

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/28/2023
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NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP COD 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00421495 and IN00424108.</p> <p>Complaint IN00421495 - No deficiencies related to the allegation are cited.</p> <p>Complaint IN00424108- State deficiencies related to the allegations are cited at R0090.</p> <p>Survey dates: December 27 and 28, 2023</p> <p>Facility number: 013978</p> <p>Residential Census: 26</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed January 5, 2024.</p>	R 0000		
R 0090 Bldg. 00	<p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks;</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kayla Malott	TITLE Administrator	(X6) DATE 01/18/2024
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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>(B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse in a timely manner to the State agency for 1 of 4 residents reviewed for Quality of Care (Resident C).</p> <p>Findings include:</p>	R 0090	/p> Any future events relating to Long-Term Care Abuse and Incident Reporting Policy will be reported and thoroughly investigated by the facility Administrator and/or Director of	02/19/2024

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	<p>Resident C's clinical record was reviewed on 12/27/23 at 10:37 a.m. She had admitted to the facility on 11/3/23 with hospice services. Diagnoses included end stage heart failure.</p> <p>Current physician orders included, Haldol (anti-psychotic) concentrate 2 mg/ml, take 0.5 ml every fours PRN (as needed) for restlessness/agitation (11/7/23).</p> <p>Review of the Medication Administration Record for December 2023 indicated she had received a PRN dose of Haldol on Sunday, 12/17/23, at 8:50 p.m.</p> <p>A progress noted, dated 12/19/23 at 2:45 p.m., indicated a hospice nurse was with the resident and her daughter-in-law for a visit. The hospice nurse noticed bruising to the resident's bilateral wrists and asked her what happened. The resident reported a nurse had held her down to give medicine to her. The daughter-in-law reported this information to the DON. The DON asked the resident what had happened, and she indicated over the weekend, she had hallucinated about seeing rats in her bed. The nurse held her hands down to administer medicine to her from an eye dropper, and she spit the medicine out. The resident had been assessed, was alert and oriented, and was sitting in her recliner. Bruises were noted to her bilateral forearms near her wrists. The bruise on her left arm measured 4.0 centimeters (cm) length x 2.0 cm width and the bruise on her right arm measured 3.0 cm length x 2.5 cm width, and both were a pink/purple in color. The DON began an investigation and found the resident had an order for PRN Haldol. The liquid dose was measured out with a dropper, and the medication had last been administered on 12/17/23.</p>		<p>Nursing. Education to be provided to all staff on Residential Abuse Prevention and Proper Reporting. All staff will complete education no later than 30 days of approval of plan of correction.</p> <p>Director of Nursing and/or Administrator will continue to monitor and follow up with Incident Reports that could relate to any Reporting/Investigation as determined by the Long-Term Care Abuse and Incident Reporting Policy. If Incident is determined to be reportable, Director of Nursing and/or Administrator will follow IDOH Guidance to report in timely manner.</p>	

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	<p>A progress note, dated 12/20/23 at 12:00 p.m., indicated the bruise to the resident's left arm measured 4.0 cm length x 2.0 cm width and the bruise to her right arm measured 3.0 cm length x 2.5 cm width, and both were purple in color. The resident was unable to recall which specific staff had been involved, but she was able to recall the event. She indicated she had gotten into a fight with a nurse, she had said no to the medication, the nurse held her hands together, forced her to take the medicine, and she had spit it out.</p> <p>During a telephone interview, on 12/27/23 at 2:17 p.m., the resident's representative indicated the resident had told her she had gotten into a fight with a nurse. They tried to give her medicine, she didn't want the medicine, and they held her arms down.</p> <p>During an interview, on 12/27/23 at 2:36 p.m., the Administrator indicated they had done an investigation and had found no supportive findings other than the bruises. The resident had been unable to describe the person or the date and time. She had not reported the allegation to the State agency.</p> <p>During an interview, on 12/27/23 at 2:46 p.m., LPN 7 indicated the resident had hallucinations that rats were in her room, and she knew it was all in her head. She would request the PRN Haldol if she needed.</p> <p>During an interview, on 12/28/23 at 9:58 a.m., Resident C indicated the bruise to her right arm was fading and the bruise to her left arm was healed. The bruises had occurred because she didn't want to take some medicine, and the nurse held her wrists together to make her take the</p>			

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

PRINTED: 01/24/2024

FORM APPROVED

OMB NO. 0938-039

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	<p>medicine.</p> <p>Review of a current facility policy, titled "Abuse Prevention," updated 2022 and provided by the Administrator on 12/27/23 at 2:56 p.m., indicated "...1. It is the policy of Saint Anne Communities to adhere to CMS Guidelines and Indiana Administrative Code (IAC) regarding resident's right to be free from abuse, neglect and exploitation...4. REPORTING INCIDENTS AND INVESTIGATIONS A. Incidents will be reported to the State Department of Health...B. Follow-up letter will be sent to the State Department of Health..."</p> <p>This state residential finding relates to complaint IN00424108.</p>						