STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155158	A. BUILDING 00 B. WING	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LIFE CARE CENTER OF THE WILLOWS	1000 ELIZABETH DR VALPARAISO, IN 46383

(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	This visit was for the Investigation of Complaint IN00429836. Complaint IN00429836 - Federal/state deficiencies related to the allegations are cited at F609. Survey dates: March 15, 2024 Facility number: 000078 Provider number: 155158 AIM number: 100289310 Census Bed Type: SNF/NF: 59 Total: 59 Census Payor Type: Medicare: 8 Medicaid: 44 Other: 7 Total: 59 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 3/21/24.	F 0000	The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exits or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusion set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of Appeal of this matter solely because of the requirements under State and Federal law that mandates submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of Plan of Correction within this timeframe should in no way be of non-compliance or admission by	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tami Adams		04/02/2024

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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			the facility. This facility respectfully requests consideration of paper compliance for the cited deficiencies	
F 0609 SS=D 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.	F 0609	**What corrective action(s) will**	04/11/2024

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	Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the Indiana Department of Health (IDOH), for 1 of 3 residents reviewed for abuse. (Resident B) Finding includes: The record for Resident B was reviewed on 3/15/24 at 9:15 a.m. Diagnoses included, but were not limited to, hypertension and type 2 diabetes mellitus. The Admission Minimum Data Set (MDS) assessment, dated 1/24/24, indicated the resident was cognitively intact. A written summary of an interview between Resident B and Social Services (SS), dated 2/22/24 at 2:30 p.m., indicated Resident B had reported that during night shift at 5 a.m., the resident had woken up with a CNA stripping her clothes off and then sitting her in her wheelchair, saying, "you're going to be punished." The resident indicated she felt the CNA had said that maybe because she had put her call light on a lot that night due to being in pain. Resident B had asked the CNA what her name was, and the CNA told her she didn't have a name. The CNA had continued to dress her and placed her in the empty dining room for three hours. During an interview with SS, on 3/15/24 at 10:24 a.m., she indicated she had spoken with Resident B on 2/22/24 during her rounds and had asked the resident how her care was. That was when the resident had reported her concerns with the CNA taking her clothes off and leaving her in the dining room. She had made the former Interim DON aware, but had not reported the allegations		**be accomplished for those residents found to have been affected by the deficient practice?** Resident B had no negative outcomes from deficient practice. **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:** Other resident have the potential to be affected by the alleged deficient practice therefore, staff education completed on reporting abuse allegations by SDC/Designee by date of compliance. **What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur:** ED education on the deficient practice on 03/22/24 was completed by the RVP. SSD education completed on 03/22/2024 By ED. Staff education will be completed by date of compliance by SDC/Designee. This education will be provided upon hire, at least annually and as needed. SDC/designee will educate monthly on reporting abuse all 3 shifts X 3 months then do staff education on reporting allegations of abuse quarterly x 6 months to ensure compliance. No employee will work past date of compliance with out this education	

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	directly to the Administrator, and was unsure if the Administrator had been notified. She had then interviewed the resident's roommate, who shared a different story from what Resident B alleged, and indicated no abuse had occurred. Resident B had been sent to the hospital on 2/23/24 for a change in condition. She had spoken with the resident's POA (power of attorney) on 3/1/24, who indicated the resident had made similar statements to the hospital case manager, and the hospital staff was going to have her speak with APS (Adult Protective Services). The POA indicated the resident had a history of talking "wacky" when she was in pain. During an interview with the Administrator, on 3/15/24 at 9:42 a.m., she indicated the marketing staff had received a phone call from the hospital case manager indicating Resident B, who was currently hospitalized, would not be returning to the facility yet because the hospital physician wanted the resident to speak with APS. The Administrator was aware of a concern the resident had voiced about being left sitting up in her wheelchair in the dining room. That concern had been investigated by SS and the former Interim DON. SS had interviewed the resident's roommate and the Resident's POA, and determined there were no concerns. Resident B's allegations had not been reported to IDOH. A facility policy, titled, "Abuse-Conducting an Investigation", received as current, indicated "...7. If it is determined that alleged abuse and or neglect, injury of unknown source, exploitation, or misappropriation of resident property has occurred, the Administrator, Director of Nursing, or his/her designee will promptly notify officials in accordance with the state and federal regulations..."		being completed. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur:** SSD will interview 3 resident's weekly x 2 months, then 2 resident's weekly x 2 months, then 1 resident weekly x 2 months to ensure compliance. ED will interview 2 resident's weekly x 6 months to ensure no concerns or issues. Any issues noted will be addressed immediately. **Results will be presented to PI x 6 months. PI will determine the need for further audits.** The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter to ensure compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. **Date of Compliance: 04/11/2024**	

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	The Indiana Department of Health Long-Term Care Abuse and Incident Reporting Policy, updated 12/8/23, indicated abuse allegations should be reported "...Immediately: Immediately means as soon as possible, in the absence of a shorter state time frame requirement, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury..." This citation relates to Complaint IN00429836. 3.1-28(c)			