

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2022
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NAME OF PROVIDER OR SUPPLIER WALKER PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 2216 N RILEY HWY SHELBYVILLE, IN 46176
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00390747.</p> <p>Complaint IN00390747 - Substantiated. State Residential Findings related to the allegations are cited at R0053 and R0090.</p> <p>Survey date: October 5, 2022</p> <p>Facility number: 004444</p> <p>Residential Census: 25</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 6, 2022</p>	R 0000	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility or the trust of any facts alleged, or the correctness of any conclusions set forth in this allegation by the survey agency.</i></p>	
R 0053 Bldg. 00	<p>410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency (w) Residents have the right to be free from verbal abuse.</p> <p>Based on interview and record review, the facility failed to ensure a staff member did not verbally abuse 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>In an interview with the Community Relations Manager (CRM) on 10-5-22 at 11:01 a.m., he indicated he was at work on 9-19-22. He indicated around 10:00 a.m., Resident B entered his office and handed his cigarettes to him and "said maybe</p>	R 0053	<p><u>R- 053 – Residents' Rights – Deficiency</u></p> <p>1. /b> Resident B was assessed by nursing on 9/19/2022. Resident B had indicated he felt safe in the community and had no injuries. Executive Director (ED) was terminated 9/20/2022 following investigation.</p> <p>2. H/b></p>	11/05/2022

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

TITLE

(X6) DATE

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>that she (the Executive Director or ED) would quit yelling at him. I didn't know what that really meant, but it became clear as the morning went on. Later in the morning, I saw him sitting inside, near the courtyard, reading his Bible. [Name of the ED] came by him and saw he was reading his Bible and told him she hoped he was reading the part about liars because, and I quote, 'You are nothing but a liar.' I heard him say to her that he 'hated liars because they are lower than whale s--t.' She then repeated herself to him at least twice." He indicated he and Resident Care Provider (RCP) 4 were in his office when I heard the conversation between Resident B and the ED and "We both said, 'did you hear that?'" He indicated at that time, Resident B "then got up and [name of ED] threw her hand up in front of his face and said, 'Be gone.' She then went to her office." Resident B then went to the CRM's office and asked for two cigarettes. "After he left my office, she [the ED] then came into my office and picked up a stress ball and threw it towards me and hit me in the face." He indicated after this happened, he called his immediate supervisor and "and told her I thought we had a reportable having to do with resident abuse." He indicated he called his supervisor around 4:00 p.m. or 4:30 p.m. He indicated he shared with his supervisor what happened between the ED and Resident and that it was time for him to leave for the day. "She told me to go home and make a time line of what had happened that day and email it to [names of the regional director of clinical services, the regional director of operations] and herself." He indicated he sent the timeline around 6:30 p.m. "They told me to pass on to the next shift, if the ED was still in the building, to keep them, [names of Resident B and the ED], separated and to make sure the Director of Nursing [DON] was aware. That day, the DON was already aware because I had already</p>		<p>Staff that were present during this event were interviewed on 9/20/2022 by Regional Director of Care Services (RDCS) and Regional Director of Operations (RDO) and no other resident were affected by ED. Resident B and 2 other interview able residents were interviewed on 9/20/2022 by RDCS and RDO with no additional findings. Full house audit of interview able residents will be performed by 10/28/2022 by CSM to ensure they feel they are free from abuse . Findings will be reviewed with RDCS as necessary.</p> <p>3. /b> Care Service Manager (CSM) and Care Relations Manager (CRM) were retrained on 10/14/2022 by RDCS regarding abuse, resident rights, and reporting guidelines (Attachment 1). Current staff were in-serviced on resident rights, abuse, neglect, and reporting guidelines by 10/17/2022 by CSM (Attachment 2). (Attachments 3, 4, 6, and 7 are policies). The CSM or designee will review resident rights and the abuse policy during the resident council meeting on 10/24/2022.</p> <p>4. /b> The CSM is responsible for</p>	

