| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| R 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00396493.<br><br>Complaint IN00396493 - Substantiated. State Residential Findings related to the allegations are cited at R0053, R0090 and R0119.<br><br>Survey date: December 12 and 13, 2022.<br><br>Facility number: 010682<br><br>Residential Census: 83<br><br>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.<br><br>Quality review completed December 15, 2022. | R 0000 | | |
| R 0053<br><br>Bldg. 00 | 410 IAC 16.2-5-1.2(w)<br>Residents' Rights - Deficiency<br>(w) Residents have the right to be free from verbal abuse.<br>Based on observation, interview, and record review, the facility failed to prevent abuse for 1 of 5 residents reviewed for abuse (Resident B).<br><br>Findings include:<br><br>During an interview with Resident B, on 12/12/22 at 9:06 a.m., she indicated on Friday night or early Saturday morning on 12/3/22, she was sitting on the side of her bed. Her legs were down and her feet were on the floor, she was sliding and needed assistance to get back into bed. She turned on her call light and two CNAs came in. They told her they had an emergency and were not able to help her, but they would come back. They did not | R 0053 | R0053<br>The following is the plan of correction for the Wyndmoor of Marion regarding the statement of deficiencies dated on 12/12/2022 -12/13/2022. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the statement of deficiencies or any related sanction or fine. Rather is a submitted as confirmation of our ongoing efforts to comply with the statutory and regulatory. In this document we | 12/22/2022 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Cassandra Dixon | AIT | 01/03/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | return. She waited a half an hour to 45 minutes and turned the call light on again. LPN 6 entered the room and told her it was an assisted living facility and if she needed that much assistance, then she shouldn't be at the facility. She did not assist her back into bed and yelled at her on her way out of her room "Did I make myself clear?" The resident was able to get back into bed but she struggled for a long time. The next day, her body was really sore from struggling. In the morning, on Saturday, she reported the incident to the QMA. She spoke to LPN 27 about the incident and LPN 27 called the Administrator. She spoke to the Administrator and told her what had happened. On Monday, the Administrator indicated she was handling it and she wouldn't have that problem anymore. She was still upset over it and had cried after it happened. LPN 6 made her feel like she had done something wrong. Now, she was very careful about getting into bed and was almost afraid to turn on her call light in fear that someone else might do the same thing. She felt LPN 6 had been abusive.<br><br>Resident B's clinical record was reviewed on 12/12/22 at 9:37 a.m. Diagnoses included, but not limited to, tremor, obesity, low back pain, fibromyalgia, other idiopathic peripheral autonomic neuropathy, major depressive disorder and anxiety disorder.<br><br>She had a 12/6/21 service plan which indicated she was not cognitively impaired, she communicated easily with staff and understood staff. She was independent with bed mobility, transfers, ambulation, dressing, personal hygiene and toilet use. She required assistance with bathing. She was continent of bladder and bowel. She used an assistive device for ambulation or locomotion. | | have detailed actions and response to identified issues. We detailed actions in response to identified issues. We will continue to make changes and improve to satisfy the objective.<br><br>Administrator reviewed the incident reporting basics per ISDH forms and could not determine if the incident was considered reportable. Administrator will follow the reportable responding to abuse allegation for future cases.<br><br>Anytime there is an alleged abuse allegation Administrator will report to ISDH immediately per ISDH guidelines. Camille Beeson AIT preceptor will audit all future incident reports prior to submission for 3 months going forward. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | The facility's investigation was provided by the DON, on 12/12/22 at 1:08 p.m. The investigation consisted of Resident B's statement and three CNA statements recalling the incident as follows:<br><br>An undated statement by Resident B indicated she slipped out of bed, her feet were sliding, and she turned on her call light. Two aides came in and had a hard time helping her up and she needed to get further up in the bed because she thought she would fall. The nurse came in the second time and told her that this was assisted living and they could not help her and if she could not get herself into bed she didn't need to be there. LPN 6 did not assist her back to bed and as she walked towards the door she told her "Do I make myself clear?" and closed the door. She laid in bed and cried as she tried to pull herself back into bed.