STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155736	A. BUILDING _____ B. WING _____	C 07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL POND HEALTH CAMPUS	1014 MILL POND LANE GREENCASTLE, IN 46135

(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 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00437687. Complaint IN00437687 - Federal/state deficiency related to the allegations are cited at F600. Survey dates: July 24, 2024 Facility number: 004550 Provider number: 155736 AIM number: 200526450 Census Bed Type: SNF/NF: 51 Residential: 27 Total: 78 Census Payor Type: Medicare: 8 Medicaid: 29 Other: 41 Total: 78 This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1. Quality review completed August 1, 2024.	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §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	F 600		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 600	Continued From page 1 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; This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that a staff member followed the facility abuse policy and cell phone use policy for 1 of 3 residents reviewed for abuse (Resident B). The deficient practice was corrected on 7/5/24, prior to the start of the survey, and was therefore past noncompliance. Finding includes: On 7/24/24 at 9:45 a.m., a review of an Indiana Department of Health (IDOH) Reportable Incident document, dated 6/29/24 at 9:30 p.m., indicated Certified Resident Care Assistant (CRCA) 9 posted a video on a social media platform with an unidentifiable resident in the restroom. The video contained a caption indicating, "this woman will be the death of me," and the employee was making a grimacing face while holding up her middle finger. The CRCA was immediately suspended upon the report of the social media video and an investigation began. Review of investigation summary, dated 6/29/24 at 11:00 p.m., indicated that a staff member reported to the ED that a social media video was posted of a resident in the background and CRCA 9 was making hand gestures in the background. The CRCA was suspended on 6/29/24 pending	F 600	Past noncompliance: no plan of correction required.	

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F 600	Continued From page 2	F 600		

an investigation. On 6/30/24 abuse education was initiated with active staff. On 7/1/24 the resident was identified through an interview with the suspended employee. Resident B was identified as the one in the video. Once an identification of the resident had been made the responsible party and medical doctor was informed. The facility interviewed CRCA 9, and she admitted to violating the facility's abuse policy. The CRCA was terminated from her position at the facility. All residents had a head-to-toe skin assessment completed and residents with a BIMS above 8 were interviewed. Education was provided to all staff.

Resident B's record was reviewed on 7/24/24 at 1:23 p.m. The profile indicated the resident's diagnosis included, but were not limited to, depression (a mental state that can affect person's thoughts, feelings, behaviors, and sense of well-being), generalized anxiety disorder (severe, ongoing anxiety that interferes with daily activities), and Alzheimer's (a progressive disease that destroys memory and other important mental functions).

A Brief Interview for Mental Status (BIMS) assessment completed on 5/28/24, indicated the resident had severe cognitive impairment.

During an interview, on 7/24/24 at 11:10 a.m., the Dementia Care Director indicated she was aware of the incident that occurred on 6/29/24 on the evening shift, but she was not working that evening. The Dementia Care Director indicated she did not see the social media post that CRCA 9 sent to other co-workers and was surprised to hear that it had occurred. The Dementia Care Director was not aware of the employee having

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any other disciplinary issues. The Dementia Care Director indicated all staff were educated when hired on cell phone usage and posting on social media.

During an interview, on 7/24/24 at 11:15 a.m., the Certified Residential Medication Aide (CRMA) 4 indicated she was made aware of the social media video after the fact. CRCA 9 had not sent her the video and so therefore she had not seen it personally. CRMA 4 indicated she was shocked to hear that it had occurred and was not aware of the staff member ever doing anything like that before. Staff were educated during their onboarding training about cell phone use and what not to post on social media.

During an interview, on 7/24/24 at 11:31 a.m., the Regional Nurse Consultant indicated CRCA 9 sent a video on a social media platform to her coworkers which was reported to the Executive Director (ED) on 6/29/24. The resident who was in the video was not identifiable. The CRCA made a poor choice and was terminated for her actions.

During an interview, on 7/24/24 at 11:57 a.m., the Social Worker with hospice, indicated Resident B was pleasantly confused and was not usually aware of her surroundings.

During an interview, on 7/24/24 at 12:05 p.m., the Director of Health Services (DHS) indicated she was made aware of the social media post from the ED on the same evening it had occurred. CRCA 9 was immediately suspended, pending investigation. The DHS indicated that had not had any other instances with this staff member prior to the post. The social media video was sent to fellow co workers and reported to the ED.

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During an interview, on 7/24/24 at 1:47 p.m., Social Service Director (SSD) indicated she was aware of the social media video but did not see it personally. Resident B was watched for a few days after the instance, and she had not noticed any psychological changes. SSD indicated the resident was not cognitively intact.

Review of an Episodic Event form, dated 7/1/24 indicated CRCA 9 was having a bad day and made a poor choice making a video and posting it on a social media platform. Immediate education was initiated with current staff members and will continue ongoing. The facility will audit compliance by interviewing a total of 3 staff members weekly until they are 100% compliant, then weekly times 4 weeks. Then monthly times 5 months by asking related questioned to the facility abuse policy.

Review of the in-service sign-up sheet, dated 6/30/24 and 7/1/24, indicated staff were educated on abuse and cell phone usage. The sign-up sheet contained 92 staff signatures.

During an interview, on 7/24/24 at 2:15 p.m., the DHS indicated CRCA 9 was terminated from her position on 7/5/24.

On 7/24/24 at 11:35 a.m., the Regional Nurse Consultant provided a document, dated June 2023, titled, "Cell Phones, Cameras, and Electronic Devices," and indicated it was the policy currently being used by the facility. The policy indicated, " ...b. Use of personal cell phones and other electronic devices are strictly prohibited in work areas ...c. The unauthorized use of a cell phone, camera or other electronic

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device to photograph or record any resident and/or his/her personal space, including accommodations and personal care, without the resident's or designated representative's written consent is prohibited ...."

On 7/24/24 at 11:35 a.m., the Regional Nurse Consultant provided a document, with a revised date of 8/29/29, titled, "Abuse and Neglect Procedural Guidelines," and indicated it was the policy currently being used by the facility. The policy indicated, " ...I. Social Media - This would include keeping and/or distributing demeaning or humiliating photographs and recordings through social media or multimedia messaging ...."

The deficient practice was corrected by 7/5/24 after the facility implemented a systemic plan that included the following actions: head to toe skin assessment of all residents, interviews were conducted on all residents with a BIMS over 8, in-servicing education to staff related to abuse and cell phone usage, and ongoing monitoring by Quality Assurance and Performance Improvement (QAPI).

This Federal finding relates to Complaint IN00437687.

3.1-27(a)
3.1-27(b)