

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

PRINTED: 12/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155312		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/25/2024	
NAME OF PROVIDER OR SUPPLIER INDIAN CREEK HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 240 BEECHMONT DR CORYDON, IN 47112			
(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 IN00445147.</p> <p>Complaint IN00445147 - Federal/State deficiencies related to the allegations are cited at F600 and F609.</p> <p>Survey date: November 25, 2024</p> <p>Facility number: 000206 Provider number: 155312 AIM number: 100284940</p> <p>Census Bed Type: SNF/NF: 122 Total: 122</p> <p>Census Payor Type: Medicare: 5 Medicaid: 90 Other: 27 Total: 122</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 1, 2024.</p>			F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission of 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. We request that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review. Should you have any questions, feel free to contact me at (812) 738-8127. Sincerely, Jill McCarty, Administrator in Training.</p>		
F 0600 SS=D Bldg. 00	<p>483.12(a)(1) Free from Abuse and Neglect</p> <p>Based on observation, interview and record review, the facility failed to ensure staff to resident abuse did not occur for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p>			F 0600	<p>Past non-compliance: No plan of correction required.</p>		12/13/2024

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

TITLE

(X6) DATE

Jill McCarty

LPN/Administrator in Training

12/13/2024

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>The clinical record for Resident B was reviewed on 11/25/24 at 10:39 a.m. The resident's diagnoses included, but were not limited to, dementia with other behavioral disturbance, anxiety and depressive episodes.</p> <p>On 11/25/24 at 11:53 a.m., an investigation conducted on 1/30/24 and provided for review where NAIT (nurse aide in training) 4 sent a photograph of Resident B through social media. The photograph was observed to showed Resident B from her head to her feet, sitting a commode with her pants down to her thighs. The resident's side view of the right side of her face was visible. NAIT 4 sent the photo and video to another staff member (CNA 6) and an outside person not employed by the facility. NAIT 4 admitted she had sent the photo and video of the resident to CNA 6, but not to anyone else.</p> <p>The incident report, dated 1/30/24 and reported to the Indiana Department of Health on 11/25/24, indicated the facility was contacted related to a possible photo taken of a resident (Resident B) in the bathroom.</p> <p>During an interview on 11/25/24 at 2:34 p.m., CNA (Certified Nurse Aide) 5 indicated it was not ok or allowed to take pictures or videos of any residents or to put them on social media.</p> <p>On 11/25/24 at 12:10 p.m., the current policy titled "Unauthorized Disclosure of Resident Images" dated 8/10/2016 included, but was not limited to, "Policy...It is the policy of...to provide resident centered care that inhibits employees from taking photos and/or distributing photographs in any fashion...including but not limited to posting on social media sites...that demean or humiliate a</p>						

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F 0609 SS=D Bldg. 00	<p>resident...Use of such videos or photographs will be treated a a form of abuse...."</p> <p>On 11/25/24 at 11:53 a.m., the Director of Nursing provided a current, undated copy of the document titled "INDIANA Abuse & Neglect & Misappropriation of Property". It included, but was not limited to, "Mistreatment...defined a staff treating a resident inappropriately or exploiting a resident...Examples...taking unauthorized photos...."</p> <p>The Past noncompliance began on 1/30/24 at 3:24 p.m. The deficient practice was corrected by 1/30/24 after the facility implemented a systemic plan that included the following actions: All staff were educated on abuse and neglect (1/30/24); all staff were educated on Unauthorized Disclosure of Resident Images (1/30/24); Quality Assurance monitoring on abuse, neglect and unauthorized disclosure of resident images were implemented and ongoing (1/30/24).</p> <p>This Citation relates to Complaint IN00445147</p> <p>3.1-27(a)(1)</p> <p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on observation, interview and record review, the facility failed to report an allegation of abuse to the proper agencies, including the Indiana Department of Health, for 1 of 8 facility reported incidents reviewed.</p> <p>Findings include:</p> <p>During an interview on 11/25/24 at 10:52 a.m., the Director of Nursing indicated when she first took</p>			F 0609	<p>1) Resident B was not harmed. Resident no longer resides at facility. SRI was submitted to ISDH and police notified.</p> <p>2) All residents have the potential to be affected by the deficient practice. All residents will be interviewed for any allegation of abuse, neglect, or misappropriation or unauthorized</p>		12/20/2024

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	<p>over, there was a staff member (NAIT 4) who put a picture on snap chat of Resident B. It was not reported because the resident was not identifiable. The facility knew who the resident was, but no one else would have known.</p> <p>During an interview on 11/25/24 at 12:15 p.m., the RDCO (Regional Director of Clinical Operations) indicated the incident was not reported due to there was no intent to harm or abuse the resident. The resident had no psychosocial changes. The NAIT 4 was terminated due to her actions.</p> <p>The incident report, dated 1/30/24 and reported to the Indiana Department of Health was on 11/25/24, indicated the facility was contacted related to a possible photo taken of a resident (Resident B) in the bathroom.</p> <p>The clinical record for Resident B was reviewed on 11/25/24 at 10:39 a.m. The resident's diagnoses included, but were not limited to, dementia with other behavioral disturbance, anxiety and depressive episodes.</p> <p>On 11/25/24 at 11:53 a.m., the facility provided a copy of an investigation conducted on 1/30/24 where NAIT (nurse aide in training) 4 sent a photograph of Resident B through social media. The photograph was viewed and showed Resident B from her head to her feet, sitting a commode with her pants down to her thighs. The resident's side view of her face, her hair style, and her clothing were visible.</p> <p>On 11/25/24 at 12:10 p.m., the current policy titled "Unauthorized Disclosure of Resident Images" dated 8/10/2016 included, but was not limited to, "Policy...It is the policy of...to provide resident centered care that inhibits employees from taking</p>				<p>photos.</p> <p>3) ED/Designee has educated all staff on the policy Abuse & Neglect & Misappropriation of Property and disclosure of resident photos. ED and DON received education by RDCO on reporting guidelines.</p> <p>4) ED/Designee will ask a series of questions to 5 residents and 5 employees a week for any experienced/witnessed suspected abuse, neglect or misappropriation and unauthorized photos for x 4 weeks, then 3 residents and employees a week x 4 weeks, then 1 resident and employee a week x 4 weeks. ED/Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI Meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance. RDCO will monitor 3 incidents weekly to ensure appropriate reporting completed.</p>		

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	<p>photos and/or distributing photographs in any fashion...including but not limited to posting on social media sites...that demean or humiliate a resident...."</p> <p>On 11/25/24 at 1:36 p.m., the RDCO provided a current, undated copy of the document titled "Occurrence Incident Reporting". It included, but was not limited to, "It is the policy of this facility to provide resident centered care that meets the psychosocial...of the resident. Safety is a primary concern for our residents...State reportable incidents will be reported as required...."</p> <p>This Citation relates to Complaint IN00445147</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(e)</p>						