

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

PRINTED: 08/29/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155539		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/03/2023	
NAME OF PROVIDER OR SUPPLIER BERTHA D GARTEN KETCHAM MEMORIAL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 601 E RACE ST ODON, IN 47562			
(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 IN00413372 and IN00413261.</p> <p>Complaint IN00413372: No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413261: Federal/State deficiencies related to the allegations are cited at F609.</p> <p>Survey dates: August 2 & 3, 2023</p> <p>Facility number: 000300 Provider number: 155539 AIM number: 100287340</p> <p>Census Bed Type: SNF: 4 SNF/NF: 46 Total: 50</p> <p>Census Payor Type: Medicare: 6 Medicaid: 30 Other: 14 Total: 50</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 7, 2023.</p>			F 0000			
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p>						

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

TITLE

(X6) DATE

Kathy Wittmer

Administrator

08/16/2023

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>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the state agency for 1 of 1 allegations of abuse reviewed. After being made aware of an allegation of abuse the facility failed to report the incident and findings to the state agency. (Resident D)</p> <p>Finding includes:</p> <p>During a review of grievances on 8/3/23 at 11:30 A.M., a written statement, dated 7/7/23, from CNA 4 included, "...[CNA 8] pulled me aside upset. She</p>			F 0609	<p>August 16, 2023</p> <p>Brenda Buroker Director Division of Long-Term Care Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>RE: Bertha D. Garten Ketcham Memorial Center Complaint Survey</p>		08/18/2023

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	<p>asked that I come in the room to watch and help with [Resident D's] shower and stated she needed a second set of eyes to confirm abuse from [CNA 9] towards the resident. ...[CNA 9] came to the bed with a wet wash cloth and started scrubbing [Resident D's] behind and private parts very aggressively. ...She then proceeded to rip [Resident D's] gown off of her breaking [Resident D's] skin on her neck area..."</p> <p>During an interview on 8/3/23 at 11:15 A.M., the facility administrator indicated that CNA 4 had complained about the care provided to Resident D by CNA 9. CNA 4 had made multiple allegations regarding staff members for various reasons and the complaint was filed under grievances. The administrator indicated she was out of the building at the time of the incident and that the administrative assistant had dealt with the situation. The administrator was not aware that there was an allegation of abuse.</p> <p>During an interview on 8/3/23 at 11:40 A.M., CNA 9 indicated that her and CNA 4 were assisting Resident D to shower and that CNA 4 had alleged something had happened during care. CNA 9 was sent home, but was able to return to work 2 days later.</p> <p>During an interview on 8/3/23 at 2:00 P.M., LPN 22 indicated that CNA 4 did allege that CNA 9 was abusive towards Resident D during care.</p> <p>On 8/3/23 at 3:10 P.M., the facility administrator supplied a facility policy with a header, "Policy Interpretation & Implementation" dated 11/28/16. The policy included, "Any and all allegations of abuse at the facility shall be reported immediately (not later than 2 hours) to the facility administrator who will then immediately (not later than 2 hours)</p>				<p>IN00413372 and IN00413261</p> <p>Dear Ms. Buroker.</p> <p>On August 3, 2023, a Complaint Survey was conducted at our facility. By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective August 16, 2023, to the State findings of the Complaint Survey conducted on August 3, 2023.</p> <p>We respectfully request a desk review to validate the facility's compliance with the findings of the Complaint Survey conducted on August 3, 2023. Please feel free to contact the facility if any additional information or documents are needed.</p> <p>Respectfully submitted,</p>		

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	<p>report the allegation to the Indiana State Department of Health:"</p> <p>This Federal tag relates to complaint allegation IN00413261.</p> <p>3.1-28(c)</p>		<p>Kathy Wittmer, HFA Bertha D Garten Ketcham Memorial Center</p> <p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective August 16, 2023to the state findings of the Complaint survey conducted on August 3, 2023. F - 609 <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident D is now receiving care and services free of abuse or neglect by any staff members. Resident D has suffered no physical or psychosocial negative outcome from the event. In addition, all allegations of abuse are being thoroughly investigated and reported to the State agency in a timely manner. The CNA identified as CNA 9 no longer is employed at this facility.</i></p>		

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			<p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that all residents have the potential to be affected by this deficient practice. A housewide audit of all alert and oriented residents has been conducted as well as observation of the cognitively impaired residents and found no other allegations or evidence of abuse. The facility has also conducted a review of all reported grievances that have been reported in the past thirty days to ensure that all allegations of abuse have been reported to the State agency in a timely manner.</i></p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for the Assistant Administrator to ensure that they understand that all allegations of abuse are to be promptly reported to the State agency. The in-service also included a review of the different types of abuse that are to be reported to the State agency.</i></p>		

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					<i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor the effectiveness of the facility's abuse policy and to ensure that all allegations of abuse are immediately reported to the State agency. This tool will be completed by Administrator and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.</i>		