STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155443	A. BUILDING 00 B. WING	12/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF MUNCIE, THE	2400 CHATEAU DR MUNCIE, IN 47303

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00422883 and IN00424004. Complaint IN00422883 - Federal/State deficiencies related to the allegations are cited at F550, F609, F610, and F9999. Complaint IN00424004 - No deficiencies related to the allegations are cited. Survey dates: December 27, 28, and 29, 2023 Facility number: 000310 Provider number: 155443 AIM number: 100288970 Census Bed Type: SNF/NF: 52 Total: 52 Census Payor Type: Medicare: 8 Medicaid: 38 Other: 6 Total: 52 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed January 5, 2024.	F 0000	Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance **is January 21, 2024. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of credible Allegation of Compliance and requests a desk review in lieu of a revisit.**	
F 0550 SS=E Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons			

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

Brenda Alfrey | Executive Director | 01/16/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. Based on interview and record review, the facility failed to ensure residents were spoken to in a dignified manner for 3 of 7 residents reviewed for	F 0550	F550 Resident Rights It is the policy of this facility to ensure all alleged violations	01/21/2024

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	abuse. (Residents C, D, and F) Findings include: Confidential interviews were conducted during the survey. During a confidential interview, it was indicated reports of potential verbal abuse allegations were brought to the DON, Administrator, and the ADON, a few days after Thanksgiving, regarding potential verbal abuse from CNA 2 directed towards Residents C, D, and F. In response to Resident C's request for something, CNA 2 yelled at Resident C, "What do you need now?" Other staff member concerns regarding potential verbal abuse was reported to include the name of another staff member who also came forward regarding the concerns of CNA 2's disrespectful responses to Resident D and Resident F when CNA 7 reported allegations of potential verbal abuse. CNA 2 rolled her eyes and sighed as if annoyed whenever the residents would need things on a regular basis. CNA 2 was rude and disrespectful in her demeanor when she responded to resident requests. After the incident was reported on 11/28/23, a disciplinary action for customer service was issued without a facility investigation. Due to the lack of investigation when it was reported to the Administrator and DON, the allegations were further reported to Human Resources. CNA 2 had not been removed from the schedule after the allegations were reported on 11/28/23. She was later removed from the schedule until further notice on 12/16/23. During a confidential interview, it was indicated potential allegations of verbal abuse from CNA 2 to Residents C, D, and F were reported to Human		involving abuse be reported immediately., but not later than 2 hours after the allegation is made. All residents have the potential to be affected by the alleged deficient practice. Two of the three (1 resident discharged 01.03.24) Residents C, D, and F were assessed by nursing and social services with no abnormal findings. Assessment completed by nursing 12.15.23 and 12.18.23. Social Service assessment was completed 12.28.23 and 01.16.24 All applicable reportables were submitted in the Gateway on December 15, 2023, and reviewed by ISDH on or before December 27, 28, and/or 29, 2023. CNA #2 is no longer employed as of 12.17.23 The administrator/ DON were educated on investigating allegations of abuse/neglect/misappropriation and the importance of timely reporting of allegations of abuse to the appropriate officials (state department of health and the adult protection services, police). This was completed per the RDO on January 9, 2024. Staff will be in-serviced on / or before January21,2024. DON and /or designee will	

