be immediately notified of any allegations of abuse. An investigation will be initiated immediately, and the alleged abuser will be suspended from the facility pending the outcome of the investigation. The IDT team will observe staff interactions with residents as part of their routine rounds throughout the facility. If any concern arises, the IDT member will intercede immediately to protect the resident and follow through with notification of the Executive Director. Allegations of abuse and investigation activities and results will be discussed in the clinical meeting. All staff will be in-serviced on types of abuse at each monthly in-service order to provide additional education and training on proper care techniques. Executive Director and Social Services Director will meet with each resident weekly to discuss their care and address any concern, completing the QIS abuse questions Any concerns will be investigated immediately. **How corrective Action(s) will be**	

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	He had hit her in the jaw a couple times. LPN 44 went to go get the MCS, all of them assisted him on the bed and the MCS swung his legs into bed. He said to the MCS your being a b***h and she turned around and said your being a douche. No one said anything else and left the room. She did not hear her say to him to stop acting like a five year old. During a telephone interview, on 10/25/21 at 3:13 p.m., LPN 44 indicated Resident B had a lot of behaviors, cussing and touching the girls. That day Resident B was cussing and throwing water in the dining room. He was given ice cream and punched a CNA in the face. The MCS came in a diffused the situation and was polite with the resident the whole time. She assisted with the stand lift for him to get to bed. On the way out of the room the MCS indicated quietly to LPN 44 why does Resident B have to be a douche. LPN 44 did not think the resident could hear her say it and the television was on. It was an inappropriate comment but not towards Resident B, it was as they were walking out of his room. Resident B had no reaction to it. He did not remember her saying that he was acting like a 5 year old. It was kind of a jungle in his room, his bed was wet, he was cussing and swinging and was pretty nuts in there. If she said it to the resident that would be abuse. A current facility policy, titled "ABUSE PROHIBITION, REPORTING, AND INVESTIGATION," located on the conference table on 10/26/21 at 1:15 p.m., indicated the following: "It is the policy of American Senior Communities to protect resident from abuse including physical abuse, sexual abuse, verbal abuse, mental abuse...POLICY/PROCEDURE: American Senior Communities will not permit		**monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** - The Executive Director and/or Designee will complete Abuse QAPI tool weekly x4 weeks and monthly for 6 months. If 100% compliance is not achieved an action plan will be implemented. The Administrator is responsible for the implementation and monitoring of this process. Date of compliance: November 18, 2021	

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	residents to be subjected to abuse by anyone, including employees, other residents..." This Federal Tag relates to Complaint IN00365315. 3.1-27(a)(1) 3.1-27(b)			
F 0609 SS=D Bldg. 00	483.12(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(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. §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			

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	corrective action must be taken. Based on record review and interview, the facility failed to ensure allegations of abuse was reported immediately to the Executive Director for 1 of 7 allegations of abuse reviewed. Findings include: Review of a 9/3/21 incident report indicated at 7:55 p.m., Resident G attempted to help pull up Resident F's pants and made contact with her backside. A nurses note, dated 9/4/21 at 1:05 a.m., indicated an aide heard a slapping sound and Resident G was seen near Resident F. Resident G indicated she had just hit her (Resident F) on the bottom. The note indicated Resident G had scolded Resident F for wandering, she approached Resident F with a stern look and told her to get out of the area and put her hands on Resident F several times while speaking angrily to her. Resident F's nurses note, dated 9/4/21 at 1:27 a.m., indicated Resident F was apparently struck on the bottom aggressively by Resident G. No injuries were noted. During an interview with the Administrator, on 10/26/21 at 10:45 a.m., she indicated the incident was found while doing a clinical review and thought they should report it. The nurse had not reported it to the Executive Director or DON. It happened on Friday 9/3/21, 9/6/21 was Labor day, it was reported on 9/7/21. They would normally report abuse allegations within 24 hours to the State Agency. A current facility policy, titled "ABUSE	F 0609	**F609** It is the policy of Autumn Ridge Rehabilitation Centre to report all allegations/abuse to the Executive Director immediately and that the Executive Director will report to the Indiana Department of Health any allegation of abuse, exploitation, mistreatment, injury of unknown source, or misappropriation of resident property to the Indiana State Department of Health within 2 hours from allegation. All events that do not involve abuse or serious bodily injury are to be reported within 24 hours of occurrence to ISDH. **What corrective action will be accomplished for residents affected?** One resident was found to be affected by this alleged deficient practice. Resident F did not experience any injury All resident allegations of abuse, neglect, and exploitation of residents or misappropriation of resident property will be reported to Administrator immediately. All allegations of abuse will be submitted to ISDH within 2 hours as required. All allegations of abuse will be investigated following notification of incident. **How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?**	11/18/2021

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	PROHIBITION, REPORTING, AND INVESTIGATION," located on the conference table on 10/26/21 at 1:15 p.m., indicated the following: "POLICY/PROCEDURE: ...5. All abuse allegations/abuse must be reported to the Executive Director immediately, and to the resident's representative (sponsor, responsible party) within 24 hours of the report...7. The Executive Director/designee will report all unusual occurrences, which include abuse, within 24 hours of discovery, to the Long Term Division of the Indiana State Department of Health. This Federal Tag relates to Complaint IN00365315. 3.1-28(c)		All residents in this facility have the potential to be affected. Social Services and the Executive Director conducted interviews with each resident regarding the care and services that they receive. There were no other allegations of abuse or inappropriate care made as a result of those interviews. Staff education has been provided regarding abuse and timely reporting of abuse to the ED. **What measures will be put into place to ensure this practice does not recur?** The Executive Director will be immediately notified of any allegations of abuse and will ensure that the notification will be made to the state agency within 2 hours of being notified of that alleged abuse. An investigation will be initiated immediately. ED/Designee will review the daily activitiy report to ensure any allegation of abuse was reported immediately. ED/Designee inserviced staff on 10/27/21 about reporting requirements of abuse to the ED immediately. **How 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?** The ED/Designee will complete Abuse Reporting QAPI tool weekly x4 weeks and monthly for 6 months. If 100% compliance is	

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			not achieved an action plan will be implemented. The Executive Director is responsible for the implementation and monitoring of this process. Date of Compliance: November 18, 2021	