STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155831	A. BUILDING 00 B. WING	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRIARCLIFF HEALTH & REHABILITATION CENTER	5024 WESTERN AVENUE SOUTH BEND, IN 46619

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00421391, IN00421297, IN00421061 and IN00420838. Complaint IN00421391 - No deficiencies related to the allegations are cited. Complaint IN00421297 - Federal/State deficiencies related to the allegations are cited at F600. Complaint IN00421061 - No deficiencies related to the allegations are cited. Complaint IN00420838 - No deficiencies related to the allegations are cited. Survey dates: November 27, 28 & 29, 2023 Facility number: 013420 Provider number: 155831 AIM number: 201293620 Census Bed Type: SNF/NF: 85 Total: 85 Census Payor Type: Medicare: 1 Medicaid: 62 Other: 22 Total: 85 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed 12/7/2023.	F 0000	This Plan of Correction constitutes this facility's 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. We kindly request consideration for Paper Compliance while also requesting an IDR Review. We request a "face-to-face" Informal Dispute Resolution Review. We believe the actions we took as a facility prior to, and following the identified concern met the spirit and intent of the F600 regulation.	

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

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F 0600 SS=G 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, 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 interview and record review, the facility failed to ensure a cognitively impaired resident was not videoed with derogatory captions on a social media network. This deficient practice had the potential/likelihood of a negative psychosocial outcome, resulting from the facility's noncompliance to protect the resident from humiliation related to the derogatory video and captions. (Resident E) Finding includes: A facility self-report incident #444, dated 11/4/23 at 5:41 P.M., indicated Resident E had been posted on a social media network, titled (name), in a 15 second video, sleeping in bed and CNA 3 speaking in garbled slang speech with an inappropriate text below the video. It was requested CNA 3 immediately delete the video, which she stated she did. A typed statement, undated, indicated the	F 0600	As part of submitting this Plan of Correction we request a "face-to-face" Informal Dispute Resolution Review. We believe the actions we took as a facility prior to, and following the identified concern met the spirit and intent of the F600 regulation. We do not believe we were non-compliant and that with acted swiftly and immediately, addressing the concern, protecting the resident and ensuring the resident's dignity and well being. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident E no longer resides in the facility. After our awareness of	12/28/2023

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	Administrator and the Director of Nursing (DON) had spoken to CNA 4, "... the individual/employee who allegedly posted the video of resident [name of resident] on (social Media application) ...We became aware of the video via nurse manager on call, [name of Nurse Manager] who had seen the video via a C.N.A. [name of CNA 4 and phone number] who "follows" [name of CNA 3] and is related to her...." CNA 4 identified the originator of the video as being CNA 3. CNA 3 had last worked on Monday 10/30/23 and was a no call no show for her scheduled shifts since 10/30/23. The Administrator contacted CNA 3 via a phone call and left her a message to return his call, she contacted him on 11/4/23. The statement indicated "...When we heard back from her we explained what we had seen regarding the (name of social media network) video. She initially denied the allegation ("I don't know what you all are talking about") but when I pressed her further and said we had actually seen the video, she then acknowledged that "yes that was her junk" but she said she thought it was private and just to her friends. We explained to her that regardless of intent it is against our policy. We are to never to take videos or pictures of residents for personal purposes and post on our (social media application) or other social media pages, even if "just" for our family or immediate friends. We questioned her about the text message that went with the video and she stated that her son had put that "s**t" on the video and denied posting any messages ...." She was then informed of her suspension and likelihood of termination to which she responded she had already quit. On 11/28/23 at 9:45 A.M., a review of the clinical record for Resident E was conducted. The resident's diagnoses included, but were not		the incident social services assessed the resident and noted no psychosocial distress noted from incident. Employee 3 is no longer with the facility. They had previously resigned; they have been noted in our system as ineligible for rehire and reported to the Indiana C.N.A. Registry. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) be taken?** All residents have the potential to be affected by this alleged deficient practice. All interviewable residents will be interviewed to see if any staff member has taken pictures or videos of them without their consent. Staff will be interviewed regarding any awareness of any pictures or videos being taken of residents without their consent and to confirm their understanding of our social media/cell phone policies. Any identified concerns will be promptly investigated and resolved. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?** Education will be provided to	

