

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

PRINTED: 04/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER SALEM CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 200 CONNIE AVE SALEM, IN 47167		
(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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00377328 and IN00377810.</p> <p>Complaint IN00377328 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00377810 - Substantiated. Federal/State deficiency related to the allegations is cited at F600.</p> <p>Survey date: April 21, 2022</p> <p>Facility number: 000223 Provider number: 155330 AIM number: 100267680</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicare: 4 Medicaid: 62 Other: 19 Total: 85</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
F 600 SS=D	<p>Quality review completed on April 22, 2022.</p> <p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property,</p>	F 600		

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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F 600	<p>Continued From page 1</p> <p>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>This REQUIREMENT is not met as evidenced by:</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 C)</p> <p>The clinical record for Resident C was reviewed on 4/21/22 at 12:23 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, panic disorder, restlessness, and agitation.</p> <p>On 4/21/22 at 11:53 a.m., the resident was observed sitting in the dining/activity room with her eyes closed. Staff approached and spoke with the resident; she showed no fearfulness towards staff or other residents. There were no signs of any psychosocial distress.</p> <p>The incident report, dated 4/15/22 at 7:37 p.m., indicated staff witnessed CNA (Certified Nursing Assistant) 4 push Resident C.</p> <p>During an interview on 4/21/22 at 1:08 p.m., Activity Assistant 5 indicated on 4/15/22, CNA 4 was exiting the nursing supply room. Resident C told CNA 4 she was going to go into the supply</p>		F 600	Past noncompliance: no plan of correction required.	

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F 600	<p>Continued From page 2</p> <p>room and CNA 4 told the resident no. Resident C then pushed CNA 4. CNA 4 pushed the resident back and stated, "how would you like it if you were pushed".</p> <p>During an interview on 4/21/22 at 1:12 p.m., Activity Assistant 6 indicated on 4/15/22, she was behind the nurse's desk, heard raised voices, looked up, and witnessed CNA 4 place both hands on Resident C's chest and push her. She immediately went to the resident and removed her from the situation. The resident began to cry but calmed down very easily.</p> <p>On 4/21/22 at 12:07 p.m..., the Executive Director provided a current copy of the document titled "Abuse Prohibition, Reporting, and Investigation" dated 2/2010. It included, but was not limited to, "Policy...It is the policy...to provide each resident with an environment that is free from abuse...This includes...verbal abuse...physical abuse...will not permit residents to be subjected to abuse by anyone, including employees...Willful...means the individual must have acted deliberately...intimidation...Physical Abuse...pulling...rough treatment...Verbal Abuse...The use of oral...language...."</p> <p>The Past noncompliance began on 4/15/22 and the deficient practice corrected by 4/18/22 after the facility implemented a systemic plan that included the following actions: The facility completed staff education on abuse (4/18/22), facility wide resident interviews completed related to abuse (4/15/22), skin assessments completed on all residents (4/15/22), psychosocial follow-up 3 day follow-up completed by Social Services (4/18/22), and all employee files audited to ensure 100% compliance of abuse and dementia</p>	F 600		

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F 600	Continued From page 3 training. This Federal tag relates to Complaint IN00377810 3.1-27(a)(1)		F 600		