STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155683	A. BUILDING 00 B. WING	07/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B CHRISTIAN HEALTHCARE CENTER	3208 N SHERMAN DR INDIANAPOLIS, IN 46218

(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 IN00268057 and IN00268287. Complaint IN00268057- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00268287- Substantiated. A deficiency related to the allegations is cited at F609. Survey date: July 23 and 24, 2018 Facility number: 011032 Provider number: 155683 AIM number: 200262860 Census bed type: NF: 24 SNF/NF: 1 Total: 25 Census payor type: Medicaid: 25 Total: 25 This deficiency also reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 27, 2018.	F 0000	Please accept this as our credible allegation of compliance.	
F 0609 SS=D Bldg. 00	483.12(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,			

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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	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 ensure an allegation of abuse was reported to the State agency for 1 of 3 residents reviewed for reporting. (Resident B) Findings include: The record of Resident B was reviewed on 7/23/18 at 1:30 P.M. Diagnoses included, but were not limited to, dementia with behavioral disturbance, mood disorder, diabetes mellitus, hypertension, anxiety disorder, schizophrenia, and chronic obstructive pulmonary disease. An Admission Minimum Data Set (MDS) assessment, dated 4/06/18, indicated Resident B had no communication deficits, was not	F 0609	The Administrator had an inservice with all staff members. He went over, in detail, the state reporting policy and criteria. It was reiterated that all allegations of abuse must be immediately reported to the Administrator. The Administrator will investigate and report all findings to the State Board of Health. Residents B & C and the staff member who witnessed the alleged altercation between them were interviewed by the Administrator. The staff member denied any altercation took place and stated that he always keeps	08/20/2018

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	cognitively impaired, had behaviors including delusions, was independent in all activities of daily living, and could ambulate independently. Social Service progress notes, dated 7/12/18, indicated "...[Name of representative from Ombudsman's office] made a visit on 7/09/18 spoke [symbol for "with"] resid [resident] per guardian request or report she spoke with him privately. On her return visit on this date [7/12/18] she stated the case was going to be closed. [Resident B] became very angry cursed this writer stating the case was not going to be closed..." Resident B was interviewed on 7/23/18 at 2:15 P.M. He was alert, oriented, and cooperative. He stated that on 7/05/18 at 12:00 P.M., Resident C had struck him in the right eye with his fist, causing a black eye. He stated this was witnessed by staff member #1 and further stated this staff member reported this incident to facility management. He indicated he asked the facility to send him to the hospital for evaluation and the facility refused. He indicated no one from the facility has talked to him about the incident since. He indicated he related this information to the representative from the Ombudsman's office on her 2 visits. The representative from the Ombudsman's office was interviewed by phone on 7/23/18 at 2:55 P.M. She indicated she visited Resident B twice, on 7/09/18 and 7/12/18, at Resident B's guardian's request. She indicated Resident B alleged Resident C had struck him, causing a black eye. She indicated she did not note a black eye but a small mark near Resident B's right eye. She indicated she asked the facility if they had reported the incident and they told her they had reported it. She indicated she did not ask to see		Resident B away from other residents when he gets angry and loud. During the inservice, the Administrator ordered all staff to report all allegations of abuse to him immediately. If he is unavailable, the D.O.N. should be contacted and notified immediately. It will be the D.O.N.'s responsibility to report directly to the Administrator. The numbers of both the Administrator and D.O.N. will be posted at the nurse's station. All residents had the potential to be affected by this deficient practice. After the investigation, no others were found to be affected. The Administrator will place an Abuse Reporting Book at the nurse's station. All incidents of alleged abuse will be placed in this book. This book will be monitored daily by the charge nurse, D.O.N., Social Service Designee, and Administrator. Weekend workers will report all allegations to the D.O.N. or Administrator immediately. This book will be monitored and signed daily by the Administrator, Social Service Designee, D.O.N., or Charge Nurse. This will be an ongoing daily process that will be reviewed quarterly by the QA Committee for its effectiveness.	

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	the reported incident. She indicated that based on her investigation there was insufficient evidence to confirm the allegation occurred. Staff member #1 was interviewed on 7/24/18 at 10:00 A.M. He indicated he did not witness any altercation between Resident B and Resident C. Specifically, he did not see Resident C hit Resident B. The Social Services Director was interviewed on 7/24/18 at 10:30 A.M. She indicated she was unaware of the allegation of abuse until the second visit of the Ombudsman's representative on 7/12/18. The Administrator was interviewed on 7/23/18 at 3:45 P.M. He indicated he was unaware of Resident B's allegation of abuse until the second visit by the representative of the Ombudsman's office on 7/12/18. He indicated that since the Ombudsman's representative indicated the case was being "closed" due to lack of evidence he did not report the allegation. An undated facility policy titled "Resident Abuse Protection Policy" and received from the Social Services Director, on 7/24/18 at 3:05 P.M., indicated "...Our residents must not be subjected to abuse by anyone, including...other residents...The Administrator will follow all nursing home regulations in notifying the following agencies that a potential abuse-related occurrence has occurred... State Agency...Ombudsman...Adult Protective Services..." A facility policy titled "Reportable Unusual Occurrences," revised 01/25/2006, and received from the Social Services Director, on 7/24/18 at 3:05 P.M., indicated "Purpose: To ensure that			

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	reportable occurrences are recorded and monitored...Procedure...the facility must ensure that all alleged violations involving mistreatment, neglect, or abuse...are reported immediately to the administrator...and to other officials in accordance with State law..." This Federal tag relates to Complaint IN00268287. 3.1-28(c)			