STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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 Complaints IN00401566 and IN00402089. Complaint IN00401566 - Federal/State deficiency related to the allegation is cited at F689. Complaint IN00402089 - No deficiencies related to the allegations are cited. Survey date: March 21, 2023. Facility number: 000223 Provider number: 155330 AIM number: 100267680 Census Bed Type: SNF/NF: 88 Total: 88 Census Payor Type: Medicare: 7 Medicaid: 58 Other: 23 Total: 88 This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 26, 2023.	F 0000	Please find the enclosed plan of correction for the survey ending March 21, 2023. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance.	
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility,			

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

Holly Thompson | Executive Director | 03/30/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. Based on record review and interview, the facility failed to ensure residents were treated with dignity and respect for 3 of 5 residents reviewed for resident rights. (Residents B, D, and C)	F 0550	1. Residents B, C, and D are treated with dignity and respect. All staff were in-serviced on resident rights on 3-23-23.	03/31/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	Findings include: 1. The clinical record for Resident B was reviewed on 3/21/23 at 9:00 a.m. The diagnoses included, but were not limited to, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and major depressive disorder. The Quarterly MDS (Minimum Data Set) assessment, dated 2/15/23, indicated the resident was moderately cognitively intact. He required extensive assistance of two staff members for ADL's (activities of daily living). The review of the in-services education completed on 4/8/22 and 1/6/23, indicated the CNA (Certified Nursing Aide) 1 was educated on Essential of Resident Rights, Nondiscrimination in Healthcare, Elder Justice Act and Abuse Recognition, Prohibition, and Reporting. The incident report, dated 2/13/23, indicated Hospice aide 3 walked into the resident's room and CNA 1 was already in the room. Resident B had his light on and indicated his feet were cold. She heard the CNAs say, well you have socks on. She ask what was going on and CNA 1 indicated the resident was just being an "ass", then she walked out of the room mad. The Incident Report, dated 2/23/23, indicated the CNA 1 called Resident B an ass. During an interview on 3/21/23 at 11:27 a.m., CNA 1 indicated on 2/23/23 she was going in to do care on him and the hospice aide was present. Resident B was yelling out and being just a little		2. All other residents have the potential to be affected by the alleged deficient practice. QIS interviews were completed by care companions with all residents inquiring about residents treated with respect and dignity and no other concerns were noted. 3. Resident Rights reviewed. (See Attachment A). All staff in-serviced on resident rights on 3-23-23. Care Companion or designee will interview residents to determine if residents are treated with respect and dignity. If concerns are noted appropriate action will be completed by ED/designee. 4. The SSD or designee will complete Dignity and Privacy QA Tool weekly times 4 weeks, then monthly times 6 months, then quarterly for at least 6 months (See Attachment B). The audits will be reviewed during the facility's QAPI meeting and issues will be addressed and the above plan will be altered accordingly if 100% is not achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	aggravating. She called him a name and the hospice aide heard her. She got pulled off the hall. She didn't know of him saying anything. She was walking out of the room as she said it. CNA 2 heard CNA 1 call the resident a name. She indicated she was very stressed because there was a lot going on. She was taking care of a lot of people and there was a lot of call lights on. She then went into the resident's room and said it. She wasn't thinking at the time, it just came out. She didn't say it to him, but she said it to the hospice aide. She was in the residents doorway and then she walked out. She said the resident was being an ass. She was telling it to the hospice aide. The hospice aide didn't say anything, she just looked at her. The resident was screaming, yelling out, and he was pressing his call light a lot. His roommate was also pushing his call light a lot. Staff had been in there multiple times that morning. He was yelling out for breakfast and staff asked him if he wanted anything, but he said he didn't want anything else. She should have not said what she said. She should have went into the room more politely and asked him what he needed. She told the other CNA to go in and help the resident. During an interview on 3/21/23 at 11:41 a.m., CNA 2 indicated she was in the resident's room with CNA 1 and getting ready to leave the room.. They were to the doorway and Hospice Aide 3 was entering. CNA 1 told Hospice Aide 3 the resident was being an ass today. She did not think the resident heard her call him a name. The resident was safe and then she went to the DON (Director of Nursing). When a resident had behaviors, she would inform the resident's nurse, and ask Social Services to talk to the resident. She would be nice to the resident and continue with resident care.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	During an interview on 3/21/23 at 12:16 p.m., the DON indicated on 2/23/23 she recalled the incident. It was right after morning meeting. Hospice Aide 3 informed her that an aide had come into the resident's room. The resident didn't want to get up for the day and CNA 1 indicated he's being an ass. CNA 1 called the resident a butt. The DON informed CNA 1 she couldn't call the residents names. The resident recalled the incident immediately and could not recall it later. He heard it initially. He wasn't upset. The resident said he heard her say it. He didn't want to get out of bed and was upset about that, but not about her calling him a name. CNA 1 should have stepped away. CNA 1 told her she was frustrated. She educated CNA 1 and told her she should have had another caregiver come in and to walk away. CNA 1 indicated she had a bad weekend and she brought her bad weekend in to work. The resident did not have any issue with either of them providing care. 2. The clinical record for Resident D was reviewed on 3/21/23 at 12:53 p.m. The diagnoses included, but were not limited to, heart failure, anxiety disorder, atrial fibrillation, and chest pain. The incident report, dated 4/25/22, indicated Resident D notified a nurse that NA (Nurse Aide) 4 was verbally abusive during care. The NA was suspended pending the investigation. The care plan, dated 4/25/22 and last revised on 2/14/23, indicated the resident may have an increase in psychosocial distress related to an increase in anxiety symptoms, agitation, and being withdrawn from others. The interventions, dated 4/25/22, indicated the staff was to monitor for psychosocial distress and offer one on one (one staff to one resident) conversation and active listening.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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

The DON interviewed the resident on 4/25/22. The resident indicated NA 4 told the resident that she was mean to her roommate and the resident asked her to repeat what she said. The NA couldn't tell her anything. The resident indicated she informed the NA 4, on 4/25/22, that she felt she had a UTI (urinary tract infection). NA 4 indicated to her that she knew the resident was mean, angry, and very irritable with everyone. The resident indicated she felt degraded by NA 4 and the way she responded to her.

