

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

PRINTED: 08/27/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155769		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/09/2024	
NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 4100 N MORRISON RD MUNCIE, IN 47304			
(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 IN00438284.</p> <p>Complaint IN00438284- Federal/State deficiency related to the allegation is cited at F609.</p> <p>Survey date: August 9, 2024</p> <p>Facility Number: 011596 Provider Number: 155769 AIM Number: 200901690</p> <p>Census Bed Type: SNF: 26 NF: 16 Residential: 103 Total: 145</p> <p>Census Payor Type: Medicare: 26 Medicaid: 16 Other: 16 Total: 58</p> <p>Morrison Woods Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00438284.</p> <p>Quality review completed August 13, 2024.</p>			F 0000			
F 0609 SS=D Bldg. 00	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:						

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

TITLE

(X6) DATE

Alicia Lambert

Area Executive Director

08/23/2024

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 disclosable 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 record review and interview, the facility failed to ensure staff reported allegations of abuse to the Administrator immediately per facility policy. This resulted in a delay in the reporting of allegation to the appropriate state agencies and initiation of an investigation for 1 of 2 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/9/24 at 10:12 a.m. Diagnoses include urinary tract infection, hypertensive heart disease with</p>			F 0609	The submission of this plan of correction does not indicate and admission by Morrison Woods Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Morrison Woods Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents		08/12/2024

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	<p>heart failure, osteoporosis, and rheumatoid arthritis.</p> <p>The most current admission Minimum Data Set assessment (MDS), dated 7/22/24, indicated the resident was cognitively intact.</p> <p>The facility reportable, dated 7/8/24, indicated an allegation was received through a call from a family member regarding care concerns involving CNA 3.</p> <p>During an interview on 8/9/24 at 10:41 a.m., LPN 1 indicated, on 7/6/24, Resident B had complained to her about care received from CNA 3. LPN 1 assessed the resident for signs of physical injury. LPN 1 instructed CNA 3 to not enter Resident's B room for the remainder of the shift and instructed the other staff to provide "care in pairs" for Resident B. LPN 1 indicated she failed to report the allegation to the Administrator.</p> <p>During an interview on 8/9/24 at 2:00 p.m., the Administrator indicated they were made aware of the allegation on 7/8/24 (2 days after the alleged incident). The resident's family called the Administrator to verbalize the concern. The Administrator indicated staff had not reported the allegation per facility policy and regulation. The investigation was initiated once the Administrator had been made aware and CNA 3 was suspended pending investigation.</p> <p>During the survey, Resident B declined an interview with the surveyor.</p> <p>During the survey, CNA 3 was not available for interview.</p> <p>Review of CNA 3's time report indicated the CNA</p>				<p>in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>1. Resident B was affected by alleged insufficient practice. Resident B discharged home from rehab unit of health campus, per previous discharge plan. Resident B had shown no psychosocial distress, pain, and no injury related to event. Incident report was submitted to the Indiana state Department of health on July 8th, 2024.</p> <p>2. All residents have the potential to be affected by alleged deficient practice. All staff educated on our policy on abuse and neglect procedural guidelines.</p> <p>3. As a measure of ongoing compliance, the Executive Director (ED) or designee will quiz 5 staff members to ensure that all staff are following the policy on abuse and neglect procedural guidelines weekly for 4 weeks, then every other week for 2 months, then monthly for 3 months or until 100% compliance is maintained.</p> <p>4. As a quality measure, the</p>		

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	<p>worked 32 hours after the allegation was made by Resident B.</p> <p>A current policy, dated 8/29/2019, titled "Abuse and Neglect Procedural Guidelines" and provided by the Administrator on 8/9/24 at 10:08 a.m., indicated the following:</p> <p>" d. Identification ii. Any person with knowledge or suspicion of suspected violations shall report immediately, without fear of reprisal.</p> <p>iv. IMMEDIATELY notify the Executive Director. If the Executive Director is absent they may appoint a designee.</p> <p>e. Protection</p> <p>iv. Suspend suspected employee(s) pending outcome off investigation."</p> <p>This citation relates to Complaint IN00438284.</p> <p>3.1-28(c)</p>				<p>Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained.</p>		