

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

PRINTED: 01/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155263		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/08/2022	
NAME OF PROVIDER OR SUPPLIER SYCAMORE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 12802 EAST US HWY 50 LOOGOOTEE, IN 47553			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00395771 and IN00394167.</p> <p>Complaint IN00395771 - Substantiated. Federal and State deficiencies are cited at F600 and F609.</p> <p>Complaint IN00394167 - Substantiated. No deficiencies related to allegations are cited.</p> <p>Survey date: December 7 & 8, 2022</p> <p>Facility number: 000164 Provider number: 155263 AIM number: 100289550</p> <p>Census bed type: SNF/NF: 21 Total: 21</p> <p>Census payor type: Medicare: 3 Medicaid: 17 Other: 1 Total: 21</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 16, 2022.</p>			F 0000	<p>By submitting the following 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 to regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 1/11/2023 to the state findings of the Recertification and State Licensure Survey. We respectfully request paper compliance in leu of a post survey review. Please contact the facility if additional information is needed for a desk review.</p>		
F 0600 SS=D Bldg. 00	<p>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</p>						

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

TITLE

(X6) DATE

Brandi Gladish

HFA

12/30/2022

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>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)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on interview and record review, the facility failed to ensure residents were free from abuse for 1 of 2 abuse allegations. A facility staff member sent provocative messages, a photo of their breasts, and performed sexual acts to a resident. (Resident C)</p> <p>Finding includes:</p> <p>During record review on 12/7/22 at 11:45 A.M. Resident C's diagnoses included, but was not limited to, cognitive communication deficit, major depressive disorder with psychotic symptoms, and anxiety.</p> <p>Resident C's most recent quarterly MDS (Minimal Data Set), dated 11/4/22, indicated Resident C's cognition was intact. Resident C required limited assistance with transfer, supervision with ADL's (activities of daily living) and assistance in part of bathing.</p> <p>During an interview on 12/7/22 at 10:30 A.M., Resident C indicated having experienced inappropriate behavior from a staff member and that the staff member's employment had been terminated. Resident C did not wish to share details of the inappropriate behavior at that time.</p>			F 0600	<p>It is the practice of this facility to ensure residents are free from abuse, neglect, misappropriation of resident property and exploitation.</p> <p>1. Corrective action accomplished for those residents found to be affected by the alleged deficient practice.</p> <p>C.N.A 3 was immediately suspended on 11/26/2022 during facility's investigation. Immediately following outcome of investigation, C.N.A 3 was terminated from Sycamore Care Strategies on 11/28/2022.</p> <p>2. How other resident having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>Director of Nursing conducted interviews with all residents that were able to be interviewed. No other resident was affected by same deficient practice. No signs or symptoms of distress from residents that were not</p>		01/11/2023

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	<p>During an interview on 12/7/22 at 11:30 A.M., LPN 2 and LPN 4 indicated they both worked on Saturday 11/26/22. When they came on to receive report, the night shift nurse mentioned that CNA 3 had been in the facility in their pajamas visiting Resident C either the previous night or the night before that. LPN 2 and LPN 4 indicated that when CNA 3 arrived for their shift on 11/26/22, they questioned her as to why she had been spending time in the facility while not scheduled to work, especially late at night, due to CNA 3 having a physician's order to be "off the clock" by 9:00 P.M. CNA 3 then confided to them that she had developed a relationship with Resident C and had sent a photo of her breasts to Resident C. LPN 2 and LPN 4 indicated they were not comfortable with CNA 3 being around the residents at that point. LPN 2 and LPN 4 contacted the DON (Director of Nursing) and sent CNA 3 home on 11/26/22.</p> <p>During an interview on 11:00 A.M., the Facility Administer indicated the DON found a note on his desk on 11/28/22 from CNA 3 that she (CNA 3) had sent Resident C a photograph of her breasts on [social media]. The DON and the Facility Administrator immediately conducted an investigation into the matter. They called CNA 3 and she admitted to sending "naughty" comments and texts through [social media] to Resident C. Resident C indicated to them that he and CNA 3 had developed a relationship and that CNA 3 had performed oral sex on him during 2 separate occasions. CNA 3 also admitted to performing oral sex on Resident C at the facility. CNA 3's employment was terminated on 11/28/22.</p> <p>CNA 3 could not be contacted for an interview.</p>				<p>interviewed.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not occur.</p> <p>C.N.A 3 was terminated from Sycamore Care Strategies. Facility complied with Health, Food, and Sanitation Surveyor Division of Program Performance & Development regarding this C.N.A. Sycamore Care Strategies will continue to screen all potential new hires, provide training on abuse prevention, monitor visitors, and following policies and procedures to prohibit abuse. A mandatory all staff in-service on abuse and staff professionalism to be completed by the facility to follow state and federal law and regulations.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur. Quality assurance tool has been developed and implemented to monitor that all staff to resident relationships are appropriate and professional. The director of nursing/designee will monitor for any signs or symptoms of alleged abuse and interview residents that are able to be interviewed. The director of nursing/designee will complete this QA tool weekly times 4, monthly times 3, and quarterly times 3. The results of this tool will be reviewed at the</p>		

