

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

PRINTED: 01/12/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/01/2023	
NAME OF PROVIDER OR SUPPLIER WICKSHIRE WEST LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP COD 3575 SENIOR PLACE WEST LAFAYETTE, IN 47906			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00418462, IN00419444, IN00420278 and IN00420933.</p> <p>Complaint IN00418462 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419444 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420278 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420933 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: October 30, 31 and November 1, 2023</p> <p>Facility number: 014094</p> <p>Residential Census: 53</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on November 15, 2023.</p>			R 0000	<p>Allegation of Substantial Compliance</p> <p>Wickshire West Lafayette has or will have substantially corrected the alleged deficiencies and achieved substantial compliance on or before the date specified herein.</p> <p>The Plan of Correction constitutes Wickshire West Lafayette's allegation of substantial compliance such that the alleged deficiencies cited have been or will be substantially corrected on or before November 30, 2023</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in substantial compliance with Indiana state requirements for health facilities found at 410 IAC 16.2, Whickshire West Lafayette (herein after referred to as "community") has taken or will take the actions set forth in this plan of correction.</p>		
R 0052 Bldg. 00	<p>410 IAC 16.2-5-1.2(v)(1-6)</p> <p>Residents' Rights - Offense</p> <p>(v) Residents have the right to be free from:</p> <p>(1) sexual abuse;</p> <p>(2) physical abuse;</p> <p>(3) mental abuse;</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 disclosed 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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	<p>(4) corporal punishment; (5) neglect; and (6) involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure residents were free from abuse, related to unsupervised sexual abuse for 2 of 2 residents reviewed for sexual abuse. (Residents B and C)</p> <p>Finding includes:</p> <p>An Indiana Department of Health reportable incident indicated on 9/20/2023 at 7:30 p.m., Resident B went into Resident C's apartment without his permission. Resident B touched Resident C in the groin area without his permission. Resident C was in his bed without clothing. Resident C reported the incident on 9/21/2023.</p> <p>The record for Resident B was reviewed on 10/31/2023 at 1:10 p.m. Diagnoses included, but were not limited to, anemia, dementia, bipolar disorder, depression, anxiety disorder, congestive heart failure, and emphysema.</p> <p>Her Mini Mental Score was 20 (a score of 20 indicated some cognitive impairment).</p> <p>The record for Resident C was reviewed on 10/31/2023 at 12:55 p.m. Diagnoses included, but were not limited to, dementia, hypercalcemia, bipolar disorder, hypertension, and chronic kidney disease.</p> <p>His Mini Mental Score was 26 (a score of 24 or high was considered normal).</p> <p>A police report, dated 9/21/2023 at 5:19 p.m., indicated Resident B entered Resident C's</p>			R 0052	<p>1 We feel this tag should be IDR as the resident had no hx of sexual abuse behaviors, and/or sexual offenses prior to admittance. We have not observed any behaviors prior to this offense that would indicate she would have done this behavior. We followed all protocol, policies, and procedures once we were notified of this occurrence.</p> <p>Describe what the facility did to correct the deficient practice for each client cited in the deficiency. Resident B was immediately discharged and sent to the hospital and not allowed to return to the community.</p> <p>2 Describe how the facility reviewed all the clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. An investigation was conducted. A sampling of residents were interviewed and asked if they were fearful of anyone in the building or if they have experienced or witnessed any abuse.</p> <p>3 Describe the steps or systemic changes the facility has made or will make to ensure that</p>		12/15/2023

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	<p>apartment uninvited asking for a cigarette. Resident B indicated she would perform oral sex if she was given a cigarette and then offered sex for a cigarette. Resident B then reached under the bedcovers and touched Resident C's penis. Resident C gave Resident B a cigarette and Resident B left the apartment.</p> <p>During a police interview, Resident C indicated he was in bed under the covers naked before Resident B came into his room. She came to his bed and begged for a cigarette and offered oral and penetrative sex. Resident B fondled Resident C's penis, he told her to stop, and she did. Resident C got her a cigarette and she left.</p> <p>During a police interview, Resident B indicated she did something bad. Resident B was told Resident C did not want to press charges. The police informed Resident B it was illegal to touch people's private parts and offering any kind of sex for money or items was against the law. Resident B indicated she understood and would not do it again.</p> <p>A nursing note, dated 9/21/2023, indicated Resident B admitted to offering Resident C sex for a cigarette. Resident B indicated she touched Resident C in the groin area.</p> <p>A nursing note, dated 9/21/2023, indicated Resident C was in his room on 9/20/2023 at 7:30 p.m., and was in his bed lying down. He had no clothes on except for a blanket. Resident B came into his apartment and was demanding cigarettes. Resident B offered sex for the cigarettes. Resident C asked Resident B to leave his apartment. Resident B then reached under the blanket and fondled him. Resident B then offered sex and he declined. Resident C had to get out of bed with no</p>				<p>the deficient practice does not reoccur, including any in-services, but this is also should include any system changes you made. Abuse training, including sexual abuse, was completed for all staff members. Abuse training is completed for all new hire employees and annually for all current employees with records maintained by the Business Office Manager. Upon admission to the community, a new resident will be given the Resident Rights policy which includes Abuse. The Resident Rights Policy will be available in the community library which will be maintained by Activities/Director of Nursing and checked every 6 months to ensure availability of information.</p>		

