STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155496	A. BUILDING 00 B. WING	02/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW HEALTHCARE CENTER	333 W MISHAWAKA RD ELKHART, IN 46517

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	This visit was for the Investigation of Complaints IN00373959, IN00373632 and IN00373751. Complaint IN00373959 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00373632 - Substantiated. Federal/State deficiencies related to the allegations are cited at F610 and F656. Complaint IN00373751 - Unsubstantiated due to lack of evidence. Survey dates: February 24, 25, 28, 2022 Facility number: 000523 Provider number: 155496 AIM number: 100266930 Census Bed Type: SNF/NF: 84 Total: 84 Census Payor Type: Medicare: 3 Medicaid: 72 Other: 9 Total: 84 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 3/8/22.	F 0000	The Plan of Correction is the center's credible allegation of compliance. Preparation and 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 statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.	
F 0610 SS=D Bldg. 00	483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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 observations, interviews and record reviews, the facility failed to take corrective actions to prevent future incidents of sexual abuse, following a verified incident of resident to resident sexual abuse for 2 of 5 residents reviewed for abuse (Resident D and Resident F). Findings include: During an observation and interview on 2/24/22 at 1:17 P.M., Resident F was observed in his room lying on the bed and indicated he was taking a rest. Social Service Director (SSD) was sitting outside the room and indicted the resident was on 1 to 1 observation at all times due to an incident that occurred earlier in the week. During an observation and interview on 2/25/22 at 11:00 A.M., Resident F was observed in his room laying on the bed. An interview, at this time, with Certified Nursing Assistant (CNA) 2, indicated Resident F was on 1 to 1 observations	F 0610	1. Resident D had a BIMS Score of 14 which indicated she was cognitively intact and was noted to have an encounter with a male peer that appeared to be sexual in nature. Local police stated that there was nothing that he could do since Resident D did not want to get checked out and did not want to press charges. Resident D was offered a room change and refused. IDT will continue to monitor for any other encounters of sexual inappropriateness. A second interview with Resident D on 2/25/22 at 4:15 P.M., indicated she did not give Resident F permission to touch her, but did allow him to kiss her. Resident F with a BIMS of 4, indicated he just wanted to keep Resident D	03/18/2022

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	at all times since an incident that occurred on 2/20/22. During an observation and interview on 2/25/22 at 11:45 A.M., Resident D indicated she and Resident F got to know each other in therapy and were not boyfriend and girlfriend. Resident D indicated Resident F went into her room and they were just talking when Resident F, "touched the top of my pubs." The resident further indicated, "He had his dick kinda out standing by the bed and he kinda grabbed my tit." The resident indicated the police were in the building and checked her out and she told the police she and Resident F did not do anything sexually and did not want to do to the hospital. During an interview on 2/25/22 at 1:31 P.M., the Administrator (AD), indicated on 2/20/22 at about 4:00 A.M., Unit Manager (UM)1, notified him that Resident F had been in Resident D's room. Resident D was observed with her brief pulled to the side and Resident F was at the bedside adjusting his pants. The Administrator indicated the police were called immediately and an investigation was started. The resident refused to go to the hospital for evaluation because she said nothing happened between them. During an interview on 2/25/22 at 2:51 P.M., Unit Manager 1 indicated she was in charge on 2/20/22, and Certified Nursing Assistant (CNA) 6, went into the room to check on the roommate and walked past Resident D's bed and saw Resident F on the bed and he jumped up quickly. Resident D indicated Resident F kissed her and she didn't seem upset at all, and denied needing to go to the ER because nothing happened. During an interview on 2/25/22 at 3:00 P.M.,		company and he kissed her and that was it and was never told to stop. The resident indicated he did not understand why he wasn't supposed to back into Resident D's room anymore because they are friends. Resident D was placed on 1:1 supervision. Physicians, guardians, and families were notified of the event. 2. All residents were interviewed regarding abuse to include sexual contact and all non-interviewable residents had a head to toe assessment completed to identify any allegations or concerns of abuse. There were no further findings. The ED/designee will meet with resident council and provide education on Sexual Abuse: to include any sexual contact involving a resident, who lacks the ability to give consent because of cognitive impairment...If the alleged violation is verified, appropriate corrective action will be taken by the facility. 3. All staff were educated on Sexual Abuse: to include any sexual contact involving a resident, who lacks the ability to give consent because of cognitive impairment...If the alleged violation is verified, appropriate corrective action will be taken by the facility. Both residents D and F were educated on sexual abuse. 4. The ED/Designee will	

