

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

PRINTED: 10/27/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155270		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/01/2022	
NAME OF PROVIDER OR SUPPLIER  CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP COD 510 W MEDCALF ROAD DALE, IN 47523			
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F 0000  Bldg. 00	<p>This visit was for the investigation of Complaints IN00390896 and Complaint IN00390449.</p> <p>Complaint IN00390896 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00390449 - Substantiated. Federal/State deficiencies related to the allegations are cited at F600 and F921.</p> <p>Survey dates: September 30 &amp; October 1, 2022</p> <p>Facility number: 000170 Provider number: 155270 AIM number: 100287490</p> <p>Census Bed Type: SNF/NF: 39 Total: 39</p> <p>Census Payor Type: Medicare: 2 Medicaid: 35 Other: 2 Total: 39</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 7, 2022.</p>			F 0000	<p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. Paper Compliance is requested for this allegation</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</p>						

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 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>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)(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 3 residents reviewed for abuse. A resident was verbally abused and forced down a hallway by staff, and staff was reported to be observed failing to intervene as they witnessed abuse. (Resident M, Resident L, CNA 13, CNA 6)</p> <p>Finding includes:</p> <p>During an interview on 9/30/22 at 10:07 A.M., Resident L indicated that the residents are spoken to disrespectfully and that CNA 13 had recently been removed due to an abusive interaction with a mentally disabled resident.</p> <p>During a review of State reportable incidents on 9/30/22 at 11:00 A.M., an incident report indicated CNA 13 was abusive toward Resident M on 9/23/22 at 12:30 A.M. The report indicated CNA 13 was sent home immediately and that agency company CNA 13 worked for was notified of the abuse and that the CNA was not to return to the facility. CNA 6 was inserviced for not intervening during suspected abuse.</p> <p>On 9/30/22 at 11:15 A.M., the Facility</p>			F 0600	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. Paper Compliance is requested for this allegation</p> <p>1. Immediate action(s) taken for the resident(s) found to have been affected include: A thorough investigation was conducted and completed by the Administrator regarding the allegations made by a staff member on duty at the time, concerning an agency aide's treatment of a resident. The agency aide was reported to ISDH, his agency and banned</p>		11/01/2022

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	<p>Administrator supplied a follow up to the abuse incident on 9/23/22. The follow up included, "Per the camera view, at 12:05 A.M. [CNA 13] came from the center hallway and turned toward [Resident M], who was standing in front of the vending machines. The aide reached out as if to touch [Resident M's] stomach and moved quickly behind him. He apparently scared [Resident M] as he suddenly jumped and turned toward the aide and put his walker in between them. The aide kept coming toward [Resident M] and grabbed his walker and started pushing him backward down the hall toward his room. The aide kept shoving the walker toward [Resident M] to move him down the hallway. The other aide, [CNA 6], came from the center hallway and watched down the hallway toward [Resident M's] room while walking toward the east [sic] unit. Other camera angle shows the 2 (CNA 13 and Resident M) in front of [Resident M's] room and the aide taunting [Resident M] by shadow boxing toward his face and pointing at [Resident M]..."</p> <p>An undated written statement on the abusive interaction between Resident M and CNA 13 on 9/23/22 from CNA 13 included, "...[CNA 6] was standing there watching and I thought she would help but little did I know she was spectating and had no intention to help, and soon after reported me for verbal abuse to my surprise..."</p> <p>During an interview on 9/30/22 at 11:15 A.M., the Facility Administrator indicated that CNA 13 was an agency staff member, that all agency staff are given abuse prevention information with a packet of other Resident Right's information, and that the facility expects the agency company provides abuse prevention inservice training to their staff.</p> <p>On 9/29/22 at 11:00 A.M., the Facility</p>				<p>from the facility</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected.</p> <p>3. <b>Actions taken/systems put into place to reduce the risk of future occurrence include:</b> An in-service education program was conducted by the Director of Nursing Services and the Administrator with all direct care and ancillary staff, addressing the facility policies and procedures regarding abuse and neglect, intervening and reporting. The Director of Nursing Services, or designee, will have all agency personnel read and sign the Abuse and Neglect policy individually, upon coming to the facility to work for the first time, and given an opportunity to ask questions to ensure understanding. The signatures of all agency staff that have read and signed the policy will be kept on file</p> <p>4. <b>How the corrective action(s) will be monitored to ensure the practice will not recur:</b> The Director of Nursing will audit the signature logs weekly, to ensure any agency personnel who worked that week, had a signed copy of understanding of our Abuse policy on file, until such</p>		

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F 0921 SS=E Bldg. 00	<p>Administrator supplied a facility policy titled, [Facility] Abuse Policy and Procedures, dated 9/15/17, and a facility policy titled, [Facility] Procedure for Abuse Prohibition, reporting &amp; investigating policy, dated, 11/10/17. The policies included, "It is the policy of [Facility] to ensure that each resident is free of physical, mental, verbal and sexual abuse..." and, "Procedure for observing alleged abuse - INTERVENE!!! Stop the abuse immediately..."</p> <p>This Federal tag relates to Complaint IN00390449.</p> <p>3.1-27(b)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean, comfortable, and homelike environment for 5 of 13 rooms and 1 of 1 laundry rooms observed. Resident rooms and restrooms were not clean, resident's personal hygiene items were left unlabeled and uncovered in shared restroom, and the laundry room had a strong odor of cigarette smoke. (Resident L, Room 102, Room 108, Room 109, Room 204, Room 210, Laundry Room)</p> <p>Findings include:</p> <p>1. During an interview on 9/30/22 at 10:07 A.M., Resident L indicated that staff never clean the restroom. The resident had to clean the restroom herself if she wanted it clean.</p> <p>2. During an observation on 9/30/22 at 10:00 A.M.,</p>			F 0921	<p>time agency use in the facility is no longer needed. This will be ongoing weekly until such time. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met and/or agency use is no longer needed in the facility.</p> <p>Corrective action completion date: November 1, 2022.</p> <p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. Paper Compliance is requested for this allegation</p> <p>1. Immediate action(s) taken for the resident(s) found to have been affected include: Rooms 102-the trash was removed</p>		11/05/2022

