

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

PRINTED: 10/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155730		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/23/2024	
NAME OF PROVIDER OR SUPPLIER  RIPLEY CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 1200 WHITLATCH WAY MILAN, IN 47031			
(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	<p>This visit was for the Investigation of Complaint IN00441965.</p> <p>Complaint IN00441965 -Federal/State deficiency related to the allegation is cited at F602.</p> <p>Unrelated finding cited.</p> <p>Survey date: September 20, 21, and 23, 2024</p> <p>Facility number: 000420 Provider number: 155730 AIM number: 100266230</p> <p>Census Bed Type: SNF/NF: 81 Residential: 20 Total: 101</p> <p>Census Payor Type: Medicare: 6 Medicaid: 72 Other: 3 Total: 81</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 30, 2024.</p>			F 0000			
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>Based on observation and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 5 residents reviewed for resident rights. (Resident F)</p>			F 0550	<p>It is the intent of Ripley Crossing to provide an environment where all residents are treated with dignity and respect.</p>		10/13/2024

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

TITLE

(X6) DATE

Trina Johnson

Administrator

10/10/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 30 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>Findings include:</p> <p>During an observation on 09/23/24 at 8:48 A.M., CNA (Certified Nurse Aide) 3 was observed standing beside Resident F's bedside and the CNA stated, "I'm not dealing with people telling me to shut up... Well then someone else can deal with you then!" and then exited the resident's room into the community living room. The CNA noticed she was being observed, then she turned around and walked back into Resident F's room and began asking what the resident would like to wear today.</p> <p>During an interview with Resident F on 09/23/24 at 12:59 P.M., she indicated that some of the staff are mean to her, but she can't remember their names. They come into her room and say what she needs to do in a nasty way.</p> <p>During an interview on 09/23/24 at 1:09 P.M., LPN (Licensed Practical Nurse) 4 indicated that Resident F was "pretty alert" and that she talked to family daily. Resident F has dementia, but it was more of a short-term memory issue. She talked about her home land and her children regularly with staff.</p> <p>The clinical record for Resident F was reviewed on 09/23/24 1:57 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 09/01/24, indicated the resident was severely cognitively impaired. The diagnosis included, but were not limited to, anemia, heart failure, and non-Alzheimer's dementia.</p> <p>A current facility policy titled "Dignity", provided by the Administrator on 09/23/24 at 1:58 P.M., with a revision date of February 2021, stated "</p>				<p>Employee was counseled immediately on 9/24/2024 regarding the incident.</p> <p>To ensure compliance all employees will receive training and education on Residents Rights and Dignity.</p> <p>Measures in place to ensure continued compliance, Residents Rights is a part of the new hire orientation. There will be an annual inservice on Resident Rights.</p> <p>As a means of quality assurance, the DON, ADON, Administrator shall conduct observations of staff interaction with residents during morning rounds and other times they are on the wings.</p> <p>Director of Nursing and Administrator will monitor.</p>		

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	...Each Resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self worth and self-esteem ...", " ...Residents are treated with dignity and respect at all times ...".  3.1-3(t)						