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	<p>spoken with her. The ED left before the DON left on that Monday. The next day, the Regional staff showed up around 2pm. There were no interactions between [names of Resident B and the ED] on Tuesday. The DON and I made sure to keep them separated."</p> <p>The CRM indicated when the Regional directors arrived the next afternoon at approximately 2:00 p.m., on 9-20-22, "they had a meeting with her [the ED] and she was informed they were conducting an investigation about the events of the previous day and she was to work only from her office. They later called her in and she made a dramatic exit by throwing her keys at us and wiped the PIN numbers off the company credit cards. They kept me away from [name of the ED], in different offices. I was out in the building when she threw her keys and yelled that it was my f-----g fault."</p> <p>A copy of a written interview statement, signed by two regional directors, regarding the ED, dated 9-20-22, indicated the ED had received comments regarding Resident B from other residents that he had plans to climb out of the courtyard, had recently been screaming in the courtyard and had concerns regarding him giving his cigarettes to another resident. She indicated she did not recall "saying anything about the bible, but if someone said I did, then I must have. I am not denying, but I don't remember. I am burnt out and can't handle the stress. I have no recollection of the incident with [name of Resident B] or putting my hand in his face."</p> <p>A copy of a written interview statement, signed by two regional directors, regarding the RCP 4, dated 9-20-22, indicated she had recently heard the ED call Resident B a liar while Resident B was reading his bible. She indicated the ED "told him</p>		<p>sustained compliance . The CSM or designee will interview 3 residents weekly x 3 months to ensure the residents are free from abuse. Results of the interviews will be reviewed at monthly QI meeting x 3 months. The QI committee will determine if continued interviews are necessary based on 3 consecutive months with no findings. Monitoring will be on-going.</p> <p>!--[if !supportAnnotations]--></p>	

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	<p>that he should read the part on lying because he is a liar. He didn't seem upset."</p> <p>A copy of a written interview statement, signed by two regional directors, regarding Resident B, dated 9-20-22, indicated Resident B was unable to recall any untoward events involving the ED, specific to verbal abuse the day prior to the interview.</p> <p>In an interview on 10-5-22 at 2:30 p.m., with Resident B, he was unable to recall any concerns or problems with any of the staff.</p> <p>In an interview with the ED from a sister facility on 10-5-22 at 5:05 p.m., she indicated the former ED was terminated as of the afternoon of 9-20-22 related to substantiated verbal abuse.</p> <p>A copy of the facility's Resident Rights was provided on 10-5-22 at 10:00 a.m., by the CRM, as a part of the facility's Admission Packet. The Resident Rights indicated, "Residents have the right to be free from verbal abuse."</p> <p>In an interview on 10-5-22 at 2:00 p.m., with the ED from a sister facility, she indicated the facility has no other policies or procedures related to abuse prohibition, specific to reporting and protection of resident with an abuse allegation. She indicated some additional information is provided under "Resident Rights." She indicated her expectation would be if there would be an allegation of abuse of staff towards a resident, the facility would get it reported to the person in charge as soon as possible or if the person suspecting abuse felt uncomfortable making a report to the person in charge, there are phone numbers posted in the facility for them to make that report to corporate or to another building.</p>			

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R 0090 Bldg. 00	<p>This Residential tag relates to Complaint IN00390747.</p> <p>5-1.2-(w)</p> <p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p>			

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	<p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on interview and record review, the facility failed to ensure an allegation of staff to resident verbal abuse was reported to the Indiana Department of Health (IDOH) within 24 hours of the facility administration being made aware of the allegation and failed to ensure the victim of alleged verbal abuse was protected from the alleged perpetrator during the investigation of the allegation of verbal abuse. (Resident B, Executive Director)</p> <p>Findings include:</p> <p>In an interview with the Community Relations Manager (CRM) on 10-5-22 at 11:01 a.m., he indicated he and Resident Care Provider (RCP) 4 witnessed the Executive Director (ED) speak with Resident B on 9-19-22, during which she called Resident B a liar several times and then threw her hand up in front of his face and told him, "Be gone." He indicated after this happened, he called his immediate supervisor, the Regional Director of Sales and Marketing, between 4:00 p.m. and 4:30 p.m., to report the alleged abuse to his immediate</p>	R 0090	<p><u>R- 090 – Administration and Management – Deficiency</u></p> <p>1. /b></p> <p>Upon completion of the investigation on 9/20/2022 the RDCS reported the incident to the IDSH Gateway at 7:51pm. The timeframe between the alleged verbal abuse and the subsequent termination of the ED, the safety of resident B was ensured by staff in the community. During this time the ED and resident B were not left unsupervised.</p> <p>2. /b></p> <p>By 10/28/2022 the Care Services Manager (CSM) will conduct an audit of incident reports completed in the past 90 days to ensure incidents of unusual occurrence that directly threatens the welfare,</p>	11/05/2022