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	<p>the restroom in Room 102 had a full trash can, loose toilet paper on the floor near the commode, a package of wet wipes on the floor near the commode, and 3 toothbrushes uncovered and unlabeled on the back of the sink. The restroom was shared by three residents.</p> <p>During an observation on 10/1/22 at 8:30 A.M., the shared restroom in Room 102 had a full trash can, loose toilet paper on the floor near the commode, a package of wet wipes on the floor near the commode, and 3 toothbrushes uncovered and unlabeled on the back of the sink.</p> <p>3. During an observation on 9/30/22 at 10:10 A.M., Room 108's floor had crumbs and debris across the entire room floor.</p> <p>During an observation on 10/1/22 at 8:31 A.M., Room 108's floor had crumbs and debris across the entire room floor.</p> <p>4. During an observation on 9/30/22 at 10:19 A.M., Room 109 contained debris on the floor and an empty medication cup under the bed.</p> <p>During an observation on 10/1/22 at 8:35 A.M., Room 109 contained debris on the floor and an empty medication cup under the bed.</p> <p>5. During an observation on 9/30/22 at 10:28 A.M., Room 204's restroom contained a pile of wet towels on the floor next to the commode.</p> <p>During an observation on 10/1/22 at 8:36 A.M., Room 204's restroom contained a wet towel on the floor in front of the commode and a puddle of water around the commode.</p> <p>6. During an observation on 9/30/22 at 10:30 A.M.,</p>				<p>from restroom, loose toilet paper was picked up and put on roll, wet wipes were picked up, and the toothbrushes were covered, labeled, and stored away.</p> <p>Room 108-crumbs and debris on floor was swept and cleaned.</p> <p>Room 109-the debris on the floor was swept and medicine cup thrown away.</p> <p>Room 204-The wet towels were removed from the restroom, the commode was replaced and no longer leaks.</p> <p>Room 210-the debris on the floor was swept and water stains between the beds cleaned.</p> <p>The laundry room was cleaned, ashtray removed, and no smoking signs posted inside and out.</p> <p>Resident L bathroom was cleaned by the housekeeper.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected.</p> <p><b>3. Actions taken/systems put into place to reduce the risk of future occurrence include:</b></p> <p>An in-service education program was conducted by the Director of Nursing Services with all licensed and non-licensed staff who have direct resident contact. The in-service addressed the importance of identifying the rooms that need cleaned or recleaned, picking up debris on</p>		

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	<p>Room 210 contained debris on the floor and water stains on the floor between beds A and B.</p> <p>During an observation on 10/1/22 at 8:37 A.M., Room 210 contained debris on the floor and water stains on the floor between beds A and B.</p> <p>7. During an observation on 9/30/22 at 11:05 A.M., the laundry room, located in a separate building, contained resident clothing. An ashtray containing several discarded cigarette butts was sitting on a desk inside the laundry room. The laundry room had a strong odor of cigarette smoke.</p> <p>During an observation on 10/1/22 at 8:43 A.M., the laundry room had a strong odor of cigarette smoke.</p> <p>During an interview on 9/30/22 at 10:34 A.M., Housekeeper 4 indicated they sweep, mop, clean toilets, dust, and empty trash in each resident room daily. Housekeeper 4 indicated housekeeping is short staffed.</p> <p>During an interview on 10/1/22 at 10:00 A.M., LPN 7 indicated housekeeping staff was usually there on the weekends, but had not yet seen them that morning.</p> <p>On 9/30/22 at 1:00 P.M., the Facility Administrator supplied a facility policy titled, Routine Cleaning and Disinfection, dated 7/2019. The policy included, "It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible."</p> <p>This Federal tag relates to Complaints IN00390896</p>				<p>floors and under beds, notifying maintenance of leaks around toilets and/or sinks, personal items that need to be covered/labeled and put away after use and smoking in appropriate, assigned areas. Reminded staff we only have one smoke area for employees and one for residents. A separate Inservice was conducted for housekeeping staff to review findings of survey and review tasks expected to be completed in each room each day. An Indeed ad has been running consistently and wages have been adjusted to attract candidates to apply for housekeeping and laundry.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the practice will not recur:</b></p> <p>The Director of Nursing Services, or designee, will conduct a random audit of 5 resident restrooms to ensure personal items are covered/labeled and put away in appropriate place 5 x week for 1 month, 3 x week for 1 month, 1 x week for 4 months. The Housekeeping Supervisor, or designee, will conduct 5 random room audits to ensure that the trash was removed, toilet paper is on the roll, the floor swept, and the room was cleaned 5 x a week for 1 month, 3 x a week for 1 month and 1 x a week for 4 months. The Housekeeping Supervisor, or</p>		

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	and IN00390449.  3.1-19(f)		designee, will conduct random laundry room audits to ensure that the laundry area is free of odors and is clean 5 x week for 1 month, 3 x a week for 1 month and 1 x a week for 4 months. Maintenance will add inspection of resident room toilets and sinks to their preventative maintenance program weekly to ensure any leaks are caught and fixed in a timely manner. This plan of correction and audits will be reviewed at the monthly Quality Assurance meeting for 6 months or until such time consistent substantial compliance has been met.  Corrective action completion date: November 4, 2022.		