

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

PRINTED: 12/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155282		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/12/2023	
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO				STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST JASPER, IN 47547			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for the Investigation of Complaint IN00422846.</p> <p>Complaint IN00422846: Federal/state deficiencies related to the allegations are cited at F609.</p> <p>Survey dates: December 12, 2023</p> <p>Facility number: 000180 Provider number: 155282 AIM number: 100274190</p> <p>Census bed type: SNF/NF: 54 Residential: 16 Total: 70</p> <p>Census payor type: Medicare: 4 Medicaid: 24 Other: 26 Total: 54</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 19, 2023.</p>			F 0000	<p>The facility requests paper compliance for this citation. This plan of correction is the center's credible allegation of compliance. Preparation and/or 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.</p> <p>The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		
F 0609 SS=D Bldg. 00	<p>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:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brittany Doane

DNS

12/26/2023

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>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.</p> <p>§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.</p> <p>Based on interview and record review, the facility failed to ensure timely reporting of an abuse allegation to facility administration and to the state agency for 1 of 2 abuse allegations reviewed. Staff filed an abuse allegation as a grievance rather than immediately notifying the DON (Director of Nursing) or facility administrator, and the allegation was not reported to the state agency within the required 2 hour time frame. (Resident D)</p> <p>Finding includes:</p> <p>During a review of facility reported incidents on 12/12/23 at 11:00 A.M., an incident dated 11/27/23 included that Resident D stated, "I had a terrible</p>		F 0609	<p>A. Immediate actions taken for those residents identified: Facility immediately ensured that residents were safe from further harm. Employee was suspended until further notice.</p> <p>B. All other residents with a BIMs score of 12 or higher were interviewed about care provided. Residents with BIMs below 12, had a skin check completed.</p> <p>C. Measures put into places/system changes: All staff members completed</p>		12/26/2023	

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	<p>weekend because my aide (CNA 12) was horribly rude to me. She made me use the restroom by myself. She reminded me that she had other resident to care for and I would have to wait. (CNA 12) finally came to change me after an hour. I told (CNA 12) she should respect her elders and she replied I dont respect anyone."</p> <p>During an interview on 12/12/23 at 11:38 A.M., Resident D indicated a staff member had recently made her walk to the restroom by herself, even though she needed assistance, then stood with her arms crossed and watched as she made her change her own soiled brief. Resident D indicated she reported the CNA for the way she was treated, but could not recall who she reported to.</p> <p>A facility grievance form dated 11/27/23, included Resident D, "...reported she had a terrible weekend... When (CNA 12) came in to finally change her, she told (Resident D) to do it herself in the bathroom. (Resident D) stated (CNA 12) stood in the bedroom while she was in bathroom (and) mad her do everything by herself. (Resident D) stated (CNA 12) was very rude the entire time..."</p> <p>During an interview on 12/12/23 at 1:30 P.M., the DON indicated that the initial abuse allegation from Resident D was reported to Therapy Staff 3, who then filled out a grievance form rather than immediately notifying administration on 11/27/23. The grievance form was later received by office personal who then notified the DON. The DON indicated by the time she received notice of the allegation, rumors of the incident were already spreading through facility staff members. CNA 12 was working on 11/27/23 and the DON then suspended the staff member and started an investigation. The DON indicated the incident</p>				<p>Abuse and Neglect Policy training. Signature of acknowledgement was collected at that time. Written test was collected on abuse and neglect. All abuse and neglect to be reported to Abuse Coordinator in a timely manner.</p> <p>All staff members had elearning assigned to them if it had not been completed within the last 6 months.</p> <p>D. How the corrective actions will be monitored: Staff will review abuse and neglect scenarios twice weekly in stand up staff meetings on Mondays and Fridays, New employees will have abuse and neglect elearning and written completed, if not completed within 2 weeks of hire staff will be removed from schedule.</p> <p>This will be overseen and audited by the DON/designee twice weekly for 3 months and then once weekly for 3 months, for a total of 6 months or until compliance is met 100% and maintained. These changes will be discussed and reviewed during monthly QAPI x6 months/till compliance is met</p> <p>POC Completion Date: 12/26/2023</p>		

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	<p>was not reported to state agency until the following day.</p> <p>On 12/12/23 at 10:30 A.M., the DON supplied a facility policy titled, Abuse and Neglect - Rehab/Skilled, Therapy &amp; Rehab, dated 7/6/23. The policy included, "Alleged or suspected violations involving any mistreatment, neglect, exploitation or abuse including injuries of unknown origin will be reported immediately to the administrator. In the absence of the administrator from the location, the following individuals have the administrative authority of the administrator for purposes of immediate reporting of alleged violations: the director of nursing services or the supervisor of social services... Designated agencies will be notified in accordance with state law including the State Survey and Certification Agency... If there is an allegation of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, and/or there is serious bodily injury, then it will be reported immediately, but not later than two hours after the allegation is made..."</p> <p>This citation relates to complaint IN00422846.</p> <p>3.1-28(c)</p>						