

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

PRINTED: 09/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155374		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/09/2024	
NAME OF PROVIDER OR SUPPLIER POPLAR CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 313 POPLAR ST LOOGOOTEE, IN 47553			
(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 IN00440122.</p> <p>Complaint IN00440122: Federal/State deficiencies are cited at F583.</p> <p>Survey date: August 9, 2024</p> <p>Facility number: 000571 Provider number: 155374 AIM number: 100266920</p> <p>Census Bed Type: SNF/NF: 34 Total: 34</p> <p>Census Payor Type: Medicare: 4 Medicaid: 24 Other: 6 Total: 34</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 13, 2024.</p>			F 0000	<p>By submitting the following material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 08/19/2024 to the state findings of the Health Survey. We are requesting paper compliance.</p>		
F 0583 SS=D Bldg. 00	<p>483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal</p>						

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

TITLE

(X6) DATE

Le Ann Petit

Health Facility Administrator

08/22/2024

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>care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>Based on interview and record review, the facility failed to provide privacy and dignity for 1 of 3 residents reviewed for resident abuse. Staff members recorded video footage in resident's restroom while the resident can be identified in the background on the commode. (Resident B)</p> <p>Finding includes:</p> <p>On 8/9/24 at 10:05 A.M., during a review of facility grievances, a grievance dated 8/1/24, concerning Resident B indicated that an anonymous</p>			F 0583	F583 Personal Privacy/Confidentiality what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1 Resident B was placed on monitoring for psychosocial distress, and none noted. 2 All staff have been		08/19/2024

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	<p>"community member" brought a recording of a video that was seen on a social media site to the Business Office Manager (BOM).</p> <p>During record review on 8/9/24 at 10:15 A.M., Resident B's diagnoses included, but were not limited to, dementia, overactive bladder, and anxiety.</p> <p>Resident B's most recent Quarterly Minimum Data Set (MDS) assessment, dated 6/14/24, indicated the resident had moderate cognitive impairment.</p> <p>Resident B's nurse's progress notes included a note, dated 8/1/24 at 5:30 P.M., included that a staff member had notified the Power of Attorney (POA), physician, law enforcement, and state agency about an allegation.</p> <p>During an interview on 8/9/24 at 10:30 A.M., the Facility Administrator indicated that the BOM was shown a picture of Resident B from a video seen on a social media platform by someone in the local community. The picture included CNA 4 in a restroom and Resident B could be seen sitting on the commode in the background with her stomach exposed. The image contained the name of the user that posted the video, Unlicensed Staff (US)</p> <p>3. The Facility Administrator indicated the two staff members were initially suspended and then terminated from employment. CNA 4 indicated being unaware that a video or photograph was being taken of her, but could be seen posing and showing a peace sign in the video.</p> <p>During a review of the facility's investigation into the allegation on 8/9/24 at 11:20 A.M., a typed statement dated 8/1/24 at 8:09 P.M., by CNA 4, indicated that the staff member thought the incident had taken place "a few months ago"</p>				<p>in-serviced on 08/07/2024 regarding the facility cell phone/social media policy.</p> <p>how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>1 All residents have the potential to be affected by the same deficient practice.</p> <p>2 The social service director completed interviews with interviewable residents concerning cell phone use during care. No issues were identified.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>1 Upon hire, staff are educated on the cell phone/social media policy.</p> <p>2 All staff have been in-serviced on 08/07/2024 regarding the facility cell phone/social media policy.</p> <p>3 A new audit form has been created to audit all new hire staff for education related to the facility cell phone / social media policy.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality</p>		

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	<p>while CNA 4 and US 3 were assisting Resident B to the restroom. CNA 4 indicated that they were "goofing off" with Resident B and that they did not remember a picture being taken and being unaware that one was posted to a social media platform.</p> <p>During an interview on 8/9/24 at 11:30 A.M., CNA 7 indicated that it is never appropriate for staff to take photographs or videos of the residents. CNA 7 indicated that if residents and/or their families consent to photographs being taken, specific staff are allowed to take pictures during activities or events, but never during care or in the resident's private spaces.</p> <p>On 8/9/24 at 11:10 A.M., the Facility Administrator supplied a facility policy, titled Cell phone/Social Media Use Policy, dated 7/9/24. The policy included, "...The use of camera or other video or audio recording-capable devices on company premises is prohibited to adhere to HIPPA [Health Insurance Portability and Accountability Act] regulations as needed to secure patient/client privacy. [Company Name] employees are strictly prohibited from video recording or photographing residents..."</p> <p>On 8/9/24 at 11:55 A.M., the Facility Administrator supplied an undated facility policy titled, Indiana Resident's Rights and Responsibilities. The policy included, "... (o) The resident has the right to personal privacy... (p) Personal Privacy includes... (4) Personal care."</p> <p>This tag relates to Complaint IN00440122.</p> <p>3.1-3(p)(4)</p>				<p>assurance program will be put into place; and</p> <p>1 HR/BOM and/or designee will complete audit form on new hires and present to Administrator for review. The audit tool will be completed upon the completion of the hire paperwork. This will be an ongoing audit.</p> <p>by what date the systemic changes for each deficiency will be completed.</p> <p>08/19/2024</p>		