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	Real Services Guardian for Resident F indicated she had worked with the resident for 4 years and had never heard of any kind of behaviors or issues regarding the resident. Real Services Guardian indicated she did not believe the incident was behavioral, but rather 2 adults who have the right to express themselves, and that Resident F would not be able to give consensual consent to a relationship because he would not understand what consensual means. A second interview with Resident D on 2/25/22 at 4:15 P.M., indicated she did not give Resident F permission to touch her, but did allow him to kiss her. An interview on 2/25/22 at 5:12 P.M., Resident F indicated he just wanted to keep Resident D company and he kissed her and that was it and was never told to stop. The resident indicated he did not understand why he wasn't supposed to back into Resident D's room anymore because they are friends. The resident indicated he felt like he was in jail and did not do anything wrong and would like to go back to the resident's room. During an interview on 2/28/22 at 12:00 P.M., the SSD indicated a Brief Interview for Mental Status (BMS) was completed for both residents at the time of the incident, regarding their capacity for consensual consent. The SSD indicated Resident D had a BIMS Score of 14 which indicated the resident was cognitively intact, and Resident F had a BIMS Score of 4 which indicated severe cognitive impairment and did not have the capacity for consensual consent, but felt he did have the ability to make appropriate life choices. The SSD indicated no other assessments were completed related to the resident's capacity for consensual consent and		interview 5 residents and 5 staff weekly for 12 weeks to identify any allegations or events that may constitute abuse. All findings will be reported to the QAPI committee monthly and the QAPI committee will determine when 100% compliance is achieved.	

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	was not aware of any other assessment tool to use to measure resident's capacity for consensual consent. During an interview on 2/28/22 at 2:00 P.M., the Director of Nursing (DON), indicated the corrective action taken regarding the incident to ensure another incident did not occur was to educate Resident D in understanding the difference between consensual and non consensual relationships. The DON indicated the Interdisciplinary Team (IDT) discussed the incident and they were not sure what to do because Resident F communicated pretty well and made decisions, but when it comes to the cognition on the BIMS. DON indicated the police were notified and investigated the incident, the did not file a report. During an interview on 2/28/22 at 2:10 P.M., the Administrator indicated corrective action taken by the facility to ensure another incident would not occur, was that both residents were given a mini mental evaluation for current BIMS score. On 2/24/22 at 3:00 P.M., Incident Report Number 328 was provided by the DON and reviewed at that time. the report indicated on 2/20/22 at 3:30 A.M., CNA reported that while doing rounds she noticed Resident F was next to Resident D's bed pulling up his pants and fixing his belt. Resident D was in bed with her brief on with her vagina exposed. Both Residents said nothing was going on and that Resident F was helping Resident D get adjusted in the bed. No injuries were noted. Immediate Action Taken, Resident F was placed on one to one observation, the police were notified, MD and responsible parties were notified and an investigation was started.			

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	Resident D refused to go to the emergency room for evaluation. Review of Progress Note dated 2/20/22 at 7:03 A.M., indicated, Local Police were called and residents were interviewed. Review of Incident Report Number 328 Follow-up, dated 2/25/22, was provided by the DON on 2/25/28 at 4:45 P.M., and reviewed at that time. The follow up indicated the IDT team met to review encounter with Resident D and Resident F that was sexual in nature. Resident D had a BIMS Score of 14 which indicated she was cognitively intact and was noted to have an encounter with a male peer that appeared to be sexual in nature. Local police stated that there was nothing that he could do since Resident D did not want to get checked out and did not want to press charges. Resident D was offered a room change and refused. IDT felt that 1 to 1 monitoring was no longer necessary. IDT will continue to monitor for any other encounters of sexual inappropriateness. Review of the facility's policy entitled, "INDIANA Abuse & Neglect & Misappropriation of Property," dated 9/1/17 and revised on 10/27/21, was provided by the DON on 2/24/22 at 3:07 P.M., and reviewed at that time. The policy indicated, "...Sexual Abuse:..3) any sexual contact involving a resident, who lacks the ability to give consent because of cognitive impairment...If the alleged violation is verified, appropriate corrective action will be taken by the facility..." This Federal tag relates to Complaint IN00373632.			

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	3.1-28(e)			
F 0656 SS=D Bldg. 00	483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must			

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	document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. Based on interview and record review, the facility failed to update/revise comprehensive person centered care plans for 2 of 5 residents reviewed for abuse (Resident D and Resident F). Findings include: During an observation and interview on 2/24/22 at 1:17 P.M., Resident F was observed in his room lying on the bed and indicated he was taking a rest. Social Service Director (SSD) was sitting outside the room and indicted the resident was on 1 to 1 observation at all times due to an incident that occurred earlier in the week. During an observation and interview on 2/25/22 at 11:00 A.M., Resident F was observed in his room laying on the bed. An interview at this time with Certified Nursing Assistant (CNA) 2, indicated Resident F was on 1 to 1 observations at all time since an incident that occurred on 2/20/22. During an observation and interview on 2/25/22 at 11:45 A.M., Resident D indicated she and Resident F got to know each other in therapy and were not boyfriend and girlfriend. Resident D indicated she did not invite Resident F into her room but did not call out for help and was not afraid of the resident.	F 0656	1. Resident D and F care plans were updated on 02/25/2022. 2. An audit will be completed of residents with sexual behaviors to validate preferences and interventions are included in the comprehensive care plan timely. 3. The IDT will be educated on initiating and updating care plans timely. 4. The DON/Designee will complete an audit of 3 residents a week to validate revisions are individualized and timely for 12 weeks. All findings will be reported to the QAPI committee monthly and the QAPI committee will determine when 100% compliance is achieved.	03/18/2022

