STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155796	A. BUILDING 00 B. WING	03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CEDARS THE	14409 SUNRISE CT LEO, IN 46765

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Complaint IN00402374. Complaint IN00402374 Federal/state deficiencies related to the allegations are cited at F600. Unrelated deficiencies are cited. Survey dates: March 9 and 13, 2023 Facility number: 001215 Provider number: 155796 AIM number: 100450890 Census Bed Type: SNF/NF: 38 Total: 38 Census Payor Type: Medicare: 0 Medicaid: 26 Other: 12 Total: 38 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed March 15, 2023	F 0000		
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to			

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

Chad Forth | Administrator | 04/07/2023

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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	freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on observation, interview and record review, the facility failed to implement interventions to prevent physical abuse for 1 of 3 residents reviewed (Resident P). Findings include: An Indiana report, dated 2/22/23, indicated Resident P reported abuse by staff on the night shift. The resident had a raised, round, deep purple bruise with a pencil thick welt, approximately 6 inches long, on her right forearm. Her left forearm had a 5-6 inch round to oval shaped bruise with a small skin tear at the edge. She reported staff hit and scratched her. She had requested a different caregiver but staff hadn't gotten anyone else to help her. On 3/9/23 at 10:17 A.M., Resident P was interviewed in the presence of the Social Service Director (SSD). The resident was able to answer questions appropritely. The resident was initially guarded but spoke up after being reassured the CNA's (Certified Nurse Assistant) involved in the incident would never return to the facility. She was angry staff had been rough with her and indicated if she'd had a gun, she'd have shot them. Staff told her to turn over while she was laying in bed. It took her some time to turn because she had to get her "feet right" but they just roughly rolled	F 0600	Interviews and statements were obtained from staff members. Residents were interviewed concerning abuse and all nonverbal residents were physically assessed by a nurse for signs of abuse. Additionally, an in-service on our Abuse Policy will be completed by all staff members. Agency staff will be oriented to our abuse policy and proper procedures for reporting abuse. Five resident interviews per week will be conducted for abuse for 6 months. This will be placed in a QAPI PIP, which will be reviewed monthly and will be monitored for one year with 100% compliance before removal. These corrections will be completed by April 11, 2023.	04/11/2023

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	her over. When questioned, she indicated she hadn't felt good about being in the facility and felt afraid. After exiting the room, the SSD indicated it had been the first time since the incident the resident had indicated she was fearful and hoped the CNA's would never come back. On 3/9/23 at 11:43 A.M., Resident P's record was reviewed. Diagnoses included dementia, major depressive disorder, generalized anxiety disorder, and delusional disorder. A quarterly MDS (Minimum Data Assessment), dated 2/4/23, indicated the resident had severely impaired cognition. She had no mood indicators, delusions or behaviors. She was non-ambulatory and required extensive assistance of 2 staff for bed mobility and transfers. Care plans indicated the following: -7/22/22 was a trauma care plan with the potential and/or actual psychosocial harm due to history of care giver abuse and poor historian. Goals included: the resident would have no indications of psychosocial well being problems and would verbalize feelings related to emotional state. Interventions were: allow her time to answer questions and verbalize feelings, perceptions, and fears; consult with pastoral care, social services and psychiatric services as needed; encourage participation in decisions; and when conflict arises, remove her to a calm, safe environment and allow to vent/share feelings. -3/28/22 was for anxiety. The goal was to be free of fear and/or anxiety. Interventions included: provide care in a calm and reassuring manner. A progress noted, dated 2/22/23 at 1:10 p.m.,			

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	indicated at approximately 8:20 a.m., the resident reported abuse by the night shift staff. The resident was interviewed and skin assessment completed. The resident stated "I am always getting attacked, I don't know if I will make it out of her alive before my house is built. There are too many bad people in this world". Physician and Nurse Practitioner (NP) notes were as follows: -2/24/23 at 11:17 a.m., the NP was asked to see the resident after a recent incident. The resident was pleasantly confused with dementia but able to answer questions appropriately. She denied feeling unsafe, tearful, or anxious. The plan was to increase her anti-anxiety medication, monitor her response, and note any changes in her moods or behaviors. -2/27/23 at 2:39 p.m., the psychiatric NP was asked to visit the resident after an episode involving the resident and staff. She was pleasantly confused, indicated she felt safe, was sleeping well, but was feeling angry because she hadn't given them what they had coming. She had a past history of delusions but none reported recently. No changes were made to her plan of care. -2/28/23 at 9:07 p.m., the resident's physician was asked to visit the resident due to bruising on her forearms. The resident indicated that caregivers had been rough with her and bruised her arms. Plan: bruising was reported to the State as abuse by the nursing staff. The resident was doing well, no bleeding, no loss of range of motion and would be treated further if needed. On 3/9/23 at 11:01 A.M., the Director of Nursing was interviewed. She indicated, staff present on			