<br><br>CNA 13's statement, dated 12/2/22, indicated Resident B was not feeling her best and needed some assistance. They assisted her to bed and a few hours later she needed some help moving up in bed. She went to retrieve another CNA and LPN 6 was quick to tell them "no" and went into Resident B's room and told her not to ask for help because she didn't need it. Then she explained to the CNAs that if they kept helping her she would start needing help.<br><br>CNA 8's statement, dated 12/8/22, indicated she went into answer Resident B's call light. She needed assistance getting back into bed, she was sliding out of bed. She called for help and CNA 13 came in followed by LPN 6. After her break, LPN 6 indicated to her not to help Resident B because she had the right to fall. She asked for help she did not normally need and she didn't want her to | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | make a habit out of it. Resident B had called again while she was on break and it was her fault for helping her.<br><br>CNA 19's statement, dated 12/8/22, indicated she heard LPN 6 say to Resident B this was assisted living, so therefore you needed to do as much as you could for yourself.<br><br>During an interview with Resident G, on 12/12/22 at 10:47 a.m., she indicated she was not impressed with LPN 6. She had a smart mouth and she acted like she was better that everyone else, like you were beneath her. It was in the tone of her voice too.<br><br>During an interview with LPN 6, on 12/12/22 at 1:28 p.m., she indicated she had gone into Resident B's room, in early morning on 12/3/22. She had been on her call light two or three times, and wanted repositioned in bed. She asked her what was going on with her needing to be turned and repositioned and told her that it was an assisted living facility, they were short staffed, and couldn't keep coming back into her room. She did not tell her "Do I make myself clear." On Monday 12/5/22, she worked third shift, and when her shift was over and she was getting ready to leave, they pulled her into the DON's office and terminated her.<br><br>A review of LPN 6's timecard indicated she clocked in at 11:33 p.m. on 12/5/22 and clocked out at 6:19 a.m. on 12/6/22.<br><br>During an interview with the Administrator, on 12/12/22 at 2:09 p.m., she indicated she was called by LPN 27 on Saturday 12/3/22 and she spoke to Resident B on the phone. Resident B explained LPN 6 did not want to help her and said this was | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | assisted living. They have a monthly inservice that they talk about customer service and the facility was the residents' home. She felt the incident was just a grievance, a customer service issue, not abuse. The expectation of the staff was to assist the resident if they needed assistance. LPN 6 was very military - like and her approach was not the best with the senior population. LPN 6 worked on Monday, as the desk nurse and she did not provide patient care. The Senior Representative from corporate came in on Tuesday and Wednesday, he indicated that this incident was more than a grievance or customer service, it was abuse and should had been reported to the State Agency.<br><br>During an interview with CNA 13, on 12/12/22 at 6:32 p.m., she indicated she had assisted Resident B from her chair to her bed earlier in the night on 12/2/22. An hour an half to two hours later Resident B needed assistance to move up in her bed her feet were hanging off her bed. She walked out of her room to get assistance and LPN 6 indicated they were not to help and LPN 6 went into Resident B's room. She had stood in front of her and indicated to her it was an assisted living facility and she should be getting herself back into bed. She felt like what LPN 6 said to her was rude and that it was neglect.<br><br>During an interview with LPN 33, on 12/13/22 at 9:49 a.m., she indicated when Resident B told her about the incident with LPN 6, she was visibly upset. The resident had told her her body was sore from having to pull herself back into the bed. LPN 6 was a little "extra" and kind of high strung.<br><br>During an interview with QMA 35, on 12/13/22 at 12:13 p.m., she indicated about three days after the incident, Resident B told her about it. The | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | resident was very upset and was crying. Resident B told her she was sorry she had asked for help.<br><br>During an interview with QMA 15, on 12/13/22 at 12:19 p.m., she indicated while Resident B told her about the incident, she had been crying. She had never seen her cry before over anything except about a male friend she had at the facility.<br><br>During an interview with Resident D, on 12/13/22 at 3:21 p.m., she indicated one evening she was sitting in the hallway and she had picked up a piece of paper on the table outside of the nurses office with the staff schedule on it. LPN 6 had walked up to her and grabbed the paper out of her hand. LPN 6 told her it was not for anyone like her to look at it and it was none of her business. She had told the Administrator about it and she told her she had done nothing wrong by looking at the paper.<br><br>A current facility policy titled, "Abuse, Neglect and Exploitation Policy," provided by the DON, on 12/12/22 at 2:54 p.m. indicated the following: "...Policy Detail: 1. Definitions a. "Abuse" is defined in Indiana as an intimidation...with resulting in...anguish or deprivation by an individual of goods or services that are necessary to attain or maintain physical, mental or psychosocial well-being. Abuse also may include...verbal abuse...."<br><br>This State Residential finding relates to complaint IN00396493. | | | |