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	During an interview on 2/25/22 at 2:51 P.M., Unit Manager 1 indicated she was the Unit Manager in charge on 2/20/22, and Certified Nursing Assistant (CNA) 6, went into the room to check on the roommate and walked past Resident D's bed and saw Resident F on the bed and he jumped up quickly. Resident D indicated Resident F kissed her and she didn't seem upset at all, and denied needing to go to the ER because nothing happened. During an interview on 2/25/22 at 3:00 P.M., Real Services Guardian for Resident F indicated she had worked with the resident for 4 years and had never heard of any kind of behaviors or issues regarding the resident. Real Services Guardian indicated she did not believe the incident was behavioral, but rather 2 adults who have the right to express themselves, and that Resident F would not be able to give consensual consent to a relationship because he would not understand what consensual means. During a second interview with Resident D on 2/25/22 at 4:15 P.M., indicated she did not give Resident F permission to touch her, but did allow him to kiss her. During an interview on 2/25/22 at 5:12 P.M., Resident F indicated he just wanted to keep Resident D company and he kissed her and that was it and was never told to stop. The resident indicated he did not understand why he wasn't supposed to back into Resident D's room anymore because they are friends. The resident indicated he felt like he was in jail and did not do anything wrong and would like to go back to the resident's room. During an interview on 2/25/22 at 1:10 P.M., the			

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	Director of Nursing (DON), indicated persons responsible for initiating and updating care plans are the DON, Unit Managers, Social Services, and MDS. The DON indicated care plans should have been updated for Resident D and Resident F. During an interview on 2/28/22 at 2:00 P.M.,DON indicated Resident D and Resident F's care plans should have been updated after the incident on 2/20/22, but where not updated until 2/25/22. The DON indicated the care plan that was updated for Resident D that addressed the incident of sexual abuse was the care plan that addressed behavior. The DON indicated the care plan that was updated for Resident F was the care plan that addressed behavioral consult. The DON said she was not sure the updates address the incidents and should have been more specific. During an interview on 2/28/22 at 2:10 P.M., the Administrator indicated the care plans should have been more individualized. On 2/24/22 at 3:00 P.M., Incident Report Number 328 was provided by the DON and reviewed at that time. the report indicated on 2/20/22 at 3:30 A.M., CNA reported that while doing rounds she noticed Resident F was next to Resident D's bed pulling up his pants and fixing his belt. Resident D was in bed with her brief on with her vagina exposed. Both Residents said nothing was going on and that Resident F was helping Resident D get adjusted in the bed. No injuries were noted. Immediate Action Taken, Resident F was placed on one to one observation. Review of Incident Report Number 328 Follow-up, dated 2/25/22, was provided by the DON on 2/25/28 at 4:45 P.M., and reviewed at			

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	that time. The follow up indicated the IDT team met to review encounter with Resident D and Resident F that was sexual in nature. Resident D had a BIMS Score of 14 which indicated she was cognitively intact and was noted to have an encounter with a male peer that appeared to be sexual in nature. Local police stated that there was nothing that he could do since Resident D did not want to get checked out and did not want to press charges. Resident D was offered a room change and refused. IDT felt that 1 to 1 monitoring was no longer necessary. IDT will continue to monitor for any other encounters of sexual inappropriateness. Resident D's care plans was provided by the SSD on 2/28/22 at 10:00 A.M., and reviewed at that time. Care plans included but were not limited to, "The resident has a behavior problem..Psychosocial issues as evidenced by sexually inappropriate comments and consensual kissing peer." Goal, "Resident will have fewer episodes of behaviors through review date," Approach, educate, behavioral consults as needed, communicate with the resident/resident representative regarding behaviors, and treatment, consult with: pastoral care, Psych services, and/or support groups, Encourage resident to participate in activities of choice, Encourage to maintain as much independence and control/decision making as possible, Honor resident preferred choices," initiated 2/25/22. Resident F's care plans was provided by the SSD on 2/28/22 at 10:00 A.M., and reviewed at that time. Care plans included, but were not limited to, "The resident has a behavior problem. Psychosocial issues as evidenced by consensual kissing peer." Goal, "Resident will have fewer episodes of behaviors through review date,"			

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	Approach, 1:1, educate, behavioral consults as needed, communicate with the resident/resident representative regarding behaviors, and treatment, consult with: pastoral care, Psych services, and/or support groups, Encourage resident to participate in activities of choice, Encourage to maintain as much independence and control/decision making as possible, Honor resident preferred choices," initiated 2/25/22. This Federal tag relates to Complaint IN00373632. 3.1-35(a)(d)(1)			