

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

PRINTED: 03/20/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155270		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/15/2024	
NAME OF PROVIDER OR SUPPLIER CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP COD 510 W MEDCALF ROAD DALE, IN 47523			
(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 Complaint IN00428139.</p> <p>This visit was in conjunction with a PSR (Post Survey Revisit) to the Investigation of Complaint IN00424882 completed on 1/30/24.</p> <p>Complaint IN00428139: Deficiencies related to the allegations are cited af F610.</p> <p>Survey date: February 15, 2024</p> <p>Facility number: 000170 Provider number: 155270 AIM number: 100287490</p> <p>Census Bed Type: SNF/NF: 38 Total: 38</p> <p>Census Payor Type: Medicare: 1 Medicaid: 35 Other: 2 Total: 38</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 16, 2024.</p>			F 0000			
F 0610 SS=D 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:						

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

TITLE

(X6) DATE

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>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§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.</p> <p>Based on interview and record review, the facility failed to complete a thorough investigation for 1 of 2 allegations of resident abuse reviewed. Following an allegation of verbal abuse, all potential witnesses were not interviewed, and multiple resident interviews were not conducted on the unit where the alleged abuse occurred. (Resident B)</p> <p>Finding includes:</p> <p>During a review of facility reported incidents on 2/15/24 at 9:30 A.M., an incident, dated 2/11/24, included that a nurse overheard CNA 12 yelling and cursing while in the room with Resident B.</p> <p>During a review of the facility investigation of the verbal abuse allegation on 2/15/24 at 9:40 A.M., an undated written statement from LPN 4 included that CNA 12 was heard hollering at Resident B and cursing at him while telling him to sit down and that CNA 6 was a witness to the incident.</p> <p>The facility investigation included a typed statement from CNA 12 regarding the alleged</p>			F 0610	<p>It is the policy of this facility to investigate all allegations of abuse thoroughly and to interview all staff in the immediate area. Interview multiple residents in the immediate area, and interview all potential witnesses.</p> <p>Facility is requesting paper compliance.</p> <p>Immediate Actions: Facility immediately began an investigation and followed Core Nursing & Rehab Abuse policy and Procedures. Nurse went to residents room and CNA left the room. CNA was put on Do Not Return until investigation is completed. Social Services interviewed resident involved and roommate. There are no signs of fear or concern at this time. Facility</p>		02/29/2024

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	<p>incident on 2/11/24 and an interview between the SSD (social service director) and Resident B's roommate, dated 2/12/24. No interviews or statements were included in the investigation from CNA 6, who allegedly witnessed the incident. Nor did the investigation include other resident interviews that had received care from CNA 12 on 2/11/24.</p> <p>During an interview on 2/15/24 at 10:25 A.M., the facility administrator indicated that all interviews and statements obtained regarding the verbal abuse allegation that occurred on 2/11/24 were included in the facility investigation.</p> <p>During an interview on 2/15/24 at 11:55 A.M., the DON (Director of Nursing) and facility administrator indicated that interviewable residents residing on the hall where an allegation of abuse occurred should also be interviewed regarding potential abuse, and that the interview with CNA 6 was missed.</p> <p>On 2/15/24 at 11:25 A.M., the DON supplied an undated facility policy titled, Procedure for Abuse Prohibition, reporting & investigating policy. The policy included, "...3. A thorough investigation will be initiated of the allegations to gather pertinent information and verify the occurrence."</p> <p>This citation relates to complaint IN00428139.</p> <p>3.1-28(d)</p>				<p>received statements from all but one staff on duty at that time.</p> <p>Affected Residents: Had the potential to affect all residents.</p> <p>Actions Taken: Facility has assessed 22 residents on the west hall to identify if any other residents were affected, Social services documentation indicates no other residents were affected. Facility is in-servicing on abuse biweekly and will be ongoing.</p> <p>Systemic Changes: Administrator in-serviced Director of Nursing and The Assistant Director of Nursing on using the new Abuse Investigative Protocol Form. Attachment A1 monitoring tool.</p> <p>Monitoring: Administrator or Designee will complete the Abuse Investigative Protocol form for all reportables to help improve investigations as they occur. This will be ongoing and monitored by the Administrator. The Checklist will be the monitoring tool and signed by the Administrator.</p>		

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