STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155752	A. BUILDING 00 B. WING	07/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE NURSING AND MEMORY CARE CENTER	18325 BAILEY AVE SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	This visit was for the Investigation of Complaint IN00205625. Complaint IN00205625 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225 and F226. Survey dates: July 28 and 29, 2016. Facility number: 004732 Provider number: 155752 AIM number: 200808300 Census bed type: SNF/NF: 22 Total: 22 Census payor type: Medicare: 1 Medicaid: 12 Other: 9 Total: 22 Sample: 3 This deficiency reflects State findings in accordance with 410 IAC 16.2-3.1. Quality Review completed by14454 on August 5, 2016.	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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility is requesting paper compliance with this deficiency.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F 0225 SS=D Bldg. 00	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and			

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	certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on observation, record review and interview, the facility failed to an allegation of abuse was immediately reported to the Administrator for 1 of 3 residents reviewed for allegations of abuse. (Resident B) Finding includes: On 7/28/16 at 2:00 P.M., a reportable incident, provided by the Administrator in Training (AIT), regarding Resident B was reviewed. The reportable indicated the following "...Incident date: 7/18/16...Incident time: 04:15 PM...Resident's involved [Resident B]... Brief Description of Incident: On 7/18/16 this writer heard Resident B [sic] making an allegation of an unspecified staff member shoving his chair and slapping his hand. Resident B was taken to a private room by this writer and this writer interviewed him. He said that on Sunday 7/17/16 at an unspecified time in the afternoon an unspecified Nurse's Aide shoved his chair and slapped his left hand while he was by the Nurse's station...Type of Injury: This writer requested a head to toe assessment from the nurse in charge. No injuries were noted...Immediate Action Taken: This	F 0225	1. No residents were negatively affected from this practice. The resident mentioned in the report received no actual harm from the noted deficiency. 2. Due to the nature of the violation all residents in the facility had the potential to be affected. 3. An in-service on State Reportable Incidents and CMS guidelines on Reportable Incidents was conducted by the Corporate Clinical Nurse on 8/3/16 with the Administrator, DON, and Administrator in Training. DON conducted a mandatory in-service with all staff on reportable incidents,reporting incidents to supervisors on a timely manner, and abuse and neglect on 8/2-8/9. Corporate Clinical Nurse conducted an in-service with all managers on state reportable incidents, and CMS guidelines on reportable incidents. An audit tool was developed to monitor reportable incidents, staff reporting incidents in a timely manner to administrator, and timely reporting to ISDH from administrator. 4. All reportable incidents will be audited by administrator or designee for timeliness and accuracy of completion using the aforementioned audit tool. Audits then will be audited at least monthly by a Corporate	08/17/2016

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	writer initiated an investigation with all staff present on 7/17/16 during the afternoon hours. All staff present at that time will be interviewed...." On 7/28/16 at 12:30 P.M., Resident B was observed sitting in the television room of the facility. An attempt was made to interview Resident B but he indicated to staff he was waiting for visitors. Resident B was well groomed and without verbal or non verbal indicators of distress. No bruising to either of Resident B's hands was noted during the observation. On 7/28/16 at 1:55 P.M., an interview was conducted with the AIT and Interim Administrator of the facility. The AIT indicated, the alleged incident occurred on 7/17/16 but he was not notified of the incident until he overheard a conversation Resident B was having in which he made the allegation that someone had shoved his wheelchair and slapped his hand on 7/18/16. The Administrator in Training indicated the alledged incident had been reported to the nurse but the nurse did not report it. The AIT indicated the allegation should have been reported to the Administrator immediately. On 7/28/16 at 2:45 P.M., an interview		Consultant or Corporate Designee. Results from the audits will be brought to QA meeting. All audits will continue for 6 months or until a substantial pattern of compliance is achieved. 5. Date of completion 8/17/16	

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	was conducted with Certified Nursing Assistant #1 (CNA). CNA #1 indicated that on the afternoon of 7/17/16 Resident B told her someone had shoved his chair and slapped his hand, CNA #1 indicated she reported it to the nurse on duty on 2 separate occasions during her shift. She indicated the nurse had indicated the alleged incident did not occur as it was witnessed by staff. On 7/29/16 at 1:30 P.M., the policy titled " Reportable Incidents Policy (referred to /aka [otherwise know as] the ISDH [Indiana State Department of Health] reportable incidents policy) " provided by the Corporate Clinical Consultant on 7/28/16 at 12:15 P. M., was reviewed. The policy had a revision date of 7/15/15 and indicated the following: "...Purpose: To provide guidance on the type of incidents to be reported; the timeline for reporting; and the information to be included in the report...I.Comprehensive Care Facilities/Reportable Incidents: 1. Federal Regulations...a. 42 CFR 483.13 (c) (2) states: The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials I [sic] accordance with State law through			

