

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

PRINTED: 09/24/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155738		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/14/2023	
NAME OF PROVIDER OR SUPPLIER MILTON HOME, THE				STREET ADDRESS, CITY, STATE, ZIP COD 206 E MARION ST SOUTH BEND, IN 46601			
(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 Complaints IN00422710, IN00422849 and IN00421811.</p> <p>Complaint IN00422710 - Federal/State deficiencies related to the allegations are cited at F600 and F609.</p> <p>Complaint IN00422849 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421811 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 13 & 14, 2023</p> <p>Facility number: 001141 Provider number: 155738 AIM number: 200905640</p> <p>Census Bed Type: SNF/NF: 28 Residential: 13 Total: 41</p> <p>Census Payor Type: Medicare: 2 Medicaid: 26 Other: 0 Total: 28</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 12/20/23.</p>			F 0000			
F 0600 SS=D	483.12(a)(1) Free from Abuse and Neglect						

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

TITLE

(X6) DATE

HEMMINGTON MWANZA

Administrator

01/08/2024

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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Bldg. 00	<p>Based on observation, interview and record review, the facility failed to ensure 1 of 6 residents reviewed were free from abuse. (Resident C)</p> <p>Finding includes:</p> <p>A self-report incident #196, dated 11/27/23 at 8:30 A.M., indicated Resident C had stated a CNA was rough with her care. The incident indicated CNA 3 was suspended pending the investigation. The resident had received no psychosocial distress. The follow-up, dated 11/30/23, indicated during the investigation it was discovered CNA 3 had a pattern of customer service concerns. The CNA was educated and disciplinary action was taken.</p> <p>A Grievance Form, dated 11/24/23 at 6:10 A.M., and completed by CNA 2 indicated "...I walked in room with stuff getting my rooms ready and [name of Resident C] says Hey I said good morning how are you doing she better now you are hear I said whats the matter she said...girl almost toss me out of bed she is real mean. I said you want me to write a grivance she said yes...." This form did not indicate who the CNA had been, but indicated the CNA had been suspended, pending investigation, on 11/24/23.</p> <p>A typed statement from Resident C, dated 11/24/23 indicated "...The CNA from night shift almost threw me out of the bed when she was changing me this morning. I had to grab the bar to keep from falling on the floor...She is always rude to me and always mean. I feel safe now but not when she is here...."</p> <p>A hand written statement, dated 11/28/23 at 11:00 A.M., written by the Director of Nursing (DON)</p>			F 0600	<p>F600 Free From Abuse/Neglect</p> <p>1. For Resident C, all required components were in place by the facility at the time of the Survey. For C.N.A. 3, all required components were in place at the time of the survey. The C.N.A. is no longer employed by the facility.</p> <p>2. All other residents were found by the Surveyors to be free of abuse at the time of the Survey.</p> <p>3. The facility will follow the abuse prevention policy. All departments will be educated on abuse prevention. The facility has hired a new Administrator/Abuse Coordinator; he has been educated on the abuse prevention policy. Facility Department Heads will interview 3 interviewable residents weekly to ensure residents remain free of abuse.</p> <p>4. The Administrator/designee will review the results of these audits in the facility's Quality Assurance and Performance Improvement Committee meeting monthly X 6 months with changes made to the plan as needed for compliance. The Administrator is responsible for overall compliance with this regulation.</p>		01/09/2024

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	<p>regarding a phone conversation with CNA 3 indicated on her last rounds, around 4:30 A.M., CNA 3 said she tapped the resident and asked her if she needed changed and resident responded that she did. When I turned her back she acted like she didn't hear me. "...I might have had a tone with her. I told her I can't leave her. I pulled the sheet (draw) close to turn her. She said she didn't want to do it. I've got some stuff going on in my life-my dog is in the ER. I'm sure she didn't like my tone...." The statement concluded with the following "...Reviewed her prior suspension & current grievance. Notified her we were going to terminate her employment r/t [related to] pattern of behavior that is perceived to be negative...."</p> <p>A Performance: Correction Notice, dated 7/26/23, indicated a resident stated on 7/21/23 "...CNA was loud and cursed in resident's presence. This was corroborated by the CNA's statement. CNA stated to ED [Executive Director] that "Its my mouth. I can do whatever I want with it...." The Notice indicated CNA 3 was suspended pending the investigation and had been reinstated to her position on 7/26/23.</p> <p>An Employee Coaching/Counseling Form, dated 11/24/23-early A.M., indicated CNA 3 had "inappropriate conduct". Resident C "...alleges rough treatment during care. Another resident alleges CNA is mean & nasty & cusses...." The form indicated in July of 2023, CNA 3 was educated on "positive communication". The form indicated CNA was suspended on 11/24/23 and terminated on 11/28/23.</p> <p>During an interview/observation, on 12/13/23 at 10:28 A.M., Resident C was observed in her bed. She was alert and oriented to self, place and time. Resident C recalled the incident with CNA 3. The</p>						

