STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155660	A. BUILDING 00 B. WING	01/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PULASKI HEALTH CARE CENTER	624 E 13TH ST WINAMAC, IN 46996

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00425189. Complaint IN00425189 - Federal/state deficiencies related to the allegations are cited at F609. Survey dates: January 17, 2024 Facility number: 000553 Provider number: 155669 AIM number: 100267430 Census Bed Type: SNF/NF: 45 SNF: 6 Total: 51 Census Payor Type: Medicare: 5 Medicaid: 33 Other: 13 Total: 51 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 1/22/24.	F 0000	The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long-term care facility and this Plan of Correction in its entirety, constitutes this provider's credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that is was in compliance with the requirements of participation. We are respectfully requesting a desk review to clear any and all proposed or implemented	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Thelma Jean Fort	Administrator	02/06/2024

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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			remedies that have been presented to date.	
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. §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 record review and interview, the facility failed to report an allegation of abuse to the State Agency for 1 or 1 residents reviewed for abuse	F 0609	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	02/01/2024

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	(Resident B) Finding includes: Resident B's record was reviewed on 1/17/24 at 10:33 a.m. The resident admitted to the facility on 9/8/23 and discharged on 11/22/23. Diagnoses included, but were not limited to, fracture of the left femur and left fibula. The Discharge Minimum Data Set (MDS) assessment, dated 11/22/23, indicated the resident was moderately impaired for daily decision making. In an email to the facility, dated 1/2/24 at 1:19 p.m., Resident B's family member indicated the resident had complained that a nurse aide was rough with her. She was impatient with the resident while she was in the shower. The resident was evidently not moving fast enough and the aide "grabbed her hips and twisted and roughly put her in the shower chair." The resident was in a lot of pain. It happened every time the aide was responsible for showering the resident. A Grievance Form, dated 1/8/24, indicated Resident B's family member emailed the Director of Nursing (DON) regarding her mother's stay at the facility. The resident was receiving skilled therapy and discharged on 11/22/23 with home health care. The issues noted in the email indicated the nurse aide was impatient and moving fast during shower care with no dates noted. The Investigation Timeline indicated the email from Resident B's family member was received on 1/8/24 and the investigation began with reviewing grievances with social services. There were no grievances filed in regards to Resident B. On		A: Despite facility Abuse policy that states “current residents”, Administrator or designee will follow the request of ISDH and report all allegations to ISDH even if new allegation is regarding a previous resident who has been discharged from facility for months/years etc. and regardless if allegations are made by someone who has never visited facility or a resident while at the facility and who currently does not live with or care for a previous resident; and regardless if Administrator is able to unsubstantiate the allegation; and regardless if the family and/or resident never filed a grievance or had a concern during the stay at the facility; and regardless if the family and/or the resident signed the abuse policy upon admission that states all suspicions of abuse must be reported immediately to Administrator, Social Services or the Nurse on duty. 2. How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) will be taken? A: Administrator has always reported all allegations for current residents residing in facility. This is the first time receiving an allegation of a discharged	

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	1/10/24, the Administrator spoke to all alert and oriented residents currently residing in the facility to ask if they felt safe or had any negative experiences while receiving care in the shower, in their rooms, or at any time in the facility. All residents stated that they felt safe with no concerns. On 1/16/24, the Administrator requested the DON and Unit Manager provide education with nursing personnel in regards to approach and not rushing. During an interview on 1/17/24 at 1:00 p.m., the Administrator indicated that they had received the email from the family member after Resident B had been discharged from the facility. She immediately started an investigation upon receiving the email and did not substantiate the allegations, so she did not report it. She indicated if the resident was still residing in the facility, she would have reported it. The policy, "Pulaski Health Care Center Abuse Prohibition Policy," indicated "...19. All reports of alleged or suspected or known abuse shall be reported to the Indiana State Department of Health within 2 hours by the Administrator or their designee...20. The administrator must send a follow up investigative report within 5 working days of the reported incident...Reporting requirements: A. Each covered individual shall report to the State Department of Health and local or State law enforcement agencies. B. Timing - any allegations must be reported immediately to the Administrator or their designee and within 2 hours to the State Department of Health and local or state law enforcement agencies (if applicable)..." This citation relates to Complaint IN00425189. 3.1-28(c)		resident, months after the resident discharged home. Administrator or designee will follow the request of ISDH and report all allegations to ISDH even if new allegation is regarding a previous resident who has been discharged from facility for months/years etc. and regardless if allegations are made by someone who has never visited facility or the resident while at the facility and who currently does not live with or care for the resident; and regardless if Administrator is able to unsubstantiate the allegation; and regardless if the family and resident signed the abuse policy upon admission that states all suspicions of abuse must be reported immediately to Administrator, Social Services or the Nurse on duty. 3. What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur? A: All allegations will be reviewed by Executive Director to ensure Administrator's reporting to ISDH is completed appropriately and timely x 6 months. 4. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur; what quality assurance program will be put into place?	

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			A: All reportable incidents, including abuse, are reviewed by QA Committee at the monthly Quality Assurance meetings. Permanent process in place. 5. By what date the systemic changes will be completed? A: February 1, 2024	