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	established procedures (including to the State Survey and Certification Agency)...." This Federal tag relates to Complaint IN00205625. 3.1-28(c)			
F 0226 SS=D Bldg. 00	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on observation, record review and interview, the facility failed to ensure their abuse policy was implemented in regard to reporting and investigation of allegations of abuse for 1 of 3 residents reviewed for abuse. (Resident B) Finding includes: On 7/28/16 at 2:00 P.M., a reportable incident, provided by the Administrator	F 0226	1. No residents were negatively affected from this practice. The resident mentioned in the report received no actual harm from the noted deficiency. 2. Due to the nature of the violation all residents in the facility had the potential to be affected. 3. An in-service on State Reportable Incidents and CMS guidelines on Reportable Incidents was conducted by the Corporate Clinical Nurse on 8/3/16 with the Administrator, DON, and	08/17/2016

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	in Training (AIT), regarding Resident B was reviewed. The reportable indicated the following "...Incident date: 7/18/16...Incident time: 04:15 PM...Resident's involved [Resident B]... Brief Description of Incident: On 7/18/16 this writer heard Resident B [sic] making an allegation of an unspecified staff member shoving his chair and slapping his hand. Resident B was taken to a private room by this writer and this writer interviewed him. He said that on Sunday 7/17/16 at an unspecified time in the afternoon an unspecified Nurse's Aide shoved his chair and slapped his left hand while he was by the Nurse's station...Type of Injury: This writer requested a head to toe assessment from the nurse in charge. No injuries were noted...Immediate Action Taken: This writer initiated an investigation with all staff present on 7/17/16 during the afternoon hours. All staff present at that time will be interviewed...." On 7/28/16 at 12:30 P.M., Resident B was observed sitting in the television room of the facility. An attempt was made to interview Resident B but he indicated to staff he was waiting for visitors. Resident B was well groomed and without verbal or non verbal indicators of distress. No bruising to either of Resident B's hands was noted		Administrator in Training. DON conducted a mandatory in-service with all staff on reportable incidents,reporting incidents to supervisors on a timely manner, and abuse and neglect on 8/2-8/9. Corporate Clinical Nurse conducted an in-service with all managers on state reportable incidents, and CMS guidelines on reportable incidents. An audit tool was developed to monitor reportable incidents, staff reporting incidents in a timely manner to administrator, and timely reporting to ISDH from administrator. 4. All reportable incidents will be audited by administrator or designee for timeliness and accuracy of completion using the aforementioned audit tool. Audits then will be audited at least monthly by a Corporate Consultant or Corporate Designee. Results from the audits will be brought to QA meeting. All audits will continue for 6 months or until a substantial pattern of compliance is achieved. 5. Date of completion 8/17/16	

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	during the observation. On 7/28/16 at 1:55 P.M., an interview was conducted with the AIT and Interim Administrator of the facility. The AIT indicated, the alleged incident occurred on 7/17/16 but he was not notified of the incident until he overheard a conversation Resident B was having in which he made the allegation that someone had shoved his wheelchair and slapped his hand on 7/18/16. The Administrator in Training indicated the alledged incident had been reported to the nurse but the nurse did not report it. The AIT indicated the allegation should have been reported to the Administrator immediately. On 7/28/16 at 2:45 P.M., an interview was conducted with Certified Nursing Assistant #1 (CNA). CNA #1 indicated that on the afternoon of 7/17/16 Resident B told her someone had shoved his chair and slapped his hand, CNA #1 indicated she reported it to the nurse on duty on 2 separate occasions during her shift. She indicated the nurse had indicated the alleged incident did not occur as it was witnessed by staff. On 7/29/16 at 1:30 P.M., the policy titled " Reportable Incidents Policy (referred to /aka [otherwise know as] the ISDH			

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	[ndiana State Department of Health] reportable incidents policy)" provided by the Corporate Clinical Consultant on 7/28/16 at 12:15 P. M., was reviewed. The policy had a revision date of 7/15/15 and indicated the following: "...Purpose: To provide guidance on the type of incidents to be reported; the timeline for reporting; and the information to be included in the report...I.Comprehensive Care Facilities/Reportable Incidents: 1. Federal Regulations...a. 42 CFR 483.13 (c) (2) states: The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials I [sic] accordance with State law through established procedures (including to the State Survey and Certification Agency)...." This Federal tag relates to Complaint IN00205625. 3.1-28(a)			

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