

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155526	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE		STREET ADDRESS, CITY, STATE, ZIP COD 200 N PARK ST PORTLAND, IN 47371		
(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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00453866.</p> <p>Complaint IN00453866 - Federal/state deficiencies related to the allegations are cited at F600 and F609.</p> <p>Survey dates: April 15 and 16, 2025</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 3 Medicaid: 66 Other: 10 Total: 79</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 24, 2025.</p>	F 0000	<p>Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.</p>	
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on interview and record review, the facility failed to timely report allegations of abuse to the appropriate agencies for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p>	F 0609	<p>1.No residents were affected by the alleged deficient practice. 2.All residents have the potential to be affected by the alleged deficient practice. The administrator and the Nursing</p>	05/09/2025

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

TITLE

(X6) DATE

Melinda Hodgson

Administrator

05/02/2025

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>Review of an Indiana State Department of Health facility reported incident, dated 2/18/25 at 11:34 p.m., indicated the facility initiated an investigation for alleged abuse against Resident B. The incident was identified on 2/18/25 at 10:30 p.m. CNA 3 was the staff member involved and suspended pending investigation. Local law enforcement and APS (Adult Protective Services) were not notified. The brief description indicated Resident B was allegedly abused during a transfer.</p> <p>During an interview with the Administrator on 4/15/25 at 3:18 p.m., she indicated she had not notified law enforcement because the resident did not have any serious bodily injury.</p> <p>During a phone interview with QMA 4 on 4/15/25 at 4:12 p.m., she indicated QMA 6 was right outside the room after the incident and she immediately reported it to her, who reported it to RN 8 and subsequently the DON and Administrator.</p> <p>During an interview with the Administrator on 4/16/25 at 9:40 a.m., she indicated she called and suspended CNA 3 on the late evening on 2/18/25 as soon as she was notified. CNA 3 was contacted on her personal phone as she clocked out and left the building for the evening. They received her statement via text the same day.</p> <p>During interview with the Administrator on 4/16/25 at 12:19 p.m., she indicated aides had reported to QMA 6 an inappropriate transfer resulting in a skin tear, but initially did not believe it was abusive until RN 8 questioned them further. The Administrator indicated that was why the employee was not removed immediately and</p>			<p>management team were re-educated on the current policy regarding reporting abuse allegations to the appropriate entities. Staff have been re-educated on the importance of notifying administration immediately of any potential abusive situation.</p> <p>3. The facility's policy for Abuse Prohibition, Reporting and Investigation was reviewed and no changes are indicated at this time. The administrator and the Nursing management team were re-educated on the current policy regarding reporting abuse allegations to the appropriate entities. Staff have been re-educated on the importance of notifying administration immediately of any potential abusive situation.</p> <p>4. The Administrator will monitor all allegations to assure proper reporting of abuse allegations. This monitoring will occur daily on scheduled workdays as follows: daily for 4 weeks, weekly for 4 weeks, monthly for 3 months, then quarterly thereafter on an ongoing basis. Should a concern be noted, immediate action will occur. Results of the monitoring and any corrective action will be discussed during the facility's monthly QA meetings for a minimum of six months and the plan adjusted if indicated.</p> <p>5.5/9/25</p>

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	<p>administration was unaware of the alleged abuse until 10:30 p.m. She believed the QMA 4 and CNA 5 were in such shock from what occurred, that communication was delayed. The resident's skin tear was assessed on 2/18/25 at 9:10 p.m.</p> <p>During an interview with the DON on 4/16/25 at 12:21 p.m., she indicated, as soon as they are aware of alleged abuse, staff are to immediately protect and secure the resident, remove the involved employee, and notify the charge nurse, who would notify the DON and Administrator. She indicated the aides should have reported abusive behavior to their charge nurse so Administration would have been notified immediately.</p> <p>A current facility policy, revised 6/2023, titled "ABUSE PROHIBITION, REPORTING AND INVESTIGATION," provided by the DON on 4/15/25 at 10:46 a.m., indicated the following:</p> <p>"POLICY: This facility shall prohibit and prevent abuse... 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 symptoms. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Instances of abuse of a resident, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse... Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm... 1. This facility shall not permit residents to be subjected to abuse by anyone, including employees... 2. This facility shall ensure that all alleged violations, including</p>			

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	<p>mistreatment, neglect or abuse, including injuries of unknown source... are reported immediately to the administrator of the facility. Violations of the aforementioned shall be reported to other officials in accordance with state law through established procedures... IF RESIDENT ABUSE, OR SUSPICION OF ABUSE, IS REPORTED:7. Local law enforcement shall be notified, if warranted... 14. The Administrator, Director of Nursing, or designee, is responsible to notify the following agencies, as applicable:</p> <p>State Department of Health Adult Protective Services Ombudsman Applicable Licensing Agency...."</p> <p>Cross reference F600.</p> <p>This citation relates to Complaint IN00453866.</p> <p>3.1-28(c)</p>				