STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRENTWOOD AT HOBART	1420 ST MARY'S CIRCLE HOBART, IN 46342

(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
R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00387249 and IN00388069. Complaint IN00387249 - Substantiated. State deficiency related to the allegations is cited at R0090. Complaint IN00388069 - Unsubstantiated due to lack of evidence. Survey date: August 18, 2022 Facility number: 002627 Residential Census: 101 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 8/22/22.	R 0000	This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies. This plan of correction is being submitted as required by the regulation. On 09/03/2022 the Administrator, with oversight from the Regional Vice President of Operations and Regional Nurse Consultant will ensure all corrective action in the following POC has been completed.	
R 0090 Bldg. 00	410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:			

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

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	(A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request			
	Based on record review and interview, the facility failed to ensure an allegation of abuse was reported to the Indiana Department of Health (IDOH) timely for 2 of 3 sampled residents reviewed. (Residents C and D)	R 0090	**1.What correction action will be accomplished for those residents found to have been affected by the deficient practice?** 2.The Executive Director as well	08/26/2022

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	Finding includes: An IDOH reportable incident, dated 8/1/22, indicated on 7/29/22 at 3:58 p.m. staff had observed Resident C telling Resident D not to take the creamer and sugar off the tables. Resident D denied taking them. Resident C opened Resident D's walker seat to show she knew he was taking them. Resident D then hit Resident C on the arm. Interview with the Administrator on 8/18/22 at 2:54 p.m., indicated the incident had occurred in the afternoon on 7/29/22, which was a Friday. She had been notified by staff but was out of the building and was not able to report the incident. She had reported the incident on Monday 8/1/22. She should have reported it within 24 hours of being informed of the occurrence. A facility policy, titled "Resident Abuse and Neglect," indicated, "...3. Reporting...B. The Executive Director or manager on duty will do the following:...2. Promptly notify State agencies as required by law..." This state residential finding relates to Complaint IN00387249.		as department leaders received education to follow Clinical Policy: GP 10 – Resident Abuse, Neglect, and Exploitation in which the Executive Director is responsible to ensure incidents are reported per state regulations and laws. The Executive Director is responsible to ensure the incident is reported per state regulations and laws following the Indiana State Department of Health Reportable Incident Policy dated 07/15/2015. The Executive Director received additional education to follow Clinical Policy: GP 19-Internal and State Incident Reporting. The Executive Director or their designee will ensure all appropriate state agencies are notified by following the Indiana State Department of Health Reportable Incident Policy dated 07/15/2015. The Executive Director or their designee will promptly report all required incidents to the Corporate Staff person per the "When to Call Protocol." A copy of the State Incident Report for any state reportable incident will be sent to the Regional Vice President of Operations and Regional Nurse Consultant immediately to ensure oversight and monitoring of the Executive Director reporting incidents timely. **1.How will the community identify other residents having the potential to be affected by**	

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			the same deficient practice and what corrective action will be taken? All residents of the community have the potential to be affected. The Executive Director or their designee will ensure all appropriate state agencies are notified by following the Indiana State Department of Health Reportable Incident Policy dated 07/15/2015. The Regional Vice President of Operations and Regional Nurse Consultant will ensure oversight and monitoring of the Executive Director reporting incidents timely. **1.What measures will be put into place or what systemic changes will the community make to ensure the deficient practice does not recur** **2.The Executive Director or their designee will promptly report all required incidents to the Corporate Staff person per the "When to Call Protocol." A copy of the State Incident Report for any state reportable incident will be sent to the Regional Vice President of Operations and Regional Nurse Consultant immediately to ensure oversight and monitoring of the Executive Director reporting incidents timely to ISDH.** **1.How will the corrective**	

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			action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? 2.The Executive Director or their designee will monitor incident reports daily and will promptly report all required incidents to the Corporate Staff person per the "When to Call Protocol." A copy of the State Incident Report for any state reportable incident will be sent to the Regional Vice President of Operations and Regional Nurse Consultant immediately to ensure oversight and monitoring of the Executive Director reporting incidents timely to ISDH. Monthly, the Regional Nurse Consultant reviews and audits all incident reports to ensure compliance to the Indiana State Department of Health Reportable Incident Policy dated 07/15/2015. **3.By what date the systemic changes will be completed:** 4.All corrective actions will be completed by 9/3/2022.	