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	Resources on 11/28/23, due to a lack of investigation by the facility. They feared the residents would continue to have exposure to CNA 2 after the allegations were reported on 11/28/23 to the Administrator, DON, and SSD. CNA 2 remained on the regular schedule. Multiple staff members had come forth about concerns of CNA 2 speaking to the residents inappropriately. Resident D used her call light and when CNA 2 responded, another staff member heard CNA 2 yelling at the resident, "Did you really turn on your call light and have me come in here to do something you could have done your d--n self?" This information was reported to the Corporate Human Resources due to the concern for a lack of an investigation on the reported allegations. The above allegations were reported again in the Morning Meeting on 11/29/23 to the Administrator, DON and the SSD. When asked if all of the allegations would be investigated, they indicated they would look into those allegations. During a confidential interview, it was indicated CNA 2 was short-tempered with residents and staff on a regular basis. Administration knew about it because CNA 2 was not quiet, so everyone could hear and see the poor interactions. They could not recall the exact date and time, but it was close to Thanksgiving when it occurred. CNA 2 was called to Resident F's room and CNA 2 was heard down the hallway as she told Resident F, "She could get her a-- up and pick up that paper on the floor herself." This was reported to the nurse on duty and the ADON, but a statement was not written. They indicated CNA 2 was verbally abusive to the residents on a regular basis and a written statement was not going to matter because nothing was going to be done about it. CNA 2 spoke to the residents in a		in-service staff on abuse and resident rights on or before January 21, 2024. Any staff who fail to comply with the points of the in-service will be further educated/or progressively disciplined as indicated. The Administrator/Designee will complete 10 random Staff abuse questionnaires 3 x weekly x 4 weeks, then 5 random staff members weekly x 4 weeks, then 5 random staff members monthly x 4 months. If the facility is 95% compliant at the end of the 6 months auditing will be stopped. This will be audited monthly at the QA committee meeting until no further concerns are observed. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation. DOC: 01.21.24	

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	manner they should never be spoken to. Even though the Administrator was aware, CNA 2 continued to work the regular scheduled shifts and units. There was a fear of retaliation, as they did not want to lose their job. During a confidential interview, it was indicated CNA 7 was overheard talking to other staff and reported they did not know how CNA 2 was still employed the way she talked to residents. CNA 7 did not give names of the residents in which was referenced, but it was obvious CNA 2 was the perpetrator of the allegation. They attempted to get CNA 7 to write up a statement, but CNA 7 kept saying the facility already knew. A statement was not obtained that evening and it was not reported to the Administrator, DON and SSD regarding CNA 7's concerns until morning meeting the next day. They indicated if specifics were discussed, it would have been reported immediately to the Administrator. During the meeting, the DON indicated it was not a new concern and it was being addressed. CNA 2 continued on her usual schedule. Morning meeting around Thanksgiving was quite tense and uncomfortable as the BOM mentioned concerns of several resident who had concerns of potential verbal abuse from CNA 2 and wanted to ensure they were being investigated. The Administrator indicated they were being investigated and taken care of. Staff feared reprisal because staff who reported concerns have had their office location removed to a secluded area. CNA 2 continued to work her normal schedule on the 300 and 400 units until a couple of weeks later. They indicated any suspicion of abuse should have been reported immediately to the Administrator. Staff poor attitude, short tempered with residents, or staff negative reactions to residents were potential indicators of			

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	abuse and burnout. Any known inappropriate interactions of staff with a resident warranted the resident being immediately removed from duty for investigation. During a confidential interview, it was indicated CNA 2 told Resident C, when he went to his room after dinner, "He should not turn on his call light." This was reported to the ADON and DON approximately one month ago, just before Thanksgiving. She did not report it to the Administrator. CNA 2 was very aggressive and intimidating to Resident C when she made these comments to him. CNA 2 continued to provide care for this resident after it was reported. Any aggressive behavior, inappropriate verbal response to residents, and refusal of care from a staff member were potential signs of abuse and should have been reported immediately to the Administrator. During a confidential interview, it was indicated the BOM brought up allegations regarding CNA 2 and several different residents. The Administrator and the DON indicated they would look into those concerns. During a confidential interview, it was indicated, at the end of November, verbal abuse allegations were observed and other allegations were brought to her attention and it was reported to the Administrator, DON, and the SSD. Instead of being investigated, a written warning was issued. CNA 2 remained on the schedule and continued to provide care to the residents regardless of the reported allegations. The Corporate Human Resources Consultant was notified due to the lack of an initiated investigation of alleged verbal abuse when it was reported to the Administrator, DON, and SSD. When the Corporate Human			

