

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

PRINTED: 02/03/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155364		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/12/2022	
NAME OF PROVIDER OR SUPPLIER BYRON HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1661 BEACON STREET FORT WAYNE, IN 46805			
(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 Complaint IN00394955.</p> <p>Complaint IN00394955 - Substantiated. Federal/state deficiencies related to the allegation are cited at F602.</p> <p>Survey date: December 12, 2022</p> <p>Facility number: 000255 Provider number: 155364 AIM number: 100273280</p> <p>Census Bed Type: SNF/NF: 88 Total: 88</p> <p>Census Payor Type: Medicaid: 86 Other: 2 Total: 88</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 15, 2022</p>			F 0000	<p>This Plan of Correction is Byron Health Center's credible allegation of compliance. It is the intention of Byron Health Center to be in complete compliance with all Federal and State guidelines. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correction is prepared and/or executed because the provisions of federal and state law require it.</p> <p><u>We are asking for Paper Compliance. Thank you.</u></p> <p>- <u>F602 – Free from Misappropriation/Exploitation</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All staff educated on resident rights and misappropriation of resident property. (Attachment 1). How other residents having the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken. All residents could be affected by this deficient practice. The remote was replaced immediately.</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 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>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Administrator or her designee to complete monthly education with all staff for six months related to misappropriation as well as conduct interviews of 10% of residents to determine any issues with misappropriation. (Attachment 2 and 3). Any issues identified during the review will be addressed and reported as required by policy and regulation. Any corrective actions taken shall be reported to the QAPI Committee during monthly meetings and the plan revised, if warranted.</p> <p>Please specify how the QAA Committee will monitor this plan of correction, how often, and for how long? If less than six months, how will the facility ensure the plan remains in place?</p> <p>Administrator or her designee to complete monthly education with all staff for six months related to misappropriation as well as conduct interviews of 10% of residents to determine any issues with misappropriation. (Attachment 2 and 3). Any issues identified during the review will be addressed and reported as required by policy and regulation. Any corrective actions taken shall</p>		

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F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Based on interview and record review, the facility failed to ensure a resident was free from misappropriation of property for 1 of 1 residents reviewed (Resident D). Findings include: An Indiana report form, submitted by the facility, on 11/16/22 at 3:40 p.m., indicated potential misappropriation of resident property had occurred. The facility investigated the allegation and terminated the involved employee after determining the allegation was substantiated. On 12/12/22 at 11:51 A.M., Resident D's record was reviewed. Diagnoses included Alzheimer's disease and general anxiety disorder. He resided on the secured male memory care unit. The resident was able to ambulate by himself and wandered daily throughout the unit.</p>	F 0602	<p>be reported to the QAPI Committee during monthly meetings and the plan revised, if warranted. By what date the systemic changes will be completed: January 12, 2023</p> <p>We are requesting an IDR due to the fact that we completed everything required of us related to education and reporting and could not have done anything else to stop the incident from happening.</p> <p>This Plan of Correction is Byron Health Center's credible allegation of compliance. It is the intention of Byron Health Center to be in complete compliance with all Federal and State guidelines. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correction is prepared</p>	01/12/2023	

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	<p>An Investigation Summary Report, provided by the Administrator during an interview on 12/12/22 at 11:30 a.m., indicated Resident D had a Roku remote that had been reported missing on 11/11/22. A statement by LPN 5 (Licensed Practical Nurse) on 11/15/22, indicated she had reviewed the security camera footage at the nurses station where Resident D resided. She saw that CNA 7 (Certified Nurse Assistant) had clocked out at the end of her shift on 11/10/22 at 10:15 p.m. and then walked over to the nurses station counter where the Roku remote sat, grabbed it and put it into her pocket. The Administrator indicated an immediate investigation was started and CNA 7 was terminated on 11/16/22 for taking a resident's personal property. She indicated there were no other reports of missing items on the unit and the facility replaced the stolen Roku remote.</p> <p>On 12/12/22 at 12:43 P.M., LPN 5 was interviewed. She indicated, on 11/11/22 around 11:30 a.m., Resident D's spouse was visiting and reported to her the Roku remote could not be found. The resident had a Roku television in his room where staff would play movies, TV, or music for him at night when he had anxious behaviors. Resident D's spouse had requested the remote be kept at the nurse's station so he wouldn't misplace it and staff had access to it. The Roku remote was kept behind the nurses station/counter in a drawer. She indicated staff were alerted and looked for the remote over the weekend and the following Monday. On Tuesday, 11/15/22, LPN 5 reviewed the security camera footage to see if another resident had picked up the remote because it still hadn't been found. Upon review, she saw CNA 7 had taken the remote, following her shift on 11/10/22. LPN 5 reported the information to her</p>				<p>and/or executed because the provisions of federal and state law require it. <u>We are asking for Paper Compliance. Thank you.</u></p> <p>- <u>F602 – Free from Misappropriation/Exploitation</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All staff educated on resident rights and misappropriation of resident property. (Attachment 1). How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. All residents could be affected by this deficient practice. The remote was replaced immediately. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Administrator or her designee to complete monthly education with all staff for six months related to misappropriation as well as conduct interviews of 10% of residents to determine any issues with misappropriation. (Attachment 2 and 3). Any issues identified during the review will be addressed and reported as required by policy and regulation.</p>		

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	<p>supervisor.</p> <p>A current policy, titled "Abuse Prevention Program" and provided by the Administrator on 12/12/22 at 11:30 a.m., stated the following: "Our residents have the right to be free from abuse, neglect, exploitation, misappropriation of resident property...."</p> <p>This Federal tag relates to Complaint IN00394955.</p> <p>3.1-28(a)</p>				<p>Any corrective actions taken shall be reported to the QAPI Committee during monthly meetings and the plan revised, if warranted.</p> <p>Please specify how the QAA Committee will monitor this plan of correction, how often, and for how long? If less than six months, how will the facility ensure the plan remains in place?</p> <p>Administrator or her designee to complete monthly education with all staff for six months related to misappropriation as well as conduct interviews of 10% of residents to determine any issues with misappropriation. (Attachment 2 and 3). Any issues identified during the review will be addressed and reported as required by policy and regulation. Any corrective actions taken shall be reported to the QAPI Committee during monthly meetings and the plan revised, if warranted.</p> <p>By what date the systemic changes will be completed: January 12, 2023</p>		