

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

PRINTED: 02/09/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155857	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2022
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP COD 3640 N CENTRAL AVENUE INDIANAPOLIS, IN 46205
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00370649.</p> <p>Complaint IN00370649 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: January 20, 2022</p> <p>Facility number: 014265 Provider number: 155857 AIM number: 300029339</p> <p>Census Bed Type: SNF/NF: 26 Total: 26</p> <p>Census Payor Type: Medicare: 2 Medicaid: 21 Other: 3 Total: 26</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on January 21, 2022</p>	F 0000		
F 0607 SS=D Bldg. 00	<p>483.12(b)(1)-(3) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and</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 disclosed 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>misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, Based on interview and record review, the facility failed to implement its policies regarding prompt reporting of an allegation of verbal and/or mental abuse upon learning of the allegation to the State Survey Agency within 2 hours or less. (Resident C)</p> <p>Findings include:</p> <p>In an interview with the Executive Director (ED) on 1-20-22 at 1:19 p.m., he indicated he had received an allegation yesterday (1-19-22) and he had not reported it yet to Indiana Department of Health's (IDOH) Division of Long Term Care (LTC), but would do so immediately. In a continued interview with the ED on 1-20-22 at 1:36 p.m., the ED indicated the resident declined to tell the ED exactly what was said, other than CNA 5 used inappropriate language and was berating the Assistant Director of Nursing (ADON). The ED indicated he began an immediate investigation of the situation and the alleged perpetrator, CNA 5. CNA 5 was immediately suspended at that time, pending results of investigation. The ED indicated the investigation was still in progress at the time of the interview.</p> <p>On 1-20-22 at 5:02 p.m., the ED provided a copy of the report he filed the afternoon of 1-20-22, to the IDOH-LTC, regarding the allegation of verbal and/or mental abuse. The report indicated on 1-19-20 at 9:01 a.m., Resident C indicated CNA 5</p>	F 0607	<p>The facility will ensure that all incidents, accidents or allegations of abuse are reported within a timely manner per regulations.</p> <p>The issue identified during the State survey was reported via gateway.</p> <p>The facility reviewed current reportables to ensure timely notification. One issue identified and corrected. No other issues noted.</p> <p>The Administrator has been in-serviced on timely reporting protocols for incidents and accidents and allegations of abuse. Two designees have been assigned as backup in case the Administrator is not available to report in a timely manner.</p> <p>Reportables will be reviewed monthly for timeliness in reporting and accuracy. Results of the reviews will be reported to QA team monthly for three months or until problem is considered resolved.</p>	01/25/2022

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	<p>"was in his room complaining about the ADON and was using inappropriate language." It indicated the employee, CNA 5, was suspended, pending the results of the investigation.</p> <p>On 1-20-22 at 10:45 a.m., the ED provided a copy of an undated policy entitled, "Abuse Prevention Program." This policy indicated, "Our residents have the right to be free from abuse...Comprehensive policies and procedures have been developed to aid our facility in preventing abuse...of our residents. Our abuse prevention program provides policies and procedures that govern, as a minimum...The reporting and filing of accurate documents relative to incidents of abuse."</p> <p>On 1-20-22 at 10:45 a.m., the ED provided a copy of an undated policy entitled, "Reporting Abuse to Facility Management." This policy indicated, "It is the responsibility of our employees, facility consultants, Attending Physicians, family members, visitors, etc., to promptly report any incident or suspected incident of neglect or resident abuse...to the Executive Director. 'Verbal abuse' is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability...'Mental abuse' is defined as, but is not limited to humiliation, harassment, threats of punishment, or withholding of treatment or services...The facility will report/respond to all allegations to all appropriate agencies, including the Indiana State Department of Health...as warranted."</p> <p>3.1-28(a) 3.1-28(e)</p>			

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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 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 report of an allegation of verbal and/or mental abuse upon learning of the allegation to the State Survey Agency within 2 hours or less. (Resident C)</p> <p>Findings include:</p>	F 0609	<p>The facility will ensure that all incidents, accidents or allegations of abuse are reported within a timely manner per regulations.</p> <p>The issue identified during the State survey was reported via</p>	01/25/2022

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	<p>In an interview with the Executive Director (ED) on 1-20-22 at 1:19 p.m., he indicated he had received an allegation yesterday (1-19-22) and he had not reported it yet to Indiana Department of Health's (IDOH) Division of Long Term Care (LTC), but would do so immediately. In a continued interview with the ED on 1-20-22 at 1:36 p.m., the ED indicated the resident declined to tell the ED exactly what was said, other than CNA 5 used inappropriate language and was berating the ADON. The ED indicated he began an immediate investigation of the situation and the alleged perpetrator, CNA 5 was immediately suspended at that time, pending results of investigation. The ED indicated the investigation was still in progress at the time of the interview.</p> <p>On 1-20-22 at 5:02 p.m., the ED provided a copy of the report he filed the afternoon of 1-20-22, to the IDOH-LTC, regarding the allegation of verbal and/or mental abuse. The report indicated on 1-19-20 at 9:01 a.m., Resident C indicated CNA 5 "was in his room complaining about the ADON and was using inappropriate language." It indicated the employee, CNA 5, was suspended, pending the results of the investigation.</p> <p>In an interview with Resident C on 1-20-22 at 12:20 p.m., he indicated he recently had a staff member speak to another employee while providing care to him, who used "inappropriate language" while she was talking about being upset with the ADON. Resident C declined to repeat the terms the employee was using as it was "foul language and would rather not repeat what she said." He indicated the facility management were very prompt to respond to his concerns regarding this and "they fired her yesterday over it."</p>		<p>gateway.</p> <p>The facility reviewed current reportables to ensure timely notification. One issue identified and corrected. No other issues noted.</p> <p>The Administrator has been in-serviced on timely reporting protocols for incidents and accidents and allegations of abuse. Two designees have been assigned as backup in case the Administrator is not available to report in a timely manner.</p> <p>Reportables will be reviewed monthly for timeliness in reporting and accuracy. Results of the reviews will be reported to QA team monthly for three months or until problem is considered resolved.</p>	

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	<p>On 12-20-22 at 11:10 a.m., the ED provided a copy of the information Resident C had given him the previous day (1-29-22) of his concerns/allegations of verbal and/or mental abuse. The document indicated on 1-19-22, while CNA 5 and CNA 6 were providing care to him, CNA was using very foul language and talking badly about the ADON. The language was very inappropriate to be using in a resident's room."</p> <p>On 1-20-22 at 10:45 a.m., the ED provided a copy of an undated policy entitled, "Abuse Prevention Program." This policy indicated, "Our residents have the right to be free from abuse...Comprehensive policies and procedures have been developed to aid our facility in preventing abuse...of our residents. Our abuse prevention program provides policies and procedures that govern, as a minimum...The reporting and filing of accurate documents relative to incidents of abuse."</p> <p>On 1-20-22 at 10:45 a.m., the ED provided a copy of an undated policy entitled, "Reporting Abuse to Facility Management." This policy indicated, "It is the responsibility of our employees, facility consultants, Attending Physicians, family members, visitors, etc., to promptly report any incident or suspected incident of neglect or resident abuse...to the Executive Director. 'Verbal abuse' is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability...'Mental abuse' is defined as, but is not limited to humiliation, harassment, threats of punishment, or withholding of treatment or services...The facility will report/respond to all allegations to all appropriate</p>			

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