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	Resources Consultant returned a call on the same day, a list of verbal abuse allegations was reported to the Corporate Human Resources Consultant. The Corporate Human Resources Consultant indicated written statements were required for Corporate Human Resources to come to the building for an investigation. Written statements were not available to provide. Neither the Corporate Human Resources Consultant, nor the Director of Human Resources came to investigate the reported allegations. The Corporate Nurse Consultant arrived several days later to do an investigation on the allegations. She indicated any knowledge of potential abuse should have been reported to the Administrator immediately but she did not report it to the Administrator out of fear of retaliation. During a confidential interview, it was indicated, in the last month near the beginning of December, the Business Office Manager asked them about verbal abuse allegations concerns from CNA 2 that had been previously reported to the DON and SSD. CNA 2 was always talking crazy to the residents and she continued to provide care in her normal scheduled area. They did not complete a statement of what was reported to them because she did not know of any form to complete for staff to resident abuse. They felt abuse was being reported to them, so they immediately went back into the building and reported it to the Administrator and the DON. During an interview on 12/28/23 at 12:55 p.m., the DON indicated CNA 3 reported potential abuse allegations to the DON on 11/28/23 that were witnessed by CNA 7. CNA 7 indicated CNA 2 was verbally rude to Resident D regarding a request to pick up something off of the floor. The Business Office Manager reported to the DON on			

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	an unknown date that CNA 2 yelled at Resident C and made the resident cry. The DON called CNA 2 into the facility and spoke to her regarding customer service and had CNA 3 witness an employee disciplinary action report for CNA 2. During an interview on 12/28/23 at 4:02 p.m., the Corporate Nurse Consultant indicated reports of foul language directed towards a resident from staff would be considered abusive in nature. Resident C's clinical record was reviewed on 12/27/23 at 11:49 a.m. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, chronic systolic congestive heart failure, major depressive disorder, and unsteadiness on feet. A quarterly Minimum Data Set (MDS) assessment, dated 11/28/23, indicated the resident had severe cognitive impairment. Behaviors were not exhibited during the assessment period. The resident required substantial or maximal assistance from staff for toileting, bathing, dressing, footwear, and personal hygiene. The resident required substantial to maximal assistance for transfers. A care plan, revised 10/20/23, indicated the resident had a cerebrovascular accident (Stroke) resulting in hemiplegia and hemiparesis of the left dominant side. Interventions included, encourage the resident to do what he/she is capable of doing for self (1/19/23), monitor resident's abilities for activities of daily living and assist resident as needed (1/19/23), the resident requires mechanical lift related to debility (3/24/23), and offer reassurance to resident during lift procedure(3/24/23).			

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	A care plan, revised 10/20/23, indicated the resident has major depressive disorder related to a stroke. Interventions included the following: monitor, document, and report signs and symptoms of depression to nurse/physician to include hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing negative statements, repetitive health related complaints, and tearfulness (4/18/22). During an interview on 12/27/23 at 12:57 p.m., Resident C spoke in a normal and pleasant tone of voice and lacked difficulty hearing when spoken to in a normal tone of voice. Resident D's clinical record was reviewed on 12/27/23 at 12:30 p.m. Diagnoses included heart failure, anxiety disorder, depression, muscle weakness, unsteadiness on feet, and other abnormalities of gait and mobility. A quarterly MDS assessment, dated 12/2/23, indicated the resident was cognitively intact. Behaviors were not exhibited during the assessment period. The resident required substantial assistance with toileting, dressing, bathing, footwear, and personal hygiene. A care plan, revised 9/21/23, indicated the resident is at risk for falls due to impaired mobility. Interventions included, attempt to keep areas free of clutter (8/23/22), and keep call light in reach (8/23/22). A care plan, revised on 9/21/23, indicated the resident was at risk for increased anxiousness related to anxiety. Interventions included approach resident calmly (8/26/22), and allow ample time to complete tasks (8/26/22).			

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	A care plan, revised on 9/21/23, indicated the resident required assistance with activities of daily living. Interventions included encourage resident to completed as much as they are able (8/22/22), and staff assistance as needed with bed mobility, transfers, and toileting (8/22/22). During an interview on 12/27/23 at 12:44 p.m., Resident D indicated one CNA who was rude to her and made her cry. The CNA was being short with her and made her upset because the CNA interrupted her conversation with her roommate when she was not invited into the conversation. She was uncertain of the date when it occurred, but the CNA was fired. Resident D spoke in a normal pleasant tone of voice and lacked difficulty hearing when spoken to in a normal tone of voice during the interview. Resident F's clinical record was reviewed on 12/27/23 4:05 p.m. Diagnoses included cerebral infarction, anxiety disorder, depression, muscle weakness, unsteadiness on feet, and other abnormalities of gait and mobility. A quarterly MDS assessment, dated 12/2/23, indicated Resident F was cognitively intact. Behaviors were not exhibited during the assessment period. The resident required supervision with one person physical assistance for bed mobility and transfers. The resident required limited assistance with one person for toilet use. A care plan, revised on 12/13/23, indicated the resident required a restorative program to maintain their ability to complete activities of daily living. Interventions included, provide assistance as needed (9/1/23) and encourage the resident to do as much of their lower body as possible without			

