STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155242	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SIGNATURE HEALTHCARE OF MUNCIE	4301 N WALNUT ST MUNCIE, IN 47303

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00416092, IN00417257, IN00417178, and IN00416923. Complaint IN00416092- Federal/state deficiencies related to the allegations are cited at F600. Complaint IN00417257- Federal/state deficiencies related to the allegations are cited at F609. Complaint IN00417178- No deficiencies related to the allegations are cited. Complaint IN00416923- No deficiencies related to the allegations are cited. Survey dates: September 11 and 12, 2023 Facility number: 000146 Provider number: 155242 AIM number: 100291200 Census Bed Type: SNF/NF: 109 Total: 109 Census Payor Type: Medicare: 7 Medicaid: 76 Other: 26 Total: 109 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed September 19, 2023.	F 0000	It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law. This provider respectfully requests that this CMS-2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post-survey review on, or after 10/10/2023. ="" span="">="" span="">="" span="">	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Eric Ahlbrand	CEO	10/01/2023

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F 0600 SS=D Bldg. 00	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 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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on interview and record review the facility failed to prevent staff to resident verbal abuse for 2 of 3 residents reviewed for abuse. (Residents B, Resident D, CNA 13 and CNA 14) Findings include: 1. The clinical record for Resident B was reviewed on 9/11/2023 at 10:44 a.m. Diagnoses include hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, hypertension, depressive disorder, and anxiety disorder. Review of the most current quarterly Minimum Data Set (MDS) assessment, dated 6/2/2023, indicated the resident was cognitively intact. Review of a facility reportable, dated 8/25/2023, indicated on 8/25/2023 CNA 13 used inappropriate language with Resident B when he requested assistance.	F 0600	1. Resident B has been assessed for any changes with mental status, anguish, or distress. The allegation Resident B discussed with the surveyor had already been reported to IDOH with the investigation completed. The care plan has been updated to reflect the current status of the resident. Resident # D was assessed by the Social Services Director and Director of Nursing upon report of the negative statements. There were no signs of a change in mental status, resident was free of signs or symptoms of mental anguish or distress. There were no visible changes to resident appearance or skin. The care plan has been updated to reflect the current status of the resident. Resident N	10/10/2023

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	During an interview, on 9/11/2023 at 11:58 a.m., Resident B indicated CNA 13 cussed him out when he requested assistance getting off the bedpan and told him he needed to "get his a _ _ up" and go to the bathroom. "She would not let it go. She kept yelling and cussing. Finally, I lost it and started yelling back." 2. The clinical record for Resident D was reviewed on 9/11/2023 at 3:25 p.m. Diagnoses include chronic obstructive pulmonary disease, chronic respiratory failure, chronic kidney disease, hypertension, Type 2 diabetes mellitus, and peripheral vascular disease. Review of the most current quarterly Minimum Data Set (MDS) assessment, dated 5/26/2023, indicated the resident was moderately cognitively impaired. During an interview on 9/11/2023 at 11:58 a.m., Resident N indicated on 9/10/2023, they witnessed a verbal altercation between Resident D and CNA 14, when CNA 14 was being verbally abusive to Resident D by yelling and using inappropriate language. The altercation was witnessed by other residents. During an interview on 9/11/2023 at 1:45 p.m., RN 11 indicated on 9/10/2023, they witnessed Resident D taking ice from the ice chest in the clean utility room. CNA 14 started yelling at the resident. The resident was in a wheelchair and CNA 14 pulled him out of the clean utility room. The resident got angry. The resident and CNA 14 exchanged inappropriate words. The resident punched RN 11 in the stomach. It was unknown if the punch was deflected. CNA 14 took the cup of ice and shoved it in the resident's direction and		was visited by facility staff and assessed for any changes in mental status, anguish, or distress. No changes were noted. Resident P could not be identified. A one-time resident interview process has been completed for the current population, completed on 9/26/23, with no other issues identified during the interview/resident assessment process. An Ad Hoc QAPI meeting was held on 9/27/23 with the Medical Director and QAPI Team. The facility staff have been re-educated on abuse prohibition, to include verbal abuse. It is the responsibility of the facility staff to uphold the abuse prohibition policy and procedure and to refrain from swearing and yelling while working in the facility. The Director of Nursing, Assistant Director of Nursing, Unit Manager, Shift Supervisor, Clinical Consultant, and/or the Administrator will be responsible to interview staff on abuse prohibition, including if there had been any situation not reported immediately to the Abuse Coordinator 3 times a week for (4) four weeks, two times weekly for (4) four weeks; weekly for (4) four weeks; then monthly for three months. Any issues identified will be immediately corrected, 1:1 re-education completed for stakeholder as identified, up to	

