STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155673	A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MARKLE HEALTH & REHABILITATION	170 N TRACY ST MARKLE, IN 46770

(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 Complaint IN00409614. Complaint IN00409614 - Federal/state deficiencies related to the allegations are cited at F600. Survey date: June 1, 2023. Facility number: 000544 Provider number: 155673 AIM number: 100267340 Census Bed Type: SNF/NF: 69 Total: 69 Census Payor Type: Medicare: 5 Medicaid: 51 Other: 13 Total: 69 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed June 2, 2023	F 0000	Markle Health and Rehabilitation is alleging compliance on 6.17.23 and is respectfully requesting paper compliance for the complaint survey IN00409614.	
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation 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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nicole Moore	Administrator	06/16/2023

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.

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	chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on interview and record review the facility failed to ensure the residents' right to be free from verbal abuse for 2 of 4 residents reviewed. (Resident B, Resident C). Findings include: A facility reported incident, dated 5/28/23, was provided by the Administrator on 6/1/23 at 10:14 AM. The report indicated Certified Nurse Aide (CNA) 3 had accused CNA 2 of verbal abuse towards Resident B and reported her accusation to the Director of Nursing (DON). An investigation file was provided by the Administrator on 6/1/23 at 10:14 AM. The filed included statements, as follows: CNA 3's, statement, dated 5/28/23, indicated she and CNA 2 had assisted Resident B. CNA 3 indicated Resident B had become combative with care, by hitting and kicking. CNA 3 indicated CNA 2 yelled at Resident B to stop hitting then told Resident B "she can hit faster than he can." CNA 3 indicated she told CNA 2 to leave the room. CNA 4 assisted CNA 3 with Resident B's care. Resident B had told CNA 4 about CNA 2 had yelled at him and told him what to do. At that time, CNA 2 returned to Resident B's room. CNA 2 indicated Resident B had tried to hit CNA 2 and CNA 2 indicated "I told him I can hit faster than him." CNA 4 and CNA 3 told CNA 2 to leave the	F 0600	F 600 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; • Resident B and C have been followed by Social Service Director with no psychosocial distress noted and participating in activities per baseline. • CNA 2 no longer works at the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; • All residents have the potential to be affected by the alleged deficient practice. • Care Companions have completed interviews with all interviewable residents and families of non-interviewable residents to ensure residents have no concerns with communication during care by 6/17/23. • All staff in-service per ED/DNS/Designee by 6/17/23 on Abuse Prohibition, Reporting and	06/17/2023

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	room. CNA 3 indicated CNA 2 stated "whatever," rolled her eyes and left the room. CNA 3 indicated she had reported the incident to the DON and LPN 6 once Resident B was safe. CNA 4's undated statement indicated CNA 3 had asked her to help with Resident B's care. CNA 4 indicated she entered the room and Resident B was upset. CNA 4 indicated Resident B had indicated "you want me up, you're going to push, push, push." CNA 4 indicated she asked Resident B what was wrong. Resident B had responded "that girl wanted to yell at me and tell me what I had to do." CNA 4 indicated then CNA 2 entered the room. CNA 2 told Resident B "you have to get up to eat...because I said so" CNA 3 told CNA 2 to exit the room. CNA 4 indicated at the doorway CNA 2 stated "Ya, he was trying to hit me too, I told him I can hit faster than he can. He ain' t gonna beat on me." CNA 4 indicated she notified the DON once Resident B was safe. LPN 6's statement, dated 5/30/23, indicated she had not been present when CNA 2 was with Resident B. The investigation file included additional staff and resident interviews, as follows: Resident C was interviewed on 6/1/23 by the DON. In the interview Resident C indicated CNA 2 "talked nasty to me." Resident C had also indicated CNA 2 indicated "we are not here to listen about that" when the resident was talking about her health. Housekeeper 5 was interviewed on 6/1/23 by the DON. In the interview Housekeeper 5 indicated Resident C told him CNA 2 had been rude to her.		Investigation Policy. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; • All staff in-service per ED/DNS/Designee by 6/17/23 on Abuse Prohibition, Reporting and Investigation Policy. • Care Companions will follow up with all residents/families to ensure no concerns regarding abuse/communication and review completion during Morning Meeting which is overseen by Executive director. Any abuse allegation/communication concerns will be investigated per protocol. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place; • Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held monthly, and is overseen by the Executive Director. • CQI tool identified as abuse 600 will be completed weekly x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved. • If threshold of 100% is not met, an action plan will be developed to ensure compliance.	

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	In an interview on 6/1/23 at 11:11 AM, Housekeeper 5 indicated Resident C told him this week after the incident CNA 2 had a bad attitude towards Resident C and other residents. In an interview on 6/1/23 at 11:43 AM, Resident C indicated CNA 2 was "mean and hateful." Resident C indicated CNA 2 talked "nasty," especially at a time when the resident was discussing her health, the aide indicated "we don't need to hear that." In an interview on 6/1/23 at 12:01 PM, the DON indicated on 5/28/23 she had worked the medication cart on the floor when CNA 3 and CNA 4 notified her of the verbal abuse allegations towards CNA 2. The DON indicated she had pulled CNA 2 into her office and called the Administrator. CNA 2 was escorted from the facility. The DON and Administrator indicated CNA 2 had not come into the facility but was instructed to write a statement and bring it in on 6/1/23. The Surveyor indicated CNA 2 could speak to her at the time of the survey. CNA 2's statement, dated 6/1/23 was provided by the DON on 6/1/23 at 2 PM. The DON indicated CNA 2 had left the building already. CNA 2 did not speak with the Surveyor. The statement indicated Licensed Practical Nurse (LPN) 6 alerted CNA 2 when Resident B had fallen and needed assistance. CNA 2 indicated Resident B was combative. CNA 2 indicated CNA 3, CNA 4 and LPN 6 all encouraged the resident to get up for dinner. CNA 2 indicated she did not abuse Resident B. 1. A record review was completed for Resident B on 6/1/23 at 11:21 AM. Diagnoses included depressive episodes and panic disorder.		By what date the systemic changes will be completed; • 6/17/23 Markle Health and Rehabilitation is respectfully requesting paper compliance.	

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	A quarterly Minimum Data Set (MDS) assessment, dated 3/13/2023, indicated Resident B had a Brief Mental Interview Status (BIMS) score of 10/15 (moderately impaired). 2. A record review was completed for Resident C on 6/1/23 at 11:16 AM. Diagnosis included depressive episodes. A quarterly MDS dated 5/19/23, indicated Resident C had a BIMS score of 15/15 (cognitively intact). A policy, revised January 2023, titled "Abuse Prohibition, Reporting and Investigation," was provided by the Administrator on 6/1/23 at 10:14 AM. The policy indicated "verbal abuse: oral, written and/or gestured language that willfully includes disparaging and derogatory terms to residents..or within their hearing distance..regardless of their age, ability to comprehend or disability." This Federal Finding relates to Complaint IN00409614. 3.1-27(b)			