NA 4's written report of the incident, dated 4/25/22, indicated she took the resident to the bathroom and the resident wanted to know how someone with a UTI behaved. NA 4 indicated she seemed a little grumpy and irritated.

Resident D notified LPN (Licensed Practical Nurse) 5, on 4/25/22, of the incident with the NA 4. The resident indicated the NA told her she was mean to her roommate and she had been mean for a while.

The resident abuse questionnaire, dated 4/25/22, indicated the resident was degraded by the staff member by saying she had been grouchy and mean. The resident indicated this occurred on 4/24/22 and 4/25/22.

The NA received an in-service on the abuse policy on 4/23/22, 4/24/22, and 4/28/22. Her signature was documented, indicating her attendance on one of these dates.

The Social Service Director interviewed the resident on 4/29/22. The resident indicated NA 4 was definitively insensitive. She felt it was teetering on abuse. She felt staff would benefit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	from additional training. The Quarterly MDS assessment, dated 4/30/22, indicated Resident D was cognitively intact. During an interview on 3/21/23 at 11:45 a.m., CNA 2 indicated Resident D knew what was going on with her care. She seemed fine cognitively to her. She had not declined mentally. She could provide information. She had never complained to her that anything had happened with any other staff. During an interview on 3/21/23 at 12:30 p.m., Resident D indicated NA 4 was suspended and she couldn't come back to her room. She mouthed off at her and said some rude things. The NA told her she was rude to her roommate. It upset her completely. 3. The clinical record for Resident C was reviewed on 3/21/23 at 10:30 a.m. The diagnoses included, but were not limited to, overactive bladder, weakness, repeated falls, and irritable bowel syndrome with diarrhea. The Quarterly MDS assessment, dated 12/30/22, indicated Resident C was moderately cognitively impaired. The incident report, dated 1/4/23, indicated Resident C reported to the Social Service Director that, on 1/3/23, NA 4 was rude, hateful, and cursed at her. The NA was suspended pending the investigation. On the resident abuse questionnaire completed by the Social Service Director. on 1/4/23, indicated the resident indicated she had her call light on and NA 4 entered her room. NA 4 indicated she would no longer come into her room and take care of the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	resident because she had taken enough sh** off of her. The resident indicated NA 4 was in a bad mood upon entry and she was hateful. During the resident abuse questionnaire conducted by the Social Service Director, on 1/6/23, the resident indicated she could not remember the NA's exact words, but the NA would not come back to see her or her roommate for over an hour. She could tell the NA 4 did not want to be there. The NA's written report, dated 1/5/23, indicated she walked into the resident's room to turn the call light off and was frustrated. The resident indicated she was wet and NA 4 checked her brief and indicated to the resident, the brief was dry. The resident indicated to NA 4 her brief was wet, so NA 4 changed her brief and left the room. The care plan, dated 1/13/23, indicated the resident had urinary tract infections. The interventions, dated 1/13/23, indicated to assist the resident with incontinence care and to observe for continued or worsening symptoms of UTI (worsening incontinence, urgency, frequency). During an interview on 3/21/23 at 10:38 a.m., the Social Service Director indicated Resident C reported the incident to her on 1/4/23. She could not remember the details of the incident, but later indicated that her interview with the resident was documented in the incident report. During an interview on 3/21/23 at 11:19 a.m., the ED (Executive Director) indicated NA 4 was no longer on the schedule. She felt NA 4 had quit, because the documentation showed she was terminated, which could mean she was fired or			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	quit. During an interview on 3/21/23 at 11:52 a.m., the resident indicated she could not remember what happened in January with NA 4. During an interview on 3/21/23 at 12:02 p.m., CNA, QMA (qualified medication assistant), and the Scheduler indicated NA 4 did what was asked of her, but she had been terminated. The employee records, reviewed on 3/21/23 at 12:06 p.m., for NA 4 indicated the NA received resident rights training on 10/18/21, 4/1/22 and 10/1/22. The NA received the facility's Vision, Mission, Values handbook, which indicated "... Unacceptable Conduct... 1. Violation of resident rights... 5. Discourteous treatment, horseplay, disruptive or unruly behavior, creation of unreasonable noise, or use of profane language..." During an interview on 3/21/23 at 12:21 p.m., the DON indicated NA 4 was a young and she was terminated because there had been other allegations from residents, and it seemed recurring. She was not found to be abusive, but it was time to let her go. The NA had not reported what the resident indicated. Resident C had not made allegations about any other staff. Resident D indicated the NA said something that Resident D, thought was rude and not very nice. She was just terminated recently, no education was provided, but she was lectured. Resident D was alert and oriented. The Resident Rights policy, revised on December, 2022, was provided by the ED (Executive Director) on 3/21/23 at 12:38 p.m. The policy included, but was not limited to, "... Respect and Dignity. The resident has the right to be treated with respect			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155330	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SALEM CROSSING	200 CONNIE AVE SALEM, IN 47167

(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
	and dignity... Freedom from Abuse, Neglect, and Exploitation. The resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation... " This Federal tag relates to Complaint IN00401566 3.1-3(t)			