

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

PRINTED: 11/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155766</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/22/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MAPLE MANOR CHRISTIAN HOME INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>643 W UTICA ST</b> <b>SELLERSBURG, IN 47172</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00446181, IN00446569 and IN00446803.</p> <p>Complaint IN00446181 - Federal/State deficiency related to the allegation is cited a F604.</p> <p>Complaint IN00446569 - No deficiencies related to the allegations are cited</p> <p>Complaint IN00446803 - No deficiencies related to the allegation is cited.</p> <p>Survey dates: November 21 and 22, 2024</p> <p>Facility number: 000563 Provider number: 155766 AIM number: 100267610</p> <p>Census Bed Type: SNF/NF: 50 Total: 50</p> <p>Census Payor Type: Medicare: 3 Medicaid: 35 Other: 12 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 November 25, 2024.</p>			F 000			
F 604 SS=D	<p>Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2)</p> <p>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect</p>			F 604			

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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F 604	<p>Continued From page 1 and dignity, including:</p> <p>§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident (Resident B) was not restrained in place for 1 of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/21/24 at 12:16 p.m. The resident's</p>	F 604	<p>Past noncompliance: no plan of correction required.</p>		

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F 604	<p>Continued From page 2</p> <p>diagnoses included, but were not limited to, dementia, abnormality of the gait and cognitive communication deficit.</p> <p>On 11/21/24 at 12:50 p.m., the resident was observed sitting up on the side of her bed. She was well groomed and pleasantly confused with no signs of any psychosocial distress.</p> <p>On 11/21/24 at 11:45 a.m., the facility video footage, from 10/28/24 between 5:48 a.m. and 5:55 a.m., was observed with the following:</p> <p>On 10/28/24 at 5:48 a.m., CNA (Certified Nursing Aide) 5 was observed to propel Resident B across from the nurse's station and backed the wheelchair up against the wall. Resident B had attempted to propel her wheelchair forward. CNA 5 moved the resident's wheelchair back up against the wall, locked the brakes to the wheelchair and leaned over the resident. CNA 5 had turned to walk away from the resident. The resident placed her hands down towards the wheelchair wheels, at which time, CNA 5 turned back around, walked back towards the resident, and then had placed the residents arms and hands across the resident's chest. The resident placed her right arm back down toward the wheelchair wheel and CNA 5 placed the resident's right arm back crossed the resident's chest. CNA 5 was standing to the right of the resident and the resident then had attempted to scoot forward to move the wheelchair and placed her arms back down on the wheelchair wheels. CNA 5 again, had moved both of the resident's arms back crossed the resident's chest. CNA 5 then checked to ensure wheelchair brakes were locked. The CNA had turned and looked to the right at which time the resident attempted to</p>			F 604			

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F 604	<p>Continued From page 3</p> <p>move her wheelchair. CNA 5 was bent over the resident which obstructed the view of the resident and then CNA 5 had turned and leaned back against the wall. The resident placed her right arm down toward the wheelchair wheel at which time CNA 5 had placed the resident's right arm back across the resident's chest. The resident moved her legs, put both her arms down and unlocked her wheelchair. CNA 5, again, had placed the residents arms back across the resident's chest and locked both brakes on the wheelchair. The resident placed her right arm down towards the wheelchair wheel and CNA 5 had placed the resident's right arm across the resident's chest. The resident moved her body and legs, at which time, CNA 5 locked the left wheelchair brake and checked the right brake to make sure it was still locked. The resident attempted to propel herself and could not due to the wheelchair brakes had been locked. The resident had continued to try to propel herself multiple times. CNA 5 was observed to place her right hand on the resident's right shoulder area to get the resident to sit back in the wheelchair. At 5:53 a.m., the resident tried to propel herself and could not due to the locked wheelchair brakes. CNA 5, again, placed her left hand on the resident's right should area to sit her back in the wheelchair. CNA 5 had assisted Resident B to put her hearing aides in and walked away from the resident. At 5:55 a.m., the resident unlocked her wheelchair brakes and propelled herself around the nurse's station.</p> <p>During an interview on 11/22/24 at 11:38, the Executive Director indicated Resident B wanted to go back to her room and CNA 5 was trying to keep her from going to her room so she would not fall.</p>	F 604			

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F 604	<p>Continued From page 4</p> <p>During an interview on 11/22/24 at 11:41 a.m., Staff Member 6 indicated it was not appropriate to lock a resident's wheelchair to prevent them from moving.</p> <p>On 11/21/24 at 1:20 p.m., the Director of Nursing provided a current copy of the undated document titled "If You See Something Say Something". It included, but was not limited to, "employees are required to report...all...occurrences of...unreasonable confinement...What constitutes abuse...Physical...Restraints...It is prohibited to...unnecessarily inhibit a resident's freedom of movement or activity...."</p> <p>The Past noncompliance began on 10/28/24 at 5:48 a.m. The deficient practice was corrected by 10/29/24 after the facility implemented a systemic plan that included the following actions: All staff were interviewed and educated on abuse and neglect which included involuntary seclusion and physical/chemical restraints (10/29/24); Resident interviews and facility wide skin assessments were conducted with no findings (10/28/24).</p> <p>3.1-3(w)</p> <p>This Citation relates to Complaint IN00446181</p>	F 604			