

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2022
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NAME OF PROVIDER OR SUPPLIER PREMIER HEALTHCARE OF NEW HARMONY	STREET ADDRESS, CITY, STATE, ZIP COD 251 HIGHWAY 66 NEW HARMONY, IN 47631
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00385198, IN00384282, and IN00381838.</p> <p>Complaint IN00385198 - Substantiated. Federal/State deficiencies related to the allegations are cited F585.</p> <p>Complaint IN00384282 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00381838 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 26, 27, & 28, 2022</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 4 Medicaid: 43 Other: 16 Total: 63</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 4, 2022.</p>	F 0000	Submission of this plan of correction by the facility is not a legal admission that a deficiency exists or that this statement of deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute admission or agreement of any kind by the facility of truth of any facts set forth in this allegation by the survey agency. This facility requests a desk review to determine substantial compliance.	
F 0585 SS=E Bldg. 00	<p>483.10(j)(1)-(4) Grievances §483.10(j) Grievances.</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>§483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her</p>			

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	<p>grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not</p>			

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	<p>confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>Based on interview and record review, the facility failed to promptly take steps to resolve any grievances reported and inform residents of a summary of the pertinent findings or conclusions of the concerns for 3 of 3 Resident Council monthly minutes reviewed and 1 of 1 resident meeting conducted.</p> <p>Findings include:</p> <p>1. On 7/26/22 at 10:50 a.m., the April 2022 through June 2022 Resident Council minutes were reviewed. The minutes included, but were not limited to:</p> <p>Minutes of April 28, 2022 Nursing-ice water was still not being passed regularly, personal information was being shared with other residents, call lights were not answered promptly-takes along time to come to your room, towels and wash cloths were not delivered for morning care, and food trays were not served.</p>	F 0585	<p>All grievances from April, May and June of 2022 have been formally addressed and resolutions have been reported back during an ad hoc resident council meeting.</p> <p>All residents have the potential to be affected by the alleged deficient practice. An audit of the grievance book and all resident council grievances for the last 6 months has been completed and any needed grievance follow up has been reported at the ad hoc Resident Council Meeting.</p> <p>An in-service has been completed by the Corporate Director of Operations for all department leaders and the Administrator on the grievance policy and procedure that includes but is not limited to the required follow up for resident</p>	08/26/2022

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	<p>Minutes of May 31, 2022 Nursing- medications supply depleted and not reordered, then not filling the orders timely, missing drugs on multiple days, cell phones used by employees in resident rooms while giving care and in hallways outside of resident rooms.</p> <p>Minutes of June 30, 2022 The minutes repeated what was discussed during the May meeting.</p> <p>The Resident Council monthly meetings minutes lacked a type of response from the departments identified, or the Administrator.</p> <p>2. On 7/26/22 at 3:00 p.m., during a Resident Council Meeting, 4 of 4 residents who had previously attended the Resident Council Meetings, along with one spouse were present. The residents and spouse indicated the areas of concern brought up at each months meetings were never addressed. They all agreed Resident Council grievances were never followed up with the Resident Council members. Additional concerns discussed at this meeting included, but were not limited to, showers not being provided two times per week for 2 of 4 residents and 3 of 4 residents felt there was a problem with medication orders. The nurse had told one resident last night that her medication might not be available, she indicated she worried about it, but it was available at the correct time.</p> <p>On 7/27/22 at 11:00 a.m., the Administrator provided the policy regarding Resident Council. Item #8 of the policy was as follows, "Minutes include names of the council members and any guests present; issues discussed; recommendations from the council to the Administrator; and follow up on prior issues."</p>		<p>council grievances. An in-service has also been completed by the Corporate Director of Operations for all Department Leaders and the Administrator on the Resident Council Policy and Procedures. All Resident Council grievances will have follow-up presented by the appropriate Department Leader/designee during every Resident Council Meeting. All follow up to previous grievances will be documented in the Resident Council Meeting minutes. A QAPI communication board will be placed in the main hallway with all Resident Council grievances from the previous month and written follow-up posted. This will be changed monthly and available for all residents, families, and visitors to read. The Resident Council President has also reviewed this systemic resolution and agrees. An audit tool has been created to ensure all grievances reported in the Resident Council Meeting have adequate follow-up and have been reported in the Resident Council Meeting minutes. The Administrator/ designee will audit all Resident Council Meeting minutes and grievances for 6 months to ensure compliance. All results of this audit will be brought to QAPI and the Resident Council President. Any needed modifications will be addressed.</p>	

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

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OMB NO. 0938-039

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	This Federal tag relates to Complaint IN00385198. 3.1-3(l)				