STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155473	A. BUILDING 00 B. WING	11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENVIVE OF BERNE	1065 PARKWAY ST BERNE, IN 46711

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00393506 and IN00394788 Complaint IN00393506 - Substantiated. Federal/state deficiencies related to the allegations are cited at F600 and F609. Complaint IN00394788 - Unsubstantiated due to lack of evidence. Survey dates: November 22, 2022 Facility number: 000546 Provider number: 155473 AIM number: 100267370 Census Bed Type: SNF/NF: 32 Total: 32 Census Payor Type: Medicare: 5 Medicaid: 22 Other: 5 Total: 32 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed November 23, 2022	F 0000	**Plan of Correction FOR Envive of berne** **F0000 INITIAL COMMENTS** Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Complaint Survey IN00393506 conducted Nov. 22, 2022. Please accept this Plan of Correction as the provider's credible allegation of compliance as of, Dec. 7, 2022. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Shelley Miller	Chief Nursing Officer	12/05/2022

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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	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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on interview and record review the facility failed to protect the resident's right to be free from abuse for 1 of 5 residents reviewed for abuse (Resident B) Findings include: An incident report, dated 10/7/22, was provided by the Administrator on 11/22/22 at 2:48 PM. The report indicated on 10/7/22 "a third party had notified the facility that a former resident had alleged an incident of sexual assault." The report indicated the resident no longer resided in the facility and the Certified Nursing Assistant (CNA) no longer was employed by the facility. The resident did not have any grievances regarding the CNA alleged and the facility was unable to substanitate the allegation of abuse. A statement was provided by the Administrator on 11/22/22 at 2:48 PM. The statement indicated on 9/16/22 the Administrator was notified of an inappropriate interaction between a facility employee and a facility resident: Resident B and CNA 2. The statement indicated "both individuals are alert and orientated x4 and highly aware of	F 0600	**F 600 - Free from Abuse and Neglect** **SS=D** *"The facility failed to protect the resident's right to be free from abuse for 1 of 5 residents reviewed for abuse (Resident B)."* **1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?** - Resident B no longer resides at the facility. - Staff member no longer employed by the facility. **2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.** - All residents have the potential to be affected by the alleged deficient practice. - All alert and oriented residents were interviewed and no	12/07/2022

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	what they say and do and what is acceptable behavior and what is not, any inappropriate actvity between residents and employees are not acceptable and a violation of company policies. Other corporate individuals were notified of report and company Vice President of Human Resources was dispatched to the facility to facilitate investigation." The statement indicated the Administrator was present during the interview with CNA 2 and CNA 2 denied any inappropriate interactions with any resident, by self or other employees. HR 3 indicated the facililty had received reports of inappropriate interactions, then CNA 2 decided to resign her position. The report also indicated Resident B was "interviewed and denied having any inappropriate interaction with any staff member while at the facility." In a confidential interivew on 11/22/22, an employee indicated CNA 2 had told another staff member about her sexual relationship with Resident B. The staff member then reported the allegation to the Administrator. In an interview on 11/22/22 at 2:48 PM, the Administrator indicated on 9/16/22 an employee reported Resident B and CNA 2 were in a sexual relationship. The Administrator indicated he interviewed CNA 2 and Resident B on 9/16/22 and both parties denied the relationship. The Administrator indicated CNA 2 resigned during the interview. The Adminsitrator indicated at a later date, the facility had found information posted on social media accounts by Resident B that he was in a relationship with CNA 2. The Administrator indicated on 10/5/22 the police department indicated Resident B had filed charges of sexual assault against CNA 2. The Administrator indicated there was no other documentation he could provide at the time.		allegations of abuse noted. **3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - All staff were in-serviced on: o "Resident Abuse, Neglect and Exploitation Procedural Guidelines" **4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place?** - ED will interview/audit 5 random residents weekly M-F x8 weeks, then biweekly x8 weeks then monthly times x2 months to ensure residents feel safe and there are no allegations of abuse. - The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months. **5. Date of completion:**	

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In an interview on 11/22/22 at 3:26 PM, Police Officer 5 indicated Resident B had called on 10/2/22 and filed charges against CNA 2 regarding sexual assualt. Police Officer 5 indicated the investigation was still pending and he was unable to give any other information at the time.