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	the night shift when the alleged abuse occurred, were all agency staff-a nurse and 2 CNA's. The agencies where staff had come from were notified of the allegations and told the CNA's were not allowed to return to the facility due to allegations of abuse and bruises/welt found on the resident who made the allegations. She indicated the agency nurse-RN 2 (Registered Nurse), who'd worked the night shift when the incident allegedly occurred, had left a note for her in the morning, indicating CNA 5 and CNA 7 hadn't completed care as instructed. CNA 5 hadn't followed any requests made or direction given-she never stated she wouldn't do something, she just hadn't done it. RN 2 hadn't been aware of the allegations nor had she witnessed any abuse. 3/9/23 at 2:56 P.M., CNA 5 was interviewed by phone. She indicated Resident P had been resistive to care and had refused to allow her to change her. She left the room, finished up her bed checks and re-entered the resident's room with CNA 7. She indicated at that time, the resident allowed her and CNA 7 to complete her care. A current policy, provided by the Administrator on 3/9/23 and titled "Primary Policy of Abuse Prohibition", stated the following: "It shall be the policy of the Cedars to assure that all residents of this facility are free from abuse, neglect, misappropriation of resident property, exploitation, corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms...." This Federal tag relates to Complaint IN00402374. 3.1-27(a)(1)			

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F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review, the facility failed to ensure showers were provided for 1 of 1 residents reviewed (Resident T). Findings include: On 3/13/23 at 11:35 A.M., Resident T, who serves as the Resident Council President, indicated she had not been getting her showers and was upset about it. The resident had spoken with the Director of Nursing (DON) on 3/11/23 and was told she would get a shower that evening but wasn't given one. She was to get showers on 3rd shift at 5 a.m. on Tuesday, Thursday, and Saturdays. She indicated when she was given a shower, she would sign off on the facility shower sheet that she had received one. She indicated it had been 3 weeks since her last shower. A quarterly MDS (Minimum Data Set) assessment, dated 12/17/22, indicated the resident had no cognitive impairment. She had a progressive neurological condition which required her to have extensive assistance of 2 staff for her activities of daily living. For bathing, she required only physical assistance with transfers into the shower. On 3/13/23 at 11:41 A.M., the DON was interviewed. She indicated she had spoken with Resident T about her showers on 3/11/23 and had instructed staff to give her a shower in the evening which was not done. Shower sheets,	F 0677	Interviews with residents are being conducted to ensure showers are being provided to residents as appropriate. An in-service will be conducted with staff to ensure showers are provided at the proper time. Ten shower sheets will be audited per week for three months and 5 shower sheets will be audited for 3 months to ensure showers are being given or properly documented if the resident refuses. This will be placed in a QAPI PIP, which will be reviewed monthly and will be monitored for 6 months with 97% compliance before removal. These corrections will be completed by April 11, 2023.	04/11/2023

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	provided by the DON, indicated the resident had been offered and refused a shower on 2/28/23 but would take one on 3/1 or 3/2/23. A shower sheet, dated 3/2/23, didn't indicate if the resident had been given a shower. The DON indicated the shower sheets were used as skin monitoring tools to be completed when showers given. Actual showers provided were to be documented in the electronic medical records by the CNA's (Certified Nurse Assistant). Review of electronic shower documentation indicated the resident hadn't been given a shower since 2/17/23. On 3/13/23 at 1:27 P.M., the charge nurse, RN 9 (Registered Nurse) was interviewed. She indicated the resident's showers had been an issue. Resident T's shower took an hour to complete and there wasn't always enough staff to provide that amount of time to 1 resident. RN 9 indicated they had changed the resident's shower schedule off of 1st shift due to staffing and had thought putting it onto 3rd shift would ensure they got done, however, staffing on 3rd shift was challenging and the resident hadn't always received her showers as scheduled. 3.1-38(b)(2)			