STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155720	A. BUILDING 00 B. WING	01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CATHEDRAL HEALTH CARE CENTER	520 W 9TH ST JASPER, IN 47546

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F 0000 Bldg. 00	This visit was for the investigation of complaint IN00425501. Complaint IN00425501: Deficiencies related to the allegations are cited at F609. Survey date: January 9, 2024 Facility number: 000315 Provider number: 155720 AIM number: 100289030 Census Bed Type: SNF/NF: 54 Total: 54 Census Payor Type: Medicaid: 52 Other: 2 Total: 54 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 16, 2024.	F 0000	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the plan of correction be considered our allegation of compliance effective Feburary 2nd, 2024 to the survey completed on January 9th, 2024. We respectfully request a paper review and will provide any additional information requested.	
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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Allision Betz	HFA	01/25/2024

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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	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 interview and record review, the facility failed to ensure timely reporting of an allegation of abuse for 1 of 1 allegations of abuse reviewed. Following an allegation of perceived abuse, the facility failed to report the incident and findings to the State Survey Agency within the required time frame. (Resident D) Finding includes: During record review on 1/9/24 at 11:30 A.M., Resident D's diagnoses included but were not limited to, generalized anxiety, chronic pain, and major depressive disorder. Resident D's most recent quarterly MDS (Minimum Data Set) assessment, dated 10/14/23, included that the resident was cognitively intact.	F 0609	**F609 D** Based on interview and record review, the facility failed to ensure timely reporting of an allegation of abuse for 1 of 1 allegations of abuse reviewed. **What corrective actions will be accomplished for those residents found to be affected by the deficient practice:** The administrator reported the allegation to IDOH and other required agencies during the survey process on 1/9/24.	02/02/2024

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	Resident D's nurses notes included, but were not limited, to a behavior note, dated 12/18/23, at 12:07 P.M. The note included, "Resident is continuous [sic] about telling staff about the bruise she received on her arm. (Director of Nursing, Facility Administrator, Social Service), MDS have already investigated bruise and spoke with resident about the incident and resident agrees there was no harm intended but continues to tell staff and anyone who will listen that CNAs were rough with her..." During an interview on 1/9/24 at 10:00 A.M., Resident D indicated that she felt she had been physically abused approximately two months prior when CNA 4 was assisting her in bed following a transfer. Resident D indicated that CNA 4 had pulled her arm too hard causing her to become dizzy and vomit. The resident stated there was bruising from her fingers to her elbow and that she reported CNA 4 to multiple staff members. During an interview on 1/9/24 at 10:20 A.M., the Facility Administrator indicated being aware of the allegation from Resident D and that the resident had also called the local hospital and told them that someone had broken her arm. The Facility Administrator included that, at the time of the allegation, the resident did not indicate to staff that the incident with CNA 4 was abuse. During an interview on 1/9/24 at 10:35 A.M., the Director of Nursing (DON) indicated that staff were made aware of an incident reported by Resident D and that interviews and inservices were completed. The DON included that Resident D was inconsistent with her accusation and that they were unable to substantiate the allegation.		Resident, physician, and responsible party were notified of the reported allegation on 1/9/24. The physician and responsible party notified of the unsubstantiated conclusion of the investigation. **How other residents having the potential to be affected by the same deficient practices 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 will promptly be reported to the state agency as required by regulation. All interviewed able residents have been interviewed by the admin/designee regarding any allegations of abuse and no new allegations of abuse have been reported. **What measures will be put in place and what systemic changes will be made to ensure that deficient practice does not recur:** A mandatory in-service has been provided for all staff on the facility	

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	During a review of the facility's investigation of the reported incident from Resident D on 1/9/24 at 11:30 A.M., an undated written statement from CNA 6, included, "... On December 17, (CNA 8) and I went in to get (Resident D) up in the morning, when we were in there we noticed a large puple [sic] bruised area on her right wrist, she said that (CNA 4) had grabbed her and pulled her over by her wrist. We went to tell the nurse to report it." A typed statement, dated 12/18/23 and signed by the MDS nurse, included, "This writer was called into (Resident D's) room around (9:45 A.M.)... the resident began to question this writer if I knew what happened to her as she began to slide her long sleeve shirt up on her right side, exposing bruising to her wrist and forearm. I told her that the DON had informed me this morning and that the DON is investigating the root cause. The resident stated it was caused by a CNA during care on Friday evening. She then said it was abuse by the way the CNA grabbed her arm and was rolling her over from the bed pan..." On 1/9/23 at 11:05 A.M., the facility administrator supplied a facility policy titled, Abuse Policy, dated 1/2020. The policy included, "...All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state and federal agencies..." This citation relates to complaint IN00425501. 3.1-28(c)		policy related to the timely reporting of all allegations of abuse to the state agency. **How the corrective actions will be monitored to ensure the deficient practices will not occur:** A performance improvement tool has been initiated to randomly communicate with 5 residents to ensure allegations are reported properly. Auditing to occur by the Administrator/designee: 5 resident interviews weekly x's 4 weeks, 5 resident interviews monthly x 5 months for a total of 6 months of monitoring. Any identified issues will be immediately addressed. Any allegation of abuse will be reported to the state agency per regulation. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly thereafter x's 3 months once 100% compliance has been achieved for a total of 6 months of monitoring. Re-education and frequency and/or duration of reviews will be increased as needed until full compliance is achieved.	

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			By what date the systemic changes will be made: 2/2/24	