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	risk of falling. (9/1/23) A care plan, revised on 12/13/23, indicated the resident is at risk for falls. Interventions included, attempt to keep areas clutter free (4/17/23), and encourage resident to use call light to seek assistance (4/17/23) During an interview on 12/28/23 at 11:08 a.m., Resident F spoke in a normal tone of voice and lacked difficulty hearing when spoken to in a normal tone of voice. A current, undated facility policy, titled "Dignity," provided by the Corporate Nurse Consultant on 12/28/23 at 4:40 p.m., indicated the following: "...As an extension of appropriate interactions between staff and residents, the following will be practices of the facility: NOTE: Depending on scope and severity; what appears to be a dignity issue often can be interpreted and even meet the criteria for abuse. Conversations 1.) Staff will be polite and respectful at all times. 2.) Staff will not speak in a manner that could be interpreted as even minimally condescending/critical or argumentative nor in a volume any louder that is absolutely necessary as this can be interpreted as meeting criteria for abuse. 3.) Staff will not use any profanity or vulgar words in the presence of the resident and under no circumstances directed at a resident. This would meet abuse criteria... 5.) Staff will ask the resident directly to answer questions pertaining to the resident whenever possible and not "talk over" the resident as this can diminish the resident's self worth... Note: Residents are to have all aspects of their dignity maintained by staff regardless of the resident's cognitive level or ability to realize or understand what is being said or done by others...."			

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	This citation relates to Complaint IN00422883. 3.1-3(a) 3.1-3(t)			
F 0609 SS=E Bldg. 00	483.12(b)(5)(i)(A)(B)(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 corrective action must be taken. Based on interview and record review, the facility failed to report allegations of abuse to the Indiana	F 0609	F609 Reporting of Alleged Violations	01/21/2024

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	Department of Health for 3 of 7 residents reviewed for abuse. (Residents C, D, and F) Findings include: Review of a facility investigation report on 12/27/23 at 5:04 p.m. indicated a lack of evidence allegations were reported to the Indiana Department of Health when it was brought to the facility's attention on 11/28/23 or 11/29/23. CNA 2 was not suspended on 11/28/23 pending an investigation. There were no statements nor interviews on 11/28/23 from Resident C or Resident D recorded for review in the facility investigation file. The facility investigation lacked an interview or a statement with CNA 7, CNA 3, or the Business Office Manager on 11/28/23 prior to determining the allegtions were not potential abuse. CNA 2 continued to provide care to the residents on the 300 and 400 units without restrictions. Due to a report to the home office from the Business Office Manager, the Corporate Nurse Consultant got involved. This resulted in a delay of a facility-reported incident to the Indiana Department of Health on 12/15/23 and CNA 2's suspension from 12/15/23 to 12/18/23. During the review, the DON indicated any potential abuse allegation should have been reported to the Administrator immediately, the investigation should have been initiated immediately, and the alleged staff member should have been suspended pending the investigation. During an interview on 12/28/23 at 12:55 p.m., the DON indicated CNA 3 reported potential abuse allegations to the DON on 11/28/23 that were witnessed by CNA 7. CNA 7 indicated CNA 2 was verbally rude to Resident D regarding a request to pick up something off of the floor. The Business Office Manager reported to the DON on		It is the policy of this facility to ensure all alleged violations involving abuse be reported immediately., but not later than 2 hours after the allegation is made. All residents have the potential to be affected by the alleged deficient practice. Two of the three (1 resident discharged 01.03.24) Residents C, D, and F were assessed by nursing and social services with no abnormal findings. Assessment completed by nursing 12.15.23 and 12.18.23. Social Service assessment was completed 12.28.23 and 01.16.24 All applicable reportables were submitted in the Gateway on December 15, 2023, and reviewed by ISDH on or before December 27, 28, and/or 29, 2023. The administrator/ DON were educated on investigating allegations of abuse/neglect/misappropriation and the importance of timely reporting of allegations of abuse to the appropriate officials (state department of health and the adult protection services, police). This was completed per the RDO on January 9, 2024. Staff will be in-serviced on / or before January 21,2024. DON and /or designee will	