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	<p>clothes on and give the resident a cigarette. Resident B left after getting a cigarette.</p> <p>A facility note, dated 9/21/2023, from Executive Director (ED) indicated she was informed of the abuse on 9/21/2023. The police were called and a report was filed. She indicated Resident C did not want to file charges against Resident B. A state reportable investigation was started. Residents were interviewed and Resident B was sent to the hospital for evaluation. Resident B was discharged from the facility.</p> <p>A nursing note, dated 9/21/2023, from the Wellness Director indicated on 9/21/2023 Resident C informed her of the sexual abuse from Resident B. Resident B admitted to the abuse of offering sex for a cigarette. Resident C told Resident B he did not want sex and Resident B did reach out and touch Resident C in the groin area. The allegation was substantiated. Resident B was discharged from the facility. Resident C did not file charges against Resident B.</p> <p>Resident C refused an interview during the survey.</p> <p>During an interview, on 10/30/2023 at 5:01 p.m., the Wellness Director indicated Resident B went into Resident C's room and offered sex for a cigarette. Resident C said no. Resident B did grab Resident C in the groin area. She indicated both residents were aware of the incident. A police report was filed. The incident happened on 9/20/2023 but was not reported by Resident C until 9/21/2023. Resident B was discharged from the facility.</p> <p>A current facility policy, titled "Reporting Abuse, Neglect, or Financial Exploitation," dated</p>						

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R 0116 Bldg. 00	<p>10/01/2020 and received from the Wellness Director on 11/1/2023 at 4:30 p.m., indicated "POLICY: It is the policy...to prohibit abuse, neglect and financial exploitation of resident..."</p> <p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on record review and interview, the facility failed to complete reference checks for 3 of 5 employees reviewed for employee references. (Staff Member 2, 3 and 4)</p> <p>Findings include:</p> <p>1. The employee record for Staff Member 2 was reviewed on 10/31/2023 at 3:33 p.m., the employee reference checks for Staff Member 2 were not in the employee file.</p> <p>2. The employee record for Staff Member 3 was reviewed on 10/31/2023 at 3:43 p.m., the employee reference checks for Staff Member 3 were not in the employee file.</p> <p>3. The employee record for Staff Member 4 was reviewed on 10/31/2023 at 3:51 p.m., the employee reference checks for Staff Member 4 were not in the employee file.</p> <p>During an interview, the Business Office Manager (BOM) indicated Staff Members 2, 3 and 4 did not have any employee reference checks completed.</p>			R 0116	<p>A new BOM was hired on October 24, 2023. BOM was unaware of the deficiency in employee files. Once the deficiency was identified BOM and Concierge reviewed each employee file. All employees' files without references were identified. BOM and Concierge called all references given for each employee identified. BOM and Concierge were in-service for employee files policy and procedures. Procedure for employee files will be uploaded. BOM, and Concierge will audit files for the next three months beginning with new employees. BOM and Concierge will continue to monitor annually. All files were audited and identified by November 9, 2023.</p>		11/30/2023

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R 0120 Bldg. 00	<p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance</p> <p>(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:</p> <p>(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following:</p> <p>(A) The time, date, and location.</p> <p>(B) The name of the instructor.</p> <p>(C) The title of the instructor.</p> <p>(D) The names of the participants.</p> <p>(E) The program content of inservice.</p> <p>The employee will acknowledge attendance by written signature.</p> <p>Based on record review and interview, the facility</p>			R 0120	A new BOM was hired on October		12/15/2023

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	<p>failed to ensure residents rights and abuse education was completed for 2 of 5 staff members reviewed for staff training. (Staff Member 2 and 3)</p> <p>Findings include:</p> <p>1. The employee record for Staff Member 2 was reviewed on 10/31/2023 at 3:33 p.m. The employee residents rights and abuse training was not in the employee record file.</p> <p>2. The semployee record for Staff Member 3 was reviewed on 10/31/2023 at 3:43 p.m. The employee residents rights and abuse training was not in the employee record file.</p> <p>During an interview, on 10/312023 at 4:10 p.m., the Business Office Manager (BOM) indicated Staff Member 2 and 3 did not have a residents rights or abuse training record in their files.</p>				<p>24, 2023. BOM was unaware of the deficiency in employee files. Once the deficiency was identified BOM and Concierge reviewed each employee file. All employees identified without Resident Rights, Abuse and Neglect, and Dementia training were notified and given until December 15, to complete. BOM and Concierge were educated on the policy and procedures of employee files. BOM, and Concierge will audit files for the next three months and then BOM and Concierge will audit files annually. All files were audited and identified by November 9, 2023.</p>		