STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155224	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COLUMBIA HEALTHCARE CENTER	621 W COLUMBIA ST EVANSVILLE, IN 47710

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00393930, IN00391496, and IN00378261. Complaint IN00393930- Substantiated. Federal/State deficiencies related to the allegations are cited at F550. Complaint IN00391496- Unsubstantiated due to lack of evidence. Complaint IN00378261- Unsubstantiated due to lack of evidence. Survey dates: December 14, 15, 2022. Facility number: 000129 Provider number: 155224 AIM number: 100266780 Census Bed Type: SNF/NF: 126 Total: 126 Census Payor Type: Medicare: 5 Medicaid: 104 Other: 17 Total: 126 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 16, 2022.	F 0000	**Plan of Correction for Columbia Healthcare Center** **F000 INITIAL COMMENTS** The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after December 30, 2022.	
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lana Ballard	Executive Director	12/28/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.			

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	Based on interview and record review, the facility failed to ensure dignity for 1 of 3 residents reviewed for quality of care. A resident was not taken to the restroom, and was told to soil his brief, a call light was taken from his hand. (Resident B) Finding includes: On 12/14/22 at 11:07 a.m., Resident B indicated a staff member told him to go in his brief when he said he needed to use the bathroom, tried to take the call light from his hand. On 12/14/22 at 12:15 p.m., Resident B's clinical record was reviewed. Resident B had diagnoses that included, but were not limited to, Alzheimer's disease, other abnormalities of gait and mobility. An admission MDS (Minimum Data Set) assessment, dated 10/6/22, indicated Resident B's cognition was intact. Care plans were reviewed and included, but were not limited to: Resident is incontinent et requires assistance with toileting due to: weakness, limited mobility, decreased mobility, pain, impaired cognition, Alzheimer's disease, repeated falls, muscle weakness, malaise, cognitive communication deficit, HX Displaced FX (fracture) of olectanon process without intraarticular extension of the right ulna, (July 2022), Rheumatoid arthritis, osteoarthritis, PTSD (Post Traumatic Distress Disorder), retention of urine, incontinent of bowel et bladder. Approaches included, but were not limited to: assist with incontinent care as needed, toilet upon rising, before and after meals, and at bedtime, check every two hours for incontinence, start date 10/3/22.	F 0550	**F550** **Resident Rights-Exercise of Rights** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · After assessment completed, Resident B had no negative outcome due to this alleged deficient practice. Resident provided avenue to voice concerns immediately to ED/DNS. All staff were in-serviced on resident rights. Appropriate disciplinary action rendered to staff involved. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents that have the potential to be affected by the alleged deficient practice. · Resident interviews to be completed about resident rights and dignity and ensuring all residents understand their rights while in a facility. · **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** · Monitoring	12/30/2022

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	On 12/14/22 at 12:40 p.m., a state reportable was reviewed and included, but not limited to, on 10/17/22 Resident B indicated that a woman had made contact with his arm. No injures were found. CNA 1 was suspended pending the investigation. A follow up indicated appropriate disciplinary action had been rendered to CNA 1. A employee communication form signed by CNA 1 on 10/18/22, indicated the date of the incident was 10/17/22 at 10:30 a.m., the policy/procedure that was violated was resident abuse, details of the violation was allegation of abuse. The date of termination was 10/19/22. A statement by the Assistant Administrator was reviewed and indicated the date of the incident was 10/16/22, date of Resident B's interview was 10/17/22. The statement indicated" I went to interview this resident immediately after the SSD [Social Service Director] had told me what he said. [Resident B] stated that he had been needing to be placed on the commode because he was about to have a bowel movement. He said he had been repeatedly using his call light because the aides had continuously told him that there wasn't enough staff to take him since he is a 2 assist and that he just needed to go in his brief. He did not want to "just go in his brief" which is why he continued using the call light. Around 9 PM he stated he had pressed his call light again and the C.N.A. [CNA1], had walked in grabbed his wrist, yanked it away from him, grabbed his call light and told him to stop pressing it so much." A witness statement signed on 10/18/22 by CNA 1, indicated the incident date was 10/17/22 and included the following: "I answer Mr [Resident B] call light multiple times		rounds/interviews completed by Care Companions/DNS/designee to ensure resident rights are being met by all staff. · In-service with all staff on awareness/understanding of resident rights by DNS/designee. · Resident Council Meetings to be held bi-weekly for 3 months with Resident Rights reviewed. Residents encouraged to voice concerns immediately by ED/designee. **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?** · The Care Companions/DNS/designee will be responsible for the completion of Resident Rights QA Tool and weekly times 4 weeks, monthly times six and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee. Date of Compliance: December 30, 2022.	

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	and the first time he told me somebody Told him he can go in his pants I said that was fine because I was busy and at the other end the hall waiting an cleaning up at the other end of the Hall in the Bathroom But I will be to clean him up and The last time he Rung He had his call light with his hand on the button and I Took his finger off the button to turn it off" Statements were reviewed for the residents interviewed during the investigation and included but were not limited to: Resident B- "I don't know people's name but it is that skinny black girl with the kind of long hair then I ...she is rude and I don't like her." "No but she does have an attitude and comes of [sic] as rude and lazy." "Not me personally but she has a bad attitude and is rude, She acts like she doesn't want to be here." "No but she has a bad attitude, like she wakes up on the wrong side of the bed or something." "No but she is rude and has a bad attitude. She is lazy too." "Yes she has a bad attitude and doesn't want to do her job or only half ass it." " Not really issues but she can be kind of rude with her attitude." "Not really any issues but she isn't very friendly. She is always wanting to just get things done so she can go." On 12/15/22 at 11:10 a.m., CNA 2 indicated if a resident puts on the call light and needs to use the bathroom, she takes them, she has never told a resident they can go in their briefs, or heard another staff member tell a resident that. On 12/14/22 at 1:10 p.m., the Administrator indicated Resident B reported he had an issue			

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	with an employee when she was trying to reposition his call light, he felt she was rough or pinched his arm when trying to reattach the call light, she was terminated after talking with other residents due to her customer service not being good. On 12/15/22 at 10:26 a.m., the Administrator provided the current policy on resident rights with a revision date of 11/16. The policy include, but was not limited to, Facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility...All staff members recognize the rights of residents at all times and residents assume their responsibilities to enable personal dignity, well being, and proper delivery of care... This Federal Tag relates to Complaint IN00393930. 3.1-3(a) 3.1-3(u)(1)			