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	155443	A. BUILDING 00 B. WING	12/29/2023

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	an unknown date that CNA 2 yelled at Resident C and made the resident cry. The DON called CNA 2 into the facility and spoke to her regarding customer service and had CNA 3 witness an employee disciplinary action report for CNA 2. The DON indicated there were no other residents or staff interviewed on 11/28/23 to determine if the allegations were potential abuse prior to issuing a disciplinary action for customer service. During an interview on 12/28/23 at 4:02 p.m., the Corporate Nurse Consultant indicated the facility did not report the allegations to the Indiana Department of Health (IDOH) on 11/28/23 and a thorough investigation was not completed on 11/28/23 before she came to the facility on 12/18/23 to complete the investigation. It was expected the facility would follow company policies regarding allegations of abuse, mistreatment, and reporting to the IDOH for these allegations. Reports of foul language directed towards a resident from staff would be considered abusive in nature. During an interview on 12/29/23 at 10:30 a.m., the Corporate Nurse Consultant indicated a statement or interview from CNA 7 was not included in the facility investigation on 12/18/23. CNA 7 should have been included to ensure a thorough investigation process. All allegations should have been reported immediately to the Administrator rather than another staff member. A current policy, titled "ABUSE PREVENTION PROGRAM," provided by the DON on 12/27/23 at 9:52 a.m., indicated the following: "Policy...It is the policy of this facility to prevent resident abuse, neglect, mistreatment and misappropriation of resident property. Each resident receives care and services in a person-centered environment in		in-service staff on the reporting of abuse to the appropriate persons on or before 01.18.24. Any staff who fail to comply with the points of the in-service will be further educated/or progressively disciplined as indicated. The facility self-reporting log will be audited weekly x 4 weeks, then monthly x 5 months by RDO/RNC/designee. If the facility is within 95% compliance after 6 months, the auditing will be stopped. This will be audited monthly at the QA committee meeting until no further concerns are observed. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation. DOC: 01.21.24	

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	which all individuals are treated as human beings. The following Procedure shall be implemented when an employee or agent becomes aware of abuse or neglect of a resident, or of an allegation of suspected abuse or neglect of a resident by a 3rd party....IV. Identification...Employees are required to report any incident, allegation or suspicion of potential abuse neglect or mistreatment they observe, hear about or suspect to the Administrator or an immediate supervisor who will immediately report the allegation to the Administrator....Abuse Reporting...Policy...For the purposes of this policy and to assist staff members in recognizing abuse, the following definitions shall pertain:...1. Abuse.: the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, mental anguish or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical mental and psychosocial well-being. 2. Verbal Abuse...3. Sexual Abuse...4. Physical Abuse...5. Involuntary Seclusion...6. Mental Abuse...7. Misappropriation of resident property...8. Neglect/Mistreatment...Any alleged violations involving mistreatment, abuse, neglect, misappropriation of resident property and any injuries of an unknown origin MUST be reported to the Administrator and Director of Nursing. The Administrator is the Abuse Coordinator of the facility....The charge nurse must complete and incident report and obtain a written, signed and dated statement from the person reporting the incident. A complete copy of the incident report and written statements from the witnesses, if any, will be provided to the Administrator or individuals in charge of the facility within twenty-four (24) hours of the occurrence of such incident. After notification of the alleged abuse or neglect, the Administrator or person in charge of			

