

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/04/2021
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NAME OF PROVIDER OR SUPPLIER  CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00358428 and IN359474.</p> <p>Complaint IN00358428-Substantiated. Federal/State deficiencies related to the allegations are cited at F600.</p> <p>Complaint IN00359474-Substantiated. Federal/State deficiencies related to the allegations are cited at F600.</p> <p>Survey dates: August 3 and 4, 2021.</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Census Bed Type: SNF/NF: 30 Total: 30</p> <p>Census Payor Type: Medicare: 4 Medicaid: 17 Other: 9 Total: 30</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.3-3.1.</p> <p>Quality review completed on August 6, 2021</p>	F 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Castleton Health Care Center maintains the alleged deficiencies do not individually jeopardize the health and/or safety of its residents nor are they if such character as to limit the provider's capacity to render adequate resident care. Furthermore, Castleton Health Care Center asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes the provider's credible allegation of compliance.	
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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 record review and interview, the facility failed to ensure a resident was protected from verbal abuse from staff members, when 2 staff members verbally confronted the resident (Resident B) and a family member for 1 of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 8/03/21. Diagnoses included, but were not limited to, acute on chronic respiratory failure, acute on chronic congestive heart failure, chronic obstructive pulmonary disease, severe morbid obesity, and diabetes mellitus.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 5/07/21 indicated Resident B had no communication deficits, did not have mood or behavior concerns, was not cognitively impaired, required extensive assistance of staff for activities of daily living, did not ambulate, and was frequently incontinent.</p> <p>Resident B was interviewed on 8/03/21 at 11:45 A.M. The resident was pleasant and cooperative, and participated on the interview fully. She</p>	F 0600	<p><b>A) What corrective action will be accomplished for the residents found to have been affected by this practice?</b></p> <p>a. The facility administrator reviewed investigation file for resident B filed on 07/07/2021. Resident statement revealed on 07/05/2021 that she did not experience any mental anguish or verbal abuse. Facility reported the incident to ISDH incident number 140 , and concluded per resident statement at the time of incident no abuse occurred.</p> <p><b>B) How will you identify other residents having the potential to be affected by the same practice, and what corrective actions will be taken?</b></p> <p>a. The facility administrator reviewed previous 5 reportable events to ensure compliance with federal regulation F-600. No other deficiencies were noted during</p>	08/24/2021

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	<p>indicated that on 7/05/21, 3 staff members came to her room, while she had a family member present. She indicated the staff members were "loud and aggressive" and were arguing between themselves about who would do what work. She stated that CNA 1 said "She always hits the call light every 5 minutes, and don't be needing anything." CNA 1 also stated they had to come from the other side of the building to answer her light. She stated that when she asked CNA 1 to repeat themselves, they ignored her and continued to talk with R.N. 3. Resident B indicated CNA 1 knew she was offended. R.N. 3 told Resident B they also worked the other side of the building, and was aware of what CNA 1 was saying was true. Resident B stated that after CNA 1, CNA 2, and RN 3 left her room, she reported the incident to the charge nurse.</p> <p>A facility reported incident form with an incident date of 7/05/21 naming Resident B indicated:</p> <p>"Staff Involved: (CNA 1 and CNA 2):</p> <p>Brief Description of Incident: Family of (Resident B) alleges that the following comments were made to her and to (Resident B): "You use the call light too much" (and) "We only have to answer the call light every 2 hours" (and) "we give you (Resident B) more assistance than anyone else here."</p> <p>Immediate Action Taken: Staff in allegation were suspended immediately..."</p> <p>An Interview Record of CNA 1, dated 7/05/21 and conducted by the Executive Director (E.D.), indicated CNA 1 stated "Explained to (Resident B's family member, who was in the room at the time of the incident) I don't work for you." "We</p>		<p>this audit.</p> <p><b>C) What Measures will be put into place or what systemic changes will you take to ensure that the practice does not reoccur?</b></p> <p>a. The facility administrator/designee conducted education regarding verbal abuse with emphasis on federal regulation F600.</p> <p><b>D) How will the corrective actions be monitored to ensure the practice will no reoccur; what Quality measures will be put into place?</b></p> <p>a. The facility administrator/designee will audit reportable events to ensure compliance with federal regulation F600 weekly for 4 weeks, then monthly for 90 days or until substantial compliance is achieved.</p> <p>b. Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has been determined.</p>	

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	<p>answer the call light for her more than anyone in the building' was said by RN 3."</p> <p>An Interview Record RN 3, dated 7/05/21 and conducted by the E.D., indicated RN 3 stated "CNA 2 and/or CNA 1 did say that (Resident B) puts her call light on so frequently they could not give enough attention to the other residents, and that 'legally' they only have to answer call lights every 2 hours...(Family member) did raise her voice...CNA 2 and CNA 1 were raising their voices as well...either CNA 2 or CNA 1 did say to the resident 'we do more for you than anyone else.'"</p> <p>An Employee Corrective Action Form for CNA 1, dated 7/05/21, completed by the D.O.N. and witnessed by the E.D., indicated: "Unprofessionalism; tone and approach; Employee engaged in back (symbol for "and") forth argument (symbol for "with") family before contacting nurse/supervisor..."</p> <p>An Employee Corrective Action Form for CNA 2, dated 7/05/21, completed by the D.O.N. and witnessed by the E.D., indicated: "Unprofessionalism; tone and approach; Employee engaged in back (symbol for "and") forth argument (symbol for "with") family before contacting nurse/supervisor..."</p> <p>An Employee Corrective Action Form for RN 3, dated 7/05/21, completed by the D.O.N. and witnessed by the E.D., indicated: "Unprofessionalism; tone and approach; Employee engaged in back (symbol for "and") forth argument (symbol for "with") family before contacting nurse/supervisor..."</p> <p>The E.D. and D.O.N. were interviewed 8/04/21 at</p>			

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	<p>1:00 P.M. Both indicated that CNA 1, CNA 2, and RN 3 had been unprofessional in their behavior to Resident B and her family member. They indicated that all 3 staff members had been formally disciplined, and re-educated on appropriate services standards. They also indicated CAN 2 had been terminated for involvement in a separate issue involving another staff member.</p> <p>A facility document titled "Abuse, Neglect, Exploitation, and Misappropriation of Property Prevention, Protection, and Response Policy and Procedure" Received from the E.D. 8/04/21 at 1:00 P.M., indicated:</p> <p>"Policy: Abuse, Neglect, Exploitation, and Misappropriation of Property...will not be tolerated by anyone, including staff, patients, volunteers, family members or legal guardians, friends or any other individuals...The Health Center Administrator is responsible for ensuring that Patients' Rights of personal privacy, confidentiality and dignity will be respected...Verbal Abuse: The use of oral, written or gestured language that wilfully includes disparaging and derogatory terms to patients or their families..."</p> <p>This Federal tag relates to Complaints IN00358428 and IN00359474.</p> <p>3.1-27(a)(1) 3.1-27(b)</p>				