

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

PRINTED: 08/22/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155501		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/06/2019	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BLUFFTON				STREET ADDRESS, CITY, STATE, ZIP COD 1529 W LANCASTER ST BLUFFTON, IN 46714			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00301925.</p> <p>Complaint IN00301925-Substantiated, deficiency cited at F-609.</p> <p>Survey Date: August 6, 2019</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Census bed type: SNF/NF: 35 Total: 35</p> <p>Census payor type: Medicare: 1 Medicaid: 23 Other: 9 Total: 35</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16-2 3.1.</p> <p>Quality review completed August 7, 2019.</p>			F 0000	<p>Signature Healthcare of Bluffton</p> <p>Presents this POC as evidence of our intention to be in compliance, and to ask for Desk Review,</p> <p>Brenda Lewis, Interim CEO/Administrator HFA, LNHA, MSM, FACHCA</p>		
F 0609 SS=D Bldg. 00	<p>483.12(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including</p>						

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 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 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>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.</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 ensure staff reported witnessed abuse in a timely manner for 1 of 3 reviewed allegations of abuse.</p> <p>Findings Include:</p> <p>Review of an alleged allegation of abuse for Resident B indicated the facility reported the incident to the Indiana State Department of Health on 7/24/19.</p> <p>Review of the clinical record for Resident B on 8/6/19 at 11:15 a.m. indicated the resident was alert but confused and had a BIMS score (brief interview for mental status) of 4.</p>			F 0609	<p>Corrective action: The staff member who failed to report timely was assigned education service on reporting of abuse neglect or mistreatment of any resident. The staff member has voiced understanding of the requirement to immediately report an allegation of abuse. The staff person responsible for mistreatment was suspended pending investigation and has now been terminated.</p> <p>Skin sheets were reviewed for the resident involved with no integrity issues found.</p>		08/19/2019

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	<p>On 8/6/19 at 10:30 a.m. interview with CNA 1, indicated she heard yelling coming from Resident B's room. She indicated she heard the resident yelling and the nurse who was in the room was also yelling. CNA 1 indicated she entered the room and the resident was not wanting to take his medication. CNA 1 stated the nurse smacked the resident on the wrist and stated to CNA 1 that the resident had hit her, it was a reflex, and she did not hurt him. CNA 1 indicated the nurse got the resident to take his medication and left the room.</p> <p>CNA 1 was queried if there were any other witnesses and she indicated "no". CNA 1 indicated there was another employee in the building but she was a friend of the nurse and she did not say anything to her about the nurse smacking Resident B. CNA 1 indicated that she was talking about the incident to others on another day and indicated Nurse 2 told her she had to report any witnessed abuse. CNA 1 indicated she then reported the incident to the Director of Nursing and wrote a statement of what had happened. CNA 1 indicated she was then required to complete an abuse training inservice.</p> <p>On 8/6/19 at 1:30 p.m. interview with Nurse 2 indicated she had heard CNA1 talking about the alleged incident and told her she needed to report to the Director of Nursing or the Administrator. Nurse 2 was queried when she had heard CNA 1 talking about the incident and she indicated she thought it was on 7/19/19.</p> <p>On 8/6/19 at 2:00 p.m. review of the facility policy for Abuse, Neglect and Misappropriation of Property, which was not dated, indicated the following:</p>				<p>Other residents with the potential to be affected: A review of residents with a BIMS score below 8 was conducted to assure no other residents had been mistreated. Residents with a BIMS score of 9 and above were interviewed to ensure they felt safe and had not been mistreated.</p> <p>Measures put in place: Staff training of the individual who failed to report has been completed through SHC Learn and Abuse and Reporting education has been completed with all staff. A Quality Assurance discussion on Reportable events took place at morning stand up on 08/19/2019, ongoing education through regularly assigned annual courses is in place. Prior to hiring the registry is checked to ensure there is no history of abuse is noted.</p> <p>Monitoring of corrective action: The SDC or designee will be assigned to monitor compliance of the measures put in place. Angel Rounds will be conducted randomly to observe for compliance with all care issues; including proper resident handling. Staff is encouraged to step back and re-approach when caring for residents who may be combative to avoid confrontational situations.</p> <p>Date: August 19th</p>		

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	<p>D. Reporting Requirements</p> <p>1. Every Stakeholder, contractor and volunteer immediately shall report any "allegation of abuse," "injury of unknown origin," or "suspicion of crime, as those terms are defined above, to the charge nurse on duty. In the charge nurse is the suspected perpetrator, the report shall be made immediately to the Director of Nursing or Facility Administrator, or to another nurse manager or licensed nurse.</p> <p>On 8/6/19 at 2:15 p.m. review of the initial report of the incident sent to the Indiana State Department of Health was dated 7/24/19 as the date of the alleged event.</p> <p>On 8/6/19 at 2:30 p.m., the Administrator was queried about the initial reporting of the incident to ISDH and she indicated she had dated it 7/24/19 at 11:00 p.m. but indicated it should have been 11:00 a.m.</p> <p>This federal tag is related to complaint IN00301925.</p> <p>3.1-28(a) 3.1-28(c)</p>				<p>F609</p> <p>Weekly x 4 weeks:</p> <p>Week</p> <p>1 _____</p> <p>Week 2 _____</p> <p>Week</p> <p>3 _____</p> <p>Week 4 _____</p> <p>Monthly x3 Months:</p> <p>Month</p> <p>1 _____</p> <p>Month 2 _____</p> <p>Month</p> <p>3 _____</p> <p>Quarterly Thereafter:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		