The Surveyor attempted to call Resident B on 11/22/22 at 3:24 PM, but Resident B's phone went straight to voicemail and the voicemail was full.

Resident B's record review was conducted on 11/22/22 at 3 PM. Diagnoses included: unspecified injury of unspecificed level of lumbar spinal cord sequla, parkinson's disease, post traumatic stress disorder and depression.

A quarterly Minimum Data Set (MDS) assessment, dated 7/15/22 indicated Resident B had a Brief Interview of Mental Status (BIMS) of 13/15 (cognitively intact).

Progress notes were reviewed between 9/1/22 and 9/22/22, no notes indicated any allegation, distress or behaviors were exhibited from Resident B at the time.

A policy, dated 9/2022, titled "Resident Abuse, Neglect and Exploitation Procedural Guidelines," was provided by the Administrator on 11/22/22 at 3:58 PM. The policy indicated.."abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting in physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well being. Instances of abuse of all residents, irrespective of

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	any mental or physical condition, cause physical hamr pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abus including abuse facilitated or enabled through the use of technology. Willfull, as used means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.....sexual abuse: is nonconsensual sexual contact of any type with a resident." This Federal Citation is related to Complaint IN00393506 3.1-27(a)(1)			
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §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.			

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	§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. Based on interview and record review the facility to ensure an allegation of abuse was reported to the Indiana Department of Health within 24 hours of the allegation. (Resident B) Findings include: An incident report, dated 10/7/22, was provided by the Administrator on 11/22/22 at 2:48 PM. The report indicated on 10/7/22 "a third party had notified the facility a former resident had alleged an incident of sexual assault." A statement was provided by the Administrator on 11/22/22 at 2:48 PM. The statement indicated on 9/16/22 the Administrator was notified of an inappropriate interaction between a facility employee and a facility resident. In an interview on 11/22/22 at 2:48 PM, the Administrator indicated on 9/16/22 an employee reported Resident B and CNA 2 were in a sexual relationship. The Administrator indicated he interviewed CNA 2 and Resident B on 9/16/22 and both parties denied the relationship. The Administrator indicated on 10/5/22 the police department indicated Resident B had filed charges of sexual assault against CNA 2. The Administrator also indicated he had not reported the allegation to the Indiana Department of Health until 10/7/22.	F 0609	**F 609 - Reporting of Alleged Violations** **SS=D** *"The facility to ensure an allegation of abuse was reported to the Indiana Department of Health within 24 hours of the allegation. (Resident B)"* **1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?** - Resident B no longer resides at the facility. - Allegation was reported upon notification of the allegations. **2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.** - All residents have the potential to be affected by the alleged deficient practice. - All allegations of abuse were audited by the ED to ensure reporting had occurred to the Indiana Department of Health within 24hrs. No allegations were	12/07/2022

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	A policy, dated 9/2022, titled "Resident Abuse, Neglect and Exploitation Procedural Guidelines," was provided by the Administrator on 11/22/22 at 3:58 PM. The policy indicated...."reporting/response: ii: 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 allegations do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including 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." This Federal Finding relates to Complaint IN00393506 3.1-28(c)		noted to be out of compliance. **3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - Executive Director was in serviced on: o "Resident Abuse, Neglect and Exploitation Procedural Guidelines" **4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place?** - DHS/designee will audit all resident allegations of abuse weekly M-F x8 weeks, then biweekly x8 weeks then monthly times x2 months to ensure all allegations of abuse have been reported to the Indiana Department of Health within 24hrs. - The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.	

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