| R 0090<br><br>Bldg. 00 | 410 IAC 16.2-5-1.3(g)(1-6)<br>Administration and Management - Deficiency<br>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | include, but are not limited to, the following:<br>(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:<br>(A) epidemic outbreaks;<br>(B)poisonings;<br>(C) fires; or<br>(D) major accidents.<br>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.<br>(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.<br>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.<br>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:<br>(A) employee's full name; and<br>(B) dates and hours worked during the past twelve (12) months.<br>(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. | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | (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<br>1. Based on observation, interview, and record review, the facility failed to complete a thorough investigation and report allegations of abuse to the State Agency for 1 of 1 allegations of abuse reviewed (Resident B).<br><br>2. Based on observation, interview, and record review, the facility failed to ensure staff reported potential abuse to the Administrator per facility policy for 3 of 3 potential incidents reviewed.<br><br>Findings include:<br><br>A. During an interview with Resident B, on 12/12/22 at 9:06 a.m., she indicated on Friday night or early Saturday morning on 12/3/22, she was sitting on the side of her bed. Her legs were down and her feet were on the floor, she was sliding and needed assistance to get back into bed. She turned on her call light and two CNAs came in. They told her they had an emergency and were not able to help her, but they would come back. They did not return. She waited a half an hour to 45 minutes and turned the call light on again. LPN 6 entered the room and told her it was an assisted living facility and if she needed that much assistance, then she shouldn't be at the facility. She did not assist her back into bed and yelled at her on her way out of her room "Did I make myself clear?" The resident was able to get back into bed but she struggled for a long time. The next day, her body was really sore from struggling. In the morning, on Saturday, she reported the incident to the QMA. She spoke to LPN 27 about the incident and LPN 27 called the Administrator. She spoke to | R 0090 | Complaint #IN00396493<br>R-0090 Administration and Management Deficiency<br>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review for paper compliance in lieu of a post survey review on or after 12/12/2022-12/13/2022.<br>1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice:<br><br>The Administrator and Director Nursing will ensure that all interview able resident will be interviewed following any investigation and documented to ensure no resident will be affected by the deficient practice.<br><br>2. How the facility will identify other residents having the same potential to be affected by the same deficient practice and what corrective action will be taken. | 06/12/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | the Administrator and told her what had happened. On Monday, the Administrator indicated she was handling it and she wouldn't have that problem anymore. She was still upset over it and had cried after it happened. LPN 6 made her feel like she had done something wrong. Now, she was very careful about getting into bed and was almost afraid to turn on her call light in fear that someone else might do the same thing. She felt LPN 6 had been abusive.<br><br>During an interview with the DON, on 12/12/22 at 10:10 a.m., she indicated there were no other allegations of abuse for the last three months.<br><br>During an interview with the Administrator, on 12/12/22 at 2:09 p.m., she indicated she was called by LPN 27, on Saturday 12/3/22, she spoke to Resident B and LPN 27 on the phone. Resident B explained that LPN 6 did not want to help her back into bed and this was an assisted living facility. They had monthly inservices and they talked about customer service and how the facility was the residents' home. She felt the incident was just a grievance, a customer service issue, not abuse. The expectation of the staff was to assist the resident if they needed assistance. The Senior Representative from the corporation came into the facility and he indicated the incident was more than a grievance or customer service, it was abuse and should had been reported to the State Agency. It was reported on Wednesday 12/7/22.<br><br>During an interview with the DON, on 12/12/22 at 1:04 p.m., she indicated that the reason that the incident with Resident B was not reported until 12/7/22 was probably because they were still doing the investigation.