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	limited to: nontraumatic subarachnoid hemorrhage, malignant neoplasm of prostate, depression and Alzheimer's Disease. A Quarterly Minimum Date Set (MDS) Assessment, dated 8/28/23, indicated the resident had severe cognitive deficits. A Care Plan, dated 8/11/23, indicated resident had behaviors of hitting, kicking staff and resistive to care. The interventions included but not limited to: intervene as necessary to protect the rights and safety of others, approach/speak in a calm manner and caregivers were to provide opportunities for positive interactions. A Psychiatric Session Summary, dated 10/31/23/at 1:00 P.M., indicated "...Writer met with resident in his room. Resident was appropriate and engaged. Resident denied concerns with mood, appetite or sleep. Writer began building rapport and provided supportive and cognitive stimulation therapy. Resident showed no signs of agitation or distress. Agreed to meet again. Facility staff consulted. Behavioral health services to continue...." A Progress Note, dated 10/31/23 at 6:32 P.M., indicated "...Resident very combative this shift, refused medication. At dinnertime when resident was attempted to be changed and up with cna resident very combative and agitated...." During an interview, on 11/28/23 at 10:09 A.M., the DON indicated she had seen the video and it was of Resident E. He was lying in bed and cursing at CNA 3, who had posted the video. She did not remember any caption or what was being said during the video. During an interview, on 11/28/23 at 11:17 A.M.,		employees on our social media policy. Education will be provided to employees on our cell phone policy. Education will be provided to employees on our abuse prevention and reporting policies. Education will be provided to employees on resident rights and privacy. Employee Inservice's via online learning and in person trainings are and will continue to be regularly scheduled and will include but not be limited to social media policy, cell phone policy, abuse policy, and resident rights and HIPAA policies. All new employees will receive training during the initial day one general orientation that includes, but is not limited to, social media policy, cell phone policy, abuse policy, resident rights and HIPAA policies. **How the 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.?** ED / designee will audit each new employee file to verify that they have received the required education on the facility social media policy, cell phone policy, abuse policy, resident rights and HIPAA policies.	

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	Nurse Manager indicated CNA 4 had received a notice that she had a new video and when she observed the video it was of Resident E. He was without a shirt and calling the CNA 3 a "pain in the a *s". At the bottom of the video was a slang word which indicated the CNA 3 was "taunting him". The Nurse Manager indicated there was an emoji with a picture of a skull laughing which means "dying laughing". The Nurse Manager indicated it appeared CNA 3 was making fun of him and aggravating him in the video. During an observation of the video, on 11/28/23 at 11:18 A.M., with the DON, the resident said something, then CNA 3 stated "That's why your teeth are moving" and resident was heard to say "you're a pain in the a*s". Resident was observed lying in a bed, shirtless. There was a caption, in the video, of several emojis-smiling faces with tears (laughing so hard you are crying) with words stating "I'm so irritating". And caption, at the bottom of the video, was observed to say "I be trolling they a*s", with several emojis of smiling faces with tears pouring out and skulls expressing dying laughing. The definition of a skull emoji was retrieved, on 11/28/23, from Emojipedia.org. a website which indicated the emoji skull was "A whitish-gray, cartoon-styled human skull with large, black eye sockets. Commonly expresses figurative death, e.g., dying from laughter, frustration, or affection." An electronic dictionary (www.dictionary.com), indicated trolling was to "...make a deliberately offensive or provocative online post with the aim of upsetting someone or eliciting an angry response from them...."		DON / designee will interview, per audit schedule, a minimum each time of five (5) interviewable residents to ensure that no staff member has taken a picture or video of them without their consent. Administrator / designee will interview, per audit schedule, a minimum of ten (10) employees to ensure that they have not witnessed an employee taking pictures or videos of any resident without their consent and confirm their understanding of our policies on social media, cell phone, abuse, resident rights and HIPAA policies. Audit Schedule as follows: four (4) times a week x four (4) weeks; two (2) times a week x four weeks, then weekly x two (2) months, and monthly thereafter incorporated as part of routine QAPI audit schedule. Audits shall encompass all shifts until continued compliance is maintained for two (2) consecutive quarters. The QAPI committee will review the audit results at each regularly scheduled meeting. If the threshold of 95% is not achieved, an action plan will be developed to ensure full compliance. **By what date the systemic changes for each deficiency will be completed.** **12-28-23**	

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	On 11/27/23 at 5:11 P.M., the Administrator provided a policy titled, " Abuse, Neglect and Exploitation", dated February 2023 and indicated the policy was the one currently used by the facility. The policy indicated "...It is the policy of this facility to provide protections for the health, welfare and rights of each resident..."Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Mental abuse also includes abuse that is facilitated or caused by nursing staff taking or using photographs or recording in any manner that would demean or humiliate a resident(s)...." On 11/28/23 at 9:59 A.M., the DON provided a policy titled, "Social Media Use", dated February 2023 and indicated the policy was the one currently used by the facility. The policy indicated "It is the policy of this company to avoid inappropriate use of social media and to protect the resident, staff, visitors, volunteers and practitioners of this facility against misuse of social media content...1. Employees are strictly prohibited from transmitting by way of any electronic media any resident-related image or information...." This Federal tag relates to complaint IN00421297. 3.1-27(a)(1)			