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F 0609 SS=D Bldg. 00	<p>On 11/28/22 at 7:55 A.M., the Facility Administrator supplied an undated facility policy, titled, Care Strategies Abuse and Prevention Policy. The policy included, "Each resident has the right to be free from abuse... 'Sexual Abuse' includes, but is not limited to sexual harassment, sexual coercion, or sexual assault or rape... Examples of Abuse: ...Sexual exploitation, inappropriate touch..."</p> <p>This Federal tag relates to complaint allegation IN00395771.</p> <p>3.1-27(b)</p> <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> <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>				facility's quarterly QA meetings and the current plan revised as warranted.		

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	<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 immediately report an allegation of abuse to the Facility Administrator or designee for 1 of 2 allegations of abuse reviewed. An allegation of sexual abuse was not reported to the Facility Administrator or designee immediately or within 24 hours. (Resident C)</p> <p>Finding includes:</p> <p>During an interview on 12/8/22 at 7:03 A.M., Licensed Practical Nurse (LPN) 2 indicated they notified the Director of Nursing (DON) on 11/26/22 due to Certified Nurse Aide (CNA) 3 confiding to LPN 2 that they had sent Resident C a photo of CNA 3's breasts.</p> <p>During an interview on 12/8/22 at 7:10 A.M., the DON indicated they were notified by staff on 11/26/22 that CNA 3 had been in the facility during night shift visiting a resident while not being scheduled to work. The DON indicated CNA 3 was sent home from work on 11/26/22 due to previous issues with CNA 3's scheduled work times and that CNA had a physician's order to not be working past 9:00 P.M. The DON indicated not being aware that CNA 3 had sent Resident C a photo of their breasts until he found a hand-written note from CNA 3 on his desk on 11/28/22 regarding the photo.</p> <p>On 12/8/22 at 7:55 A.M., the Facility Administrator</p>			F 0609	<p>It is the practice of this facility to ensure that alleged violations involving mistreatment, neglect, or abuse are reporting to ISDH within two hours after the allegation is made, if the invents involve abuse or results in serious bodily injury, or not later that 24 hours if the events do not result in serious bodily injury.</p> <p>1. Corrective action accomplished for those residents found to be affected by the alleged deficient practice.</p> <p>No resident was found to be affected by the alleged deficient practice.</p> <p>2. How other resident having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>No other residents were affected by the same deficient practice.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure</p>		01/11/2023

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	<p>supplied an undated facility policy, titled, Care Strategies Abuse and Prevention. The policy included, "...The facility will ensure that alleged violations involving mistreatment, neglect, or abuse... are reported immediately to the Administrator of the facility or his/her designee..."</p> <p>This Federal Tag relates to Complaint IN00395771.</p> <p>3.1-28(c)</p>				<p>that the deficient practice does not occur.</p> <p>A mandatory all staff in-service regarding reporting alleged abuse or incidents immediately to the Administrator/designee. The Administrator /Director of Nursing are responsible for immediately (2 hours for serious bodily injury or within 24 hours with no serious bodily injuries) to notify all appropriate State Agencies in compliance with State and Federal law and regulations.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p>An audit will be completed on all allegations or incident are in compliance with State and Federal law and regulations. Quality assurance tool has been developed and implemented to monitor staff to resident. The Administrator /designee will complete this QA tool weekly times 4, monthly times 3, and quarterly times 3. The results of this tool will be reviewed at the facility's quarterly QA meetings and the current plan revised as warranted.</p>		