

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

PRINTED: 11/04/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/16/2019	
NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 201 E ELM ST NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00308558.</p> <p>Complaint IN00308558 - Substantiated. Federal/State deficiency related to the allegations is cited at F600.</p> <p>Survey date: October 16, 2019</p> <p>Facility number: 001145 Provider number: 155616 AIM number: 200120200</p> <p>Census Bed Type: SNF/NF: 79 Residential: 8 Total: 87</p> <p>Census Payor Type: Medicare: 4 Medicaid: 69 Other: 6 Total: 79</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on October 21, 2019.</p>			F 0000			
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 abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to</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 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>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 interview and record review, the facility failed to ensure resident to resident sexual abuse did not occur for 1 of 3 residents reviewed for abuse. (Resident C)</p> <p>Findings include:</p> <p>The incident report, dated 10/4/19, indicated Resident B was observed in Resident C's room with his hand in her clothing.</p> <p>The progress note, dated 10/4/19 at 2:05 p.m., indicated the Social Service Director was walking down the hall and witnessed Resident B in a female residents room (Resident C) with his hand up her shirt. The resident was immediately removed from the female residents room.</p> <p>The progress note, dated 10/4/19 at 3:38 p.m., indicated the Social Service Director was walking down the hall and noticed an elderly man (Resident B) in Resident C's room with his hand up her dress. When questioned, the resident indicated the resident (Resident B) was touching her and she was telling him no, but he continued to do so.</p> <p>The written interview statement, dated 10/4/19, conducted by the Director of Nursing with Resident C, indicated Resident B was always</p>	F 0600	<p>F-600 Free from abuse and neglect</p> <p>Resident "B" and Resident "C" currently both reside in facility on opposite sides of building, on 2 separate units.</p> <p>Resident "B" and "C" have both been seen by Medical Director, his Physician Assistant, Psych Doctor and Psych Nurse Practitioner. Director of Nursing, Unit Managers, SDC, and designees did a complete 100% audit of all female residents verifying there had been no inappropriate touching of breast or vaginal area, no verbal sexual language, and no unwanted residents in their rooms. Audit revealed there had been no incidents.</p> <p>Resident "B" was sent to Wellstone Behavioral Hospital for inpatient treatment. Resident "B" had medication changes with the addition of a Climara Patch. Upon Resident "B"'s readmission he was observed anytime he left his</p>	11/15/2019			

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	<p>trying to "feel her up" and that his advances were unwanted. Resident B also tried to get his hand in her "koochie" but she kept her legs together tight.</p> <p>During an interview on 10/16/19 at 2:13 p.m., the Social Services Director indicated she walked past Resident C's room and observed Resident B in the room. When she walked in, Resident B pulled his hand out from under Resident C's gown. She removed Resident B from the room. She went back to Resident C's room to ask her what had transpired. Resident C told her he was touching her breast. When Resident C asked Resident B what he was doing, Resident C told Resident B "he could f*** anyone he wanted".</p> <p>During an interview on 10/16/19 at 2:35 p.m., Resident C indicated while she was outside, Resident B tried to put his hands between her legs. He followed her back into the building and into her room, at which time, Resident B rubbed her breast. Resident C did not consent.</p> <p>During an interview on 10/16/19 at 2:13 p.m., the Social Services Director indicated the behavior was new for Resident B.</p> <p>During an interview on 10/16/19 at 3:12 p.m., CNA (Certified Nursing Assistant) 4 indicated prior to the incident, Resident B had not been sexually inappropriate towards other residents.</p> <p>The clinical record for Resident C was reviewed on 10/16/19 at 1:01 p.m. Diagnosis included, but was not limited to, left sided hemiparesis. The 10/3/19 admission MDS (Minimum Data Set) assessment indicated intact cognition.</p> <p>The clinical record for Resident B was reviewed on 10/16/19 at 1:17 p.m. Diagnosis included, but</p>				<p>room. If Resident "B" goes anywhere in building, he is accompanied by staff or family. Resident "B" has also been made a 2-person shower as well as ADL care. No behaviors have been reported on Resident "B" since return. Resident receives frequent visits from Social Service Director. Resident "C" is a smoker and has requested that she be allowed to go out with the supervised smokers when they go out. Resident "C" is visited frequently by Social Services and has not voiced any concerns or fears.</p> <p>We will perform audits on resident using the QISS abuse questions as follows:</p> <p>5 residents will be audited 1 time a week for 2 months, then 5 residents will be audited bi-weekly for 2 months, then 5 residents will be audited 1 time a month for 2 months. All audits will be in QA monthly.</p> <p>All staff will have received Abuse training/Sexual Abuse training by November 15, 2019.</p> <p>Facility alleges compliance by November 15, 2019.</p>		

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	<p>was not limited to, inappropriate sexual behavior. The 9/24/19 quarterly MDS assessment indicated intact cognition.</p> <p>On 10/16/19 at 3:02 p.m., the Administrator provided a current copy of the document titled "Abuse & Neglect" dated 8/15/16. It included, but was not limited to, "Policy...Each resident has the right to be free from abuse..." "Sexual Abuse" includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault...."</p> <p>This Federal tag relates to Complaint IN00308558</p> <p>3.1-27(a)(1)</p>						