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	<p>supervisor. "She told me to go home and make a time line of what had happened that day and email it to [names of the regional director of clinical services, the regional director of operations] and herself." He indicated he sent the timeline around 6:30 p.m. "They told me to pass on to the next shift, if the ED was still in the building, to keep them, [names of Resident B and the ED], separated and to make sure the Director of Nursing [DON] was aware. That day, the DON was already aware because I had already spoken with her. The ED left before the DON left on that Monday. The next day, the Regional staff showed up around 2pm. There were no interactions between [names of Resident B and the ED] on Tuesday. The DON and I made sure to keep them separated." The CRM estimated the ED had worked at the facility on 9-19-22 from approximately 9:00 a.m. until 7:30 p.m., and on 9-20-22 from 9:15 a.m., until she was escorted from the premises around 4:30 p.m.</p> <p>In an interview with the ED from a sister facility on 10-5-22 at 5:05 p.m., she indicated the former ED was terminated as of the afternoon of 9-20-22 related to substantiated verbal abuse.</p> <p>On 10-5-22 at 5:28 p.m., the facility emailed a copy of the confirmation date the notification of the abuse allegation was emailed to IDOH. The confirmation indicated the "Actual or Identified Date and Time of Incident," was listed as 9-19-22 at 6:01 p.m. The date and time of the email notification was listed as 9-20-22 at 7:51 p.m.</p> <p>On 10-5-22 at 4:02 p.m., the ED from a sister facility provided a copy of a policy and procedure, entitled, "Incident Reporting Guidelines," with an update date of 12-2019. This document indicated, "An incident is defined as any unusual</p>		<p>safety, or health of a resident were reported to ISDH in the required time frame. CSM will also ensure that any victims of alleged abuse were protected from the alleged perpetrator during the investigation. Findings will be reviewed with RDCS as necessary.</p> <p>3. /b></p> <p>RDCS was retrained on 10/5/2022 by Divisional Vice President of Care Services (DVPCS) regarding reportable incidents and the ISDH reporting guidelines (Attachment 5). The CSM and CRM were retrained on 10/14/2022 by RDCS regarding reportable incidents and the ISDH reporting guidelines (Attachment 1). Staff were in-serviced on incident reporting guidelines and ensuring the victim of alleged abuse is protected from the alleged perpetrator during investigation by 10/17/2022 by CSM (Attachment 2). (Attachments 6 and 7 are policy/reporting guidelines).</p> <p>4. /b></p> <p>The CSM is responsible for sustained compliance. The CSM or designee will audit incident reports weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure incidents of unusual occurrence</p>	

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	<p>occurrence that results in actual or potential injury to a resident, visitor, staff member or property. Unless otherwise indicated, the Universal Incident Report should be completed as soon as possible after an incident occurs. Any non-licensed employee who observes or first becomes aware of an incident should complete the First Responder Worksheet. The ED and/or CSM [Care Services Manager] will complete the Universal Incident Report. The resident's family/responsible part and the Physician should be promptly informed of all incidents and accidents. The Executive Director or designee will notify the state licensing agency as required by state specific regulations. The the following incidents should be immediately reported to the Executive Director and Care Services Manager by employees...Allegations of abuse/neglect/mistreatment (staff/resident/visitor involvement)."</p> <p>On 10-5-22 at 10:15 a.m., the CRM provided a copy of a policy entitled, "Abuse, Neglect and Exploitation Policy - Indiana Communities," with a revision date of 3-1-22. This policy indicated, "This Policy and Procedure applies to reporting of resident abuse, neglect and exploitation. The purpose of this Policy is to outline guidelines, requirements of the Community regarding resident abuse, neglect and exploitation. The Community shall inform the Indiana State Department of Health within 24 hours of becoming aware of Abuse, Neglect or Exploitation by submitting a report through the ISDH's Online Incident Reporting System (https://gateway.isdh.in.gov)."...In any case of Abuse, Neglect or Exploitation, the Community will ensure the safety of the resident(s) involved, by separating the resident and others from the alleged abuser to prevent from recurring...If the alleged Abuse, Neglect or Exploitation involves</p>		<p>that directly threatens the welfare, safety, or health of a resident are reported to the Indiana Department of Health in the required timeframe. Audits will include ensuring the victim of alleged abuse is protected from the alleged perpetrator during the investigation. Audits will be reviewed at monthly QI meeting. The QI Committee will determine if continued interviews are necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.</p> <p>!--[if !supportAnnotations]--></p>	

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	<p>the Executive Director or the staff member is not comfortable notifying the Executive Director, she/he should contact the Regional Director of Operations, Regional Director of Care Services, Human Resources Director or Enlivant's 'HR Hotline' at [phone number provided]."</p> <p>A copy of the facility's Resident Rights was provided on 10-5-22 at 10:00 a.m., by the CRM, as a part of the facility's Admission Packet. The Resident Rights indicated, "Residents have the right to be free from verbal abuse."</p> <p>In an interview on 10-5-22 at 2:00 p.m., with the ED from a sister facility, she indicated the facility has no other policies or procedures related to abuse prohibition, specific to reporting and protection of resident with an abuse allegation. She indicated some additional information is provided under "Resident Rights." She indicated her expectation would be if there would be an allegation of abuse of staff towards a resident, the facility would get it reported to the person in charge as soon as possible or if the person suspecting abuse felt uncomfortable making a report to the person in charge, there are phone numbers posted in the facility for them to make that report to corporate or to another building.</p> <p>This Residential tag relates to Complaint IN00390747.</p> <p>5-1.3-(g) 5-1.3-(g)(1)</p>			