

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

PRINTED: 08/31/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155771		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/17/2023	
NAME OF PROVIDER OR SUPPLIER OTTERBEIN FRANKLIN SENIORLIFE COMM RES & COM CARE				STREET ADDRESS, CITY, STATE, ZIP COD 1070 W JEFFERSON ST FRANKLIN, IN 46131			
(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 Complaints IN00403114 and IN00403508.</p> <p>Complaint IN00403114 - Federal/State deficiencies related to the allegations are cited at F600.</p> <p>Complaint IN00403508 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 17, 2023</p> <p>Facility number: 001127 Provider number: 155771 AIM number: 200247220</p> <p>Census Bed Type: SNF/NF: 36 NF: 98 Residential: 157 Total: 291</p> <p>Census Payor Type: Medicare: 15 Medicaid: 93 Other: 26 Total: 134</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 20, 2023.</p>			F 0000	<p>The creation and submission of this Plan of Correction do not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or any violation of the regulation. 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 post-survey 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</p>						

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

TITLE

(X6) DATE

Shannon Logan

Administrator

03/31/2023

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>abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to 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 protect the residents right to be free from sexual abuse by a resident to another resident for 2 of 3 resident reviewed for abuse. (Resident B, Resident C, Resident D)</p> <p>Finding includes:</p> <p>During an interview on 3/17/23 at 8:29 a.m., LPN 1 indicated she was on the unit the day Resident C touched Resident D's breast, on 3/2/23. She heard about Resident C touching Resident B's breast on 3/4/23, but she did not work that day.</p> <p>The clinical record for Resident B was reviewed on 3/17/23 at 8:31 a.m. The diagnoses included, but were not limited to, dementia and traumatic brain injury.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 2/1/23, indicated Resident B was not cognitively intact.</p> <p>A progress note, dated 3/4/23 at 5:45 p.m., indicated RN found Resident C with his fingers on Resident B's nipples. When Resident C saw RN coming, he quickly put his hand up Resident B's</p>			F 0600	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident C was at the nurse's station when resident B walked up to Resident C and the incident occurred. Nurse immediately intervened. Resident C and D were immediately separated and placed on 15-minute checks. Resident C was sent to the ER for further evaluation and treatment. Order was received for Resident C to be seen by facility psych doctor. A net stop sign was placed on Resident C's door. Resident C returned to the facility with no new orders from the ER; therefore, the facility made a referral to the behavior hospital. Upon return from the ER, Resident C was placed on 1:1 until transport to the behavior hospital. Residents B and D received a new intervention to attempt to keep</p>		03/18/2023

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	<p>shirt and felt her breast. Resident B did not seem upset, as she was talking out loud and smiling, although using a lot of word salad (confused or unintelligible mixture of seemingly random words or phrases). Resident B separated from Resident C and taken to her room to lay down, rest, and watch TV.</p> <p>The clinical record for Resident D was reviewed on 3/17/23 at 8:38 a.m. The diagnoses included, but were not limited to, Alzheimer's disease and depression.</p> <p>A Quarterly MDS assessment, dated 1/11/23, indicated Resident D was not cognitively intact.</p> <p>A progress note, dated 3/2/23 at 4:30 p.m., indicated Resident D was found in Resident C's room. Resident C was present as well. Resident D was naked except for a brief. Resident C was naked from the waist down. The CNA witnessed Resident C touching Resident D's breast. Resident D did not look distressed or show any emotion toward the incident. The residents were immediately separated.</p> <p>The clinical record for Resident C was reviewed on 3/17/23 at 10:36 a.m. The diagnoses included, but were not limited to, cerebral infarct and bipolar disorder.</p> <p>A Quarterly MDS assessment, dated 3/3/23, indicated Resident C was not cognitively intact.</p> <p>A care plan, dated 3/3/23 and current through 5/30/23, indicated Resident C had physical behavior problems directed toward others such as touching a female resident's breast, attempting to touch staff's breast. Interventions included, but were not limited to, resident is one to one</p>				<p>occupied by activities in the common area. All three residents were followed by Social Services for psycho-social distress. All three residents were unaffected and remained pleasant without any interruption to their daily routines.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All other ASCU residents have the potential to be affected. All ASCU residents were interviewed by Social Services to see if anyone had touched them inappropriately since admission to the facility; no issues were identified. Staff was interviewed by the Unit Manager to see if they had witnessed any inappropriate touching of residents. No issues were identified. MDS director completed reassessments on ALL ASCU residents for any types of sexual behavior and intrusive wandering. Identified behaviors were care planned; all interventions are currently appropriate.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Abuse in-service was initiated on 3/2/2023 for staff working on the ASCU. On 3/6/2023, an Abuse,</p>		

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	<p>supervision at this time, initiated 3/5/23.</p> <p>A progress note, dated 3/2/23 at 4:30 p.m., indicated Resident D was found in Resident C's room. Resident D was nude except for an incontinence brief and Resident C was nude from the waist down. CNA witnessed Resident C touching Resident D's breasts. Resident D did not look distressed or show any emotion towards said incident. Residents were immediately separated.</p> <p>A progress note, dated 3/4/23 at 5:45 p.m., indicated Resident C out in hallway in his wheelchair. RN told Resident C she was going to give him his medication and he continued to wheel past RN. RN picked up the medicine and opened up a Coke for Resident C. Upon going around the corner immediately with the medication, the RN saw Resident C with his fingers on Resident B's nipples. When Resident C saw the RN coming, he quickly put his hand up Resident B's shirt and felt her breast. Both parties immediately separated and Resident C was taken to his room. A stop sign was placed across his doorway.</p> <p>On 3/17/23 at 9:08 a.m., the Administrator provided a copy of an undated facility policy, titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property, and indicated this was the current policy used by the facility. A review of the policy indicated residents have the right to be free from abuse.</p> <p>This Federal tag relates to Complaint IN00403114.</p> <p>3.1-27(a)(1)</p>			<p>Dementia, and Behavioral training (with assistance from a Certified Dementia Specialist) for ALL staff was conducted. Intrusive wanderers will be monitored and redirected according to care plan.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Random audits on abuse will be given consisting of three questions to three partners per day. Random audits of residents with wandering behaviors will be conducted for 15 minutes per day to ensure that they are being redirected in accordance with their care plan. Audits will be conducted by Administrator, DON, Unit Managers, and Supervisors. Audits will be conducted daily for two weeks, and then twice a week for two weeks. Audits will be taken to QAPI by Administrator for review.</p> <p>By what date the systemic changes for each deficiency will be completed?</p> <p>3/18/2023</p>			