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	the ice fell to the floor. CNA 14 walked away. The resident went to his room. The incident was witnessed by at least two residents and other staff members. RN 11 could not remember the names of the other staff members. RN 11 did not report the incident. "I did not know I had to report this kind of thing, no one told me I had to report it." Review of RN 11's education record indicated the staff member received abuse reporting education on 6/29/2023. During an interview, on 9/11/2023 at 2:38 p.m., Resident P indicated during the past weekend Resident D went into the clean utility room to get ice. CNA 14 started cussing and yelling at Resident D to stay out of that room. CNA 14 told the resident that was the reason things were getting spread around the facility because the residents were touching things. Resident D stood up from his wheelchair. CNA 14 asked Resident D if he was going to hit him and then told him to go ahead and hit him and called him an inappropriate name. Resident D went to his room and CNA 14 walked away. During an interview on 9/12/2023 at 9:26 a.m., CNA 12 indicated on 9/10/2023, he heard CNA 14 tell Resident D to get out of the "f _ _ king ice". CNA 14 continued to yell at Resident D and continued to use inappropriate language. CNA 12 indicated they should have reported the incident to the Administrator but did not. A current policy, dated 5/27/2016 and last reviewed on 10/17/2022, titled "Abuse, Neglect and Misappropriation of Property" was provided by the DON on 9/11/23 at 9:40 a.m. and indicated the following: "...Policy Statement It is the organization's		and including disciplinary action as determined necessary by the Administrator and Director of Nursing. The Administrator will review the audits completed on a weekly basis. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 3 months, and then quarterly for 3 quarters. Based on evaluation of audits and observations, the QAPI Committee determined the facility is in substantial compliance on 10/10/23. Audit documentation will continue to be submitted to the QAPI committee for review and to ensure compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.	

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	intention to prevent the occurrence of abuse, neglect, exploitation, injuries of unknown origin, and misappropriation of resident property, and to assure that all alleged violations of federal or State laws which involve abuse, neglect, exploitation, injuries of unknown origin and misappropriation of resident property are investigated, and reported immediately to the Facility Administrator, the State Survey Agency, and other appropriate State and local agencies in accordance with Federal and State law. ....". This Federal tag relates to Complaint IN00416092. 3.1-27(a) 3.1-27(b)			
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law			

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	through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on interviews and record review, the facility failed to report allegations of staff to resident abuse for 1 of 3 allegations of abuse reviewed (CNA 14 and Resident D). Findings include: The clinical record for Resident D was reviewed on 9/11/2023 at 3:25 p.m. Diagnoses include chronic obstructive pulmonary disease, chronic respiratory failure, chronic kidney disease, hypertension, Type 2 diabetes mellitus, and peripheral vascular disease. Review of the most current quarterly Minimum Data Set (MDS) assessment, dated 5/2/2023, indicated the resident was moderately cognitively impaired. During an interview Employee 7 indicated they witnessed CNA 14 using an "excessively loud voice and inappropriate language with Resident D. The Employee indicated they felt CNA 14 was being intimidating towards Resident D. Employee 7 did not report the incident. They indicated they should have reported the incident to the Administrator. During an interview on 9/11/2023 at 1:45 p.m., RN 11 indicated on 9/10/2023 they witnessed Resident	F 0609	1. Resident B has been assessed for any changes with mental status, anguish, or distress. The allegation Resident B discussed with the surveyor had already been reported to IDOH with the investigation completed. The care plan has been updated to reflect the current status of the resident. Resident # D was assessed by the Social Services Director and Director of Nursing upon report of the negative statements. There were no signs of a change in mental status, resident was free of signs or symptoms of mental anguish or distress. There were no visible changes to resident appearance or skin. The care plan has been updated to reflect the current status of the resident. Resident N was visited by facility staff and assessed for any changes in mental status, anguish, or distress. No changes were noted. Resident P could not be identified. A one-time resident interview process has been completed for	10/10/2023

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	laws which involve abuse, neglect, exploitation, injuries of unknown origin and misappropriation of resident property are investigated, and reported immediately to the Facility Administrator, the State Survey Agency, and other appropriate State and local agencies in accordance with Federal and State law. .... G. Reporting/Response 1. Every Stakeholder shall immediately report any "allegation of abuse," "injury of unknown origin," or "suspicion of crime," as those terms are defined above, to the Facility Administrator or designee as assigned by the facility administrator in his/her absence. ... Reporting Guidelines: Any abuse allegation must be reported to State within 2 hours from the time the allegation was received. ...." This federal tag relates to Complaint IN00417257. 3.1-28(c)		Assurance Performance Improvement Committee monthly for 3 months, and then quarterly for 3 quarters. Based on evaluation of audits and observations, the QAPI Committee determined the facility is in substantial compliance on 10/10/23. Audit documentation will continue to be submitted to the QAPI committee for review and to ensure compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.	