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	the facility shall immediately commence an investigation of the incident reported. The findings of such investigation will be provided to the Administrator within five (5) working days of the occurrence of such incidents. The Administrator shall either rule-out or substantiate the allegation of abuse. When an alleged or suspected case of abuse or neglect is reported to the Administrator, the Administrator, or person in charge of the facility, will notify the following persons or agencies of such incident immediately. State Licensing and Certification Agency (i.e. ISDH)...." Cross reference F550. This citation relates to Complaint IN00422883. 3.1-28(c)			
F 0610 SS=E Bldg. 00	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: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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 interview and record review, the facility failed to complete a thorough and timely investigation of allegations of verbal abuse for 3 of 7 residents reviewed for abuse. (Residents C, D, and F) Findings include: Review of a facility investigation report on 12/27/23 at 5:04 p.m. indicated a lack of evidence allegations were reported to the Indiana Department of Health when it was brought to the facility's attention on 11/28/23 or 11/29/23. CNA 2 was not suspended on 11/28/23 pending an investigation. There were no statements nor interviews on 11/28/23 from Resident C or Resident D recorded for review in the facility investigation file. The facility investigation lacked an interview or a statement with CNA 7, CNA 3, or the Business Office Manager on 11/28/23 prior to determining the allegtions were not potential abuse. CNA 2 continued to provide care to the residents on the 300 and 400 units without restrictions. Due to a report to the home office from the Business Office Manager, the Corporate Nurse Consultant got involved. This resulted in a delay of a facility-reported incident to the Indiana Department of Health on 12/15/23 and CNA 2's suspension from 12/15/23 to 12/18/23. During the review, the DON indicated any potential abuse allegation should have been reported to the Administrator immediately, the investigation should have been initiated immediately, and the alleged staff member should have been suspended pending the investigation. During an interview on 12/28/23 at 12:55 p.m., the DON indicated CNA 3 reported potential abuse allegations to the DON on 11/28/23 that were	F 0610	F610 Investigate/Prevent/Correct Alleged Violation It is the policy of this facility to ensure all alleged violations involving abuse be reported immediately., but not later than 2 hours after the allegation is made. All residents have the potential to be affected by the alleged deficient practice. Two of the three (1 resident discharged) Residents C, D, and F were assessed by nursing and social services with no abnormal findings. . Assessment completed by nursing 12.15.23 and 12.18.23. Social Service assessment was completed 12.28.23 and 01.16.24 . All applicable reportables were submitted in the Gateway on December 15, 2023, and reviewed by ISDH on or before December 27, 28, and/or 29, 2023. The administrator/ DON were educated on investigating allegations of abuse/neglect/misappropriation and the importance of timely reporting of allegations of abuse to the appropriate officials (state department of health and the adult protection services, police). This was completed per the RDO on January 9, 2024. DON and /or designee will	01/21/2024

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	witnessed by CNA 7. CNA 7 indicated CNA 2 was verbally rude to Resident D regarding a request to pick up something off of the floor. The Business Office Manager reported to the DON on an unknown date that CNA 2 yelled at Resident C and made the resident cry. The DON called CNA 2 into the facility and spoke to her regarding customer service and had CNA 3 witness an employee disciplinary action report for CNA 2. The DON indicated there were no other residents or staff interviewed on 11/28/23 to determine if the allegations were potential abuse prior to issuing a disciplinary action for customer service. During an interview on 12/28/23 at 4:02 p.m., the Corporate Nurse Consultant indicated the facility did not report the allegations to the Indiana Department of Health (IDOH) on 11/28/23 and a thorough investigation was not completed on 11/28/23 before she came to the facility on 12/18/23 to complete the investigation. It was expected the facility would follow company policies regarding allegations of abuse, mistreatment, and reporting to the IDOH for these allegations. Reports of foul language directed towards a resident from staff would be considered abusive in nature. During an interview on 12/29/23 at 10:30 a.m., the Corporate Nurse Consultant indicated a statement or interview from CNA 7 was not included in the facility investigation on 12/18/23. CNA 7 should have been included to ensure a thorough investigation process. All allegations should have been reported immediately to the Administrator rather than another staff member. Confidential interviews were conducted during the survey.		in-service staff on the reporting of abuse to the appropriate persons – administrator/don/designee by January 21, 2024. Any staff who fail to comply with the points of the in-service will be further educated/or progressively disciplined as indicated. Allegations of abuse/neglect/misappropriation will be audited weekly x 4 weeks, then monthly x 5 months by RDO/RNC/designee. If the facility is within 95% compliance after 6 months, the auditing will be stopped. This will be reviewed at the QA committee meeting until no further concerns are observed. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation.	