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	<p>resident indicated CNA 3 was rough, pulled her sheet hard and she had "talked down" to her. The resident indicated she reported the incident to her nurse and the CNA was written up. The resident indicated CNA 3 had not been back in her room since then and she feels safe now that she's not around.</p> <p>During an interview, on 12/14/23 at 11:10 A.M., CNA 2 indicated she was coming onto day shift and was going to each resident to see how they were doing. She indicated when she checked on Resident C, she reported to her CNA 3 had pulled on her sheet to hard and was rude to her. CNA 2 indicated she had wrote the grievance regarding Resident C and how she was treated by CNA 3. She indicated she gave the grievance to the nurse on night shift, as the day shift nurse wasn't in the facility. She indicated she was instructed to call the Administrator, a previous one, which she did and reported to him what the resident had communicated to her. She verified this occurred on the morning of the 24th, the day she wrote the grievance.</p> <p>A typed page, included in the incident investigation, undated, with "Definitions and Terms" indicated verbal abuse was defined "...as the use of oral, written, and/or gestured language that willfully includes disparaging and derogatory term to residents or their families, or within their hearing distance regardless of their age, ability to comprehend or disability...Physical: Using bodily or mechanical force, inappropriately touching, pulling, shoving, pushing, hitting, shaking, whipping, slapping, pinching, or any form of corporal punishment and/or inflicting any degree of pain or discomfort.</p> <p>On 12/13/23 at 10:44 A.M., the DON provided a</p>						

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F 0609 SS=D Bldg. 00	<p>policy titled, "Abuse Prevention Program", dated 2001 and revised December 2016, and indicated the policy was the one currently used by the facility. The policy indicated "...Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms...."</p> <p>This concern relates to complaint IN00422710.</p> <p>3.1-27(a)(b)</p> <p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on interview and record review, the facility failed to ensure an incident of abuse, involving Resident C, was reported timely.</p> <p>Finding includes:</p> <p>A self-report incident #196, dated 11/27/23 at 8:30 A.M., indicated Resident C had stated a CNA was rough with her care. The incident indicated CNA 3 was suspended pending the investigation and the resident had received no psychosocial distress.</p> <p>A typed statement from Resident C, dated 11/24/23 indicated " ...The CNA from night shift almost threw me out of the bed when she was changing me this morning. I had to grab the bar to keep from falling on the floor...She is always rude to me and always mean. I feel safe now but not when she is here...."</p> <p>During an interview, on 12/14/23 at 11:10 A.M.,</p>			F 0609	<p>F609 Reporting of Alleged Violations</p> <p>1. For Resident C, the allegation of abuse was reported prior to the Survey.</p> <p>2. All other allegations of abuse were found by the Surveyors to be in compliance with the regulation.</p> <p>3. The facility will follow the abuse reporting policy. All departments will be educated on abuse reporting. The facility has hired a new Administrator/Abuse Coordinator; he has been educated on the abuse reporting policy. The Regional Nurse/designee will review abuse reporting weekly to ensure the facility reports abuse per policy.</p> <p>4. The Administrator/designee will review the results of these audits</p>		01/09/2024

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	<p>CNA 2 indicated she had wrote out a grievance form regarding Resident C and how she was treated by CNA 3. She indicated she gave the completed form to the nurse on the night shift, as the day shift nurse wasn't in the facility yet. She indicated she was instructed to call the Administrator, who no longer worked at the facility, which she did and reported to him what the resident had communicated to her. She verified this occurred, on the morning of 11/24/23, the day she wrote the grievance.</p> <p>During an interview, on 12/14/23 at 11:22 A.M., the Director of Nursing (DON) indicated she did not do the incident report to the state, until 11/27/23, because she was unaware of the incident until she reviewed the grievance, on 11/27/23. She indicated she had a conversation, with the previous administrator and he had no explanation as to why he had not reported the incident immediately.</p> <p>On 12/13/23 at 10:44 A.M., the DON provided a policy titled, "Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating", dated 2001 and revised September 2022, and indicated the policy was the one currently used by the facility. The policy indicated "...1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility...3. "Immediately" is defined as: a. within two hours of an allegation involving abuse or result in serious bodily</p>				<p>in the facility's Quality Assurance and Performance Improvement Committee meeting monthly X 6 months with changes made to the plan as needed for compliance. The Administrator is responsible for overall compliance with this regulation.</p>		

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	injury...." This concern relates to complaint IN00422710. 3.1-28(c)						