<br><br>The facility's investigation was provided by the | | All residents residing in the facility have the potential to be affected. All interview able residents Were interviewed. No residents reportable any occurrences that would be considered reportable by the standards of Indiana State Department of Health or by our policy.<br><br>3. What measures will be put in place or what systemic changes in the facility will make to ensure that the deficient practice does not recur:<br><br>AIT Preceptor Camille Beeson of Wyndmoor of Marion In-Serviced Administrator and Director of Nursing regarding investigation documentation.<br>4. AIT Preceptor Camille Beeson of Wyndmoor of Marion will audit 100% of reportable for the next thirty days, then 50% of reportable for the next 30 days, and after that 25% for the next 30 days until 100% compliance is ensured.<br><br>Date of compliance: 6/12/2023 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | DON, on 12/12/22 at 1:08 p.m. The investigation consisted of Resident B's statement and three CNA's statements recalling the incident.<br><br>During an interview with the Administrator, on 12/12/22 at 3:55 p.m., she indicated the investigation provided was all they had done and no other residents were interviewed.<br><br>B. During an interview with Resident F, on 12/13/22 at 9:36 a.m., she indicated she had a problem with Resident D. Resident D had grabbed hold of her left wrist and twisted it, while she in the dining room talking to a woman. Another time, she went to check on one of her friends that was not feeling well. Resident D opened the door to her friends room and told her to get out of the room.<br><br>Resident D's clinical record was reviewed on 12/13/22 at 8:50 a.m. Diagnoses included, but was not limited to, impulse disorder.<br><br>Her orders included, escitalopram oxalate (treat depression and/or anxiety) 10 mg daily, zolpidem tartrate (promotes sleep) extended release 12.5 mg daily, divalproex sodium (mood stabilizer) 750 mg daily, behavior charting for impulse disorder, and make a progress note on resident's behavior for this shift.<br><br>She had a service plan for her behaviors, dated 6/10/20. Her goal was her caregivers would be able to identify interventions that would help her to minimize inappropriate behaviors. Her interventions, dated 6/10/20, included she would sometimes exhibit inappropriate behavior in social settings such as: talked to other residents in a corrective manner without soliciting her advice, and she would attempt to redirect or assist | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | residents herself, instead of asking for assistance from the staff and she needed redirection and re-education from staff frequently. Her caregivers would report any changes in her behavior from her baseline to her nurse.<br><br>She had a service plan for her cognition, dated 5/9/20. Her goal was she would be supported to make appropriate decisions about her care and environment. Her inventions, dated 8/3/20, included she would sometimes display deficits in judgment in social settings, including trying to redirect other residents and tell other residents what to do in situational settings.<br><br>Her nurses notes included the following:<br><br>On 10/12/22 at 1:46 p.m., Resident D was observed bumping a peer's walker into her peer. The peer was clearing tables and had left her walker while she pushed the dish cart. Resident D wanted her to take her walker with her. At breakfast time the same peer knocked on the dietary door with completed menus to turn in. Resident D told the peer to put them on the window sill and she put her hands onto the peers' arm. Staff intervened and told her to never put her hands on anyone.<br><br>On 11/24/22 at 9:39 a.m., Resident B was in the dining room arguing with a resident. Resident B grabbed her arm and kept yelling at the resident. Staff intervened and Resident B started to argue with another resident. Staff asked Resident B to leave the dining room and return to her room to cool off. She was educated on the situation and that she could not put her hands on anybody.<br><br>On 11/26/22 at 10:00 p.m., Resident B was bent over yelling in Resident H's face about his mask. Resident H was very upset and went to the QMA. | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | During an interview with LPN 33, on 12/13/22 at 9:49 a.m., she indicated Resident D was bossy, she had redirected her for being bossy with other residents. Resident D always wanted to know what was going on in the facility and with other residents. She had seen her grab Resident F's hand in the dining room and she told her that she couldn't put her hands on people. She didn't feel like it was in an aggressive manner and she didn't see Resident D twist Resident F's wrist. She didn't feel like it was abuse.