

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155796		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2022	
NAME OF PROVIDER OR SUPPLIER  CEDARS THE				STREET ADDRESS, CITY, STATE, ZIP COD 14409 SUNRISE CT LEO, IN 46765			
(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	<p>This visit was for the Investigation of Complaint IN00394592, Complaint IN00395367, Complaint IN00395265.</p> <p>Complaint IN00394592 - Substantiated. Federal/state deficiencies related to the allegations are cited at F600</p> <p>Complaint IN00395367 - Unsubstantiated -Lack of sufficient evidence.</p> <p>Complaint IN00395265 - Unsubstantiated -Lack of sufficient evidence.</p> <p>Survey date: November 22, 2022</p> <p>Facility number: 001215 Provider number: 155796 AIM number: 100450890</p> <p>Census Bed Type: SNF/NF: 37 Total: 37</p> <p>Census Payor Type: Medicare: 2 Medicaid: 23 Private: 12 Total: 37</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 23, 2022</p>			F 0000			
F 0600 SS=D	483.12(a)(1) Free from Abuse and Neglect						

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

TITLE

(X6) DATE

Chad Forth

Administrator

12/15/2022

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 disclosable 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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Bldg. 00	<p>§483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>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)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on record review, and interview the facility failed to ensure a resident was free from abuse for 1 of 3 residents reviewed. (Resident B).</p> <p>Findings include:</p> <p>On 11/22/22 at 9:48 AM , Resident B's record was reviewed. Diagnoses included atherosclerotic heart disease of the native coronary artery without angina pectoris, permanent atrial fibrillation, cerebral infarct without residual deficits, recurrent moderate major depressive disorder, delusional disorders, generalized anxiety disorder, and difficulty walking.</p> <p>Resident B's Minimum Data Set (MDS) assessment, dated 11/4/22, indicated her Brief Interview for Mental Status (BIMS) score was a 5, she is alert, oriented to self, and has poor memory recall. Resident B was unable to recall the incident. The resident is incontinent of bladder and bowel and requires assistance of 1-2 people for care.</p>			F 0600	<p>Interviews and statements were obtained from staff members. Residents on the 200/400 hallway were interviewed concerning abuse and all nonverbal residents were physically assessed by a nurse for signs of abuse. Additionally, an in-service on our Abuse Policy will be completed for all staff members. Agency staff will be oriented to our abuse policy and proper procedures for reporting. For all future abuse allegations, a member of senior management (Administrator, Director of Nursing, or Social Service Director) that has not done the investigation will review the investigation to verify compliance with the Abuse Policy within 5 days of the completion of the investigation. This will be placed in a QAPI PIP, which will be reviewed monthly and will be monitored for one year with 100%</p>		12/16/2022

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	<p>The resident's progress notes, dated 11/14/22 at 8:34 AM, indicated a staff Certified Nursing Assistant (CNA) informed RN 2, she found a bruise on Resident B's forearm. An agency RN stated, the resident was "fighting the CNA's" this weekend. The RN 2 informed the Director of Nursing (DON). Resident B was interviewed by the Social Services Director. The resident indicated 2 large women of color tried to change her diaper after she returned to her room from a dance. She indicated she told them not to touch her and they would not listen and changed her. The Social Services Director noted the resident had a history of trauma.</p> <p>On 11/14/22 at 12:05 AM, a Skin Observation Tool was completed. The tool indicated Resident B had 3 areas of bruising : 1) Suspected deep tissue injury on left elbow 3cm x 3cm (noted: left arm bruise more related to resident skin condition, there is a small patch of eczema to this area) , 2) Suspected deep tissue injury on back of right hand 3cm x 1.5cm, and 3) Suspected deep tissue injury on back of left hand 3cm x 1.5cm.</p> <p>On 11/22/22 at 9:23 AM, the Administrator provided a file containing an investigation into the allegation of abuse against Resident B. The file contained documentation the facility reported to the Indiana State Department of Health on 11/14/22. An Incident Report, dated 11/14/22 indicated the resident had bruising to both thumbs and the back of both hands.</p> <p>The Daily Nursing Staff Schedule was reviewed. The Schedule indicated the charge nurse from 10 PM to 6:30 AM on 11/11/22, 11/12/22 and 11/13/22 was LPN 3, an agency nurse. The Schedule indicated the CNAs from 10 PM to 6:30 AM on 11/11/22 were CNA 4 for 200/400 hall and CNA 6</p>				<p>compliance before removal. These corrections will be completed by December 16, 2022.</p> <p>="" b=""&gt;</p> <p>="" b=""&gt;</p>		

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	<p>for the 300 hall (both agency staff). The Schedule indicated the CNAs from 10 PM to 6:30 AM on 11/12/22 were CNA 4 (agency staff) for 200/400 hall and CNA 7 for the 300 hall. The Schedule indicated the CNAs from 10 PM to 6:30 AM on 11/13/22 were CNA 6 (agency staff) for 200/400 hall and CNA 7 for the 300 hall.</p> <p>A statement regarding Resident B's bruising by CNA 4, dated 11/15/22 at 3:13 PM, was reviewed. CNA 4 indicated on 11/13/22 at approximately 4:45 AM, she had begun to roll Resident B to her side when the resident yelled, "get off me and stop". She indicated she stopped and requested LPN 3 to assist her. LPN 3 rolled the resident towards herself, CNA 4 provided peri care, rolled her back over and the resident began swatting at LPN 3.</p> <p>A statement, dated 11/14/22, by the DON was reviewed. The statement included an interview between the DON and LPN 3 Licensed Practical Nurse (LPN). LPN 3 indicated Resident B was swinging at CNA 4 and she went to the room to calm the resident down. She indicated she held the resident's hands down so the CNA could provide peri care and change her sheets.</p> <p>In an interview on 11/22/22 at 1:02 PM, the DON indicated she advised the agency LPN 3 could not return to their facility to work.</p> <p>On 11/22/22 at 11:25 AM, a current policy titled "The Cedars Primary Policy of Abuse Prohibition", dated 11/2022, provided by the Administrator, indicated the policy would assure all residents in the facility would be free from abuse including physical, verbal and mental abuse. Abuse was defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment that resulted in physical harm, pain,</p>						

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	<p>or mental anguish.</p> <p>This Federal tag relates to Complaint IN00394592.</p> <p>3.1-27(a)(b)</p>						