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	During a confidential interview, it was indicated any suspicion of abuse should have been reported immediately to the Administrator. Staff who exhibited poor attitude, short tempered , or exhibit negative reactions to residents were potential indicators of abuse and burnout. Any known inappropriate interactions of staff with a resident warranted the resident being immediately removed from duty for investigation. Review of a Corporate email on 12/29/23 at 10:10 indicated the facility was aware CNA 7 had reported witnessed allegations of verbal abuse to the residents. A current facility policy, titled "ABUSE PREVENTION PROGRAM," provided by the DON on 12/27/23 at 9:52 a.m., indicated the following: "...Policy...It is the policy of this facility to prevent resident abuse, neglect, mistreatment and misappropriation of resident property...The Administrator is the Abuse Coordinator of the facility....The charge nurse must complete and incident report and obtain a written, signed and dated statement from the person reporting the incident. A complete copy of the incident report and written statements from the witnesses, if any, will be provided to the Administrator or individuals in charge of the facility within twenty-four (24) hours of the occurrence of such incident. After notification of the alleged abuse or neglect, the Administrator or person in charge of the facility shall immediately commence an investigation of the incident reported. The findings of such investigation will be provided to the Administrator within five (5) working days of the occurrence of such incidents. The Administrator shall either rule-out or substantiate the allegation of abuse. When an alleged or suspected case of abuse or neglect is reported to			

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	the Administrator, the Administrator, or person in charge of the facility, will notify the following persons or agencies of such incident immediately. State Licensing and Certification Agency (i.e. ISDH)...." Cross reference F550. This citation relates to Complaint IN00422883. 3.1-28(d)			
F 9999 Bldg. 00	3.1-14 PERSONNEL Sec. 14. (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Specific inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. This State Rule is not met as evidenced by: Based on interview and record review, the facility failed to complete pre-employment screening prior to employment for 2 of 7 staff members reviewed for employee records. (CNA 2 and CNA 3) Findings include: Employee records were reviewed on 12/29/23 at 10:52 a.m. 1. CNA 2's hire date was 1/18/23. The personnel file for CNA 2 lacked completed reference checks. The personnel file contained two blank reference	F 9999	F9999 Personnel It is the policy of this facility to complete reference checks prior to hiring new employees. No residents were directly affected by the cited deficient practice. All residents has the ability to be affected by the cited deficient practice. All employee files will audit by the administrator/designee on or before January 21, 2024. All employees without reference checks will be corrected on or before January 21, 2024, by contacting and properly documenting reference checks. The administrator/designee will educate the Assistant Business Office Manager on or before January 21, 2024, regarding the	01/21/2024

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	check documents. Review of CNA 2's timecard indicated the CNA worked 62.25 hours from 11/28/23 to 12/14/23. During a confidential interview, it was indicated CNA 2 previously worked as a CNA and provided direct care for residents on the 300 and 400 units. 2. CNA 3's hire date was 11/15/23. The employee records for CNA 3 lacked completed reference checks. The personnel file contained two blank reference check documents. During a confidential interview, they indicated CNA 3 provided direct care to the residents throughout the building each week. Review of the clinical schedule on 12/28/23, indicated CNA 3 worked on 12/27/23 and 12/28/23. During an interview on 12/19/23 at 11:50 a.m., the DON and Corporate Nurse Consultant indicated they were unable to provide pre-employment reference checks for CNA 2 or CNA 3. A current, undated, facility policy, titled "New Hire Policy and Process," provided by the Corporate Nurse Consultant on 12/29/23 at 12:17 p.m., indicated the following: "... 4. HR [Human Resources] will complete 2 reference checks on new applicant... 7. HR will use the new employee file check sheet to ensure all appropriate paperwork is in employee file... 14. HR will ensure all paperwork is in employee file and provide file to Administrator for final signature...." This citation relates to Complaint IN00422883. 3.1-14(a)		necessity of conducting reference checks prior to employment. Any staff that fails to comply with the points of this in-service will be further educate/disciplined as indicated. The administrator/designee shall audit new employee files weekly x 4 weeks, then every other week x 4 weeks, then monthly for 4 months to ensure new employees receive reference checks prior to employment. If the facility is within 95% compliance after 6 months with auditing will be stopped. This will be reviewed at the QA committee meeting until no further concerns are observed. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation. DOC:01.21.24	

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