<br><br>During an interview with the Administrator and the DON, on 12/13/22 at 10:05 a.m., the DON indicated there were no other allegations of abuse for the last six months. The Administrator indicated she hoped allegations of abuse would be reported to her. They were not aware of the incidents that were in Resident D's nurses notes. They had tried to work with Resident D's family to get her a stay at the psychiatric hospital for help, like a new diagnosis and medication management. They needed social service from the psychiatric services to come in and talk to her, to help control her outburst and impulses. They tried to redirect her. They were supposed to have a care plan meeting with her family but there was COVID in the building, the family had COVID, and the meeting had not been rescheduled.<br><br>During an interview with QMA 17, on 12/13/22 at 11:15 a.m., she indicated that Resident D picked on Resident F and J. She was a bully. She had never seen her grab hold of anyone. When she walked with Resident F or J down the hall and Resident D was present, she tried to keep their attention on her rather than on Resident D when they passed her in the hall. | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | During an interview with QMA 15, on 12/13/22 at 12:19 p.m., she indicated Resident D was a bully, she overstepped and was bossy when it came to other residents. She picked on Resident F and J. Resident F was cleaning up in the dining room one day and left her walker in the isle and Resident D wanted her to move it and pushed it. Resident D yelled at Resident J because she cried a lot.<br><br>A current facility policy titled, "Abuse, Neglect and Exploitation Policy," provided by the DON, on 12/12/22 at 2:54 p.m. indicated the following: "...Instance or allegation of abuse, neglect or exploitation should be treated seriously and must be reported to the Executive Director or the supervisor on duty for investigation and appropriate follow-up... Investigation... (1) The investigation should include interviews with potential witnesses, which may include the alleged perpetrator, the alleged victim, associates, other residents and visitors to the community... 6. External Reporting/Notification... c. Report to Indiana State Department of Health and Other Agencies (1) The Administrator and or Executive Director or designee should contact the ISDH... within 24-hours of determining the situation exists, or existed, that is reasonably believed to constitute abuse, neglect or exploitation...."<br><br>This State Residential finding relates to complaint IN00396493. | | | |
| R 0119<br><br>Bldg. 00 | 410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3-Personnel - Noncompliance<br>(d) Prior to working independently, each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | employees shall include the following:<br>(1) Instructions on the needs of the specialized populations:<br>(A) aged;<br>(B) developmentally disabled;<br>(C) mentally ill;<br>(D) dementia; or<br>(E) children;<br>served in the facility.<br>(2) A review of the facility's policy manual and applicable procedures, including:<br>(A) organization chart;<br>(B) personnel policies;<br>(C) appearance and grooming policies for employees; and<br>(D) residents' rights.<br>(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures.<br>(4) Review of ethical considerations and confidentiality in resident care and records.<br>(5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care.<br>(6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation. | | | |
| | Based on record review and interview, the facility failed to provide training on residents' rights, dementia, and abuse for 1 of 7 employee files reviewed (CNA 21).<br><br>Findings include:<br><br>Employee records were reviewed on 12/12/22 at 1:30 p.m. CNA 21's hire date was 9/13/22. She had not completed residents' rights or abuse training. | R 0119 | R0119<br>The following is the plan of correction for the Wyndmoor of Marion regarding the statement of deficiencies dated on 12/12/2022-12/13/2022. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the statement of deficiencies or any related sanction or fine. Rather is | 12/22/2022 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/13/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| WYNDMOOR OF MARION, LLC | 2452 W KEM RD<br>MARION, IN 46952 |

| (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 |
|---|---|---|---|---|
| | During an interview with the Administrator, on 12/12/22 at 2:09 p.m., she indicated CNA 21 had not completed any of the training.<br><br>During an interview with the Administrator, on 12/13/22 at 1:16 p.m., she indicated the facility did not have a policy related to inservicing and they would follow the State regulations.<br><br>This State Residential finding relates to complaint IN00396493. | | a submitted as confirmation of our ongoing efforts to comply with the statutory and regulatory. In this document we have detailed actions in response to identified issues. We will continue to make changes and improvement to satisfy the objective.<br><br>Staff in serviced and educated on reporting abuse, preventing abuse, abuse, neglect, resident rights and dementia. Facility will maintain a training log for all current and new employees to monitor ongoing training and completion of training. This plan of correction is indefinite to ensure resident safety. | |