PRINTED: 11/16/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		155124	B. WING _			1	C (06/2023
	ROVIDER OR SUPPLIER ON CONVALESCENT CE	NTER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN 47842		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	This visit was for the IN00420470.	Investigation of Complaint					
	Complaint IN0042047 deficiencies related to F604.	0 - Federal/state the allegations are cited at					
	Survey dates: Novem	ber 6, 2023					
	Facility number: 0000 Provider number: 155 AIM number: 1002903	5124					
	Census Bed Type: SNF/NF: 71 Total: 71						
	Census Payor Type: Medicare: 6 Medicaid: 51 Other: 14 Total: 71						
	These deficiencies re accordance with 410	flect State Findings cited in IAC 16.2-3.1.					
F 604 SS=D	Right to be Free from		F	604			
	§483.10(e) Respect a The resident has a rig and dignity, including:	ht to be treated with respect					
	§483.10(e)(1) The rig physical or chemical r purposes of discipline						

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STREET ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STREET ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STREET ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STREET ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS, CITY, STATE, ZIP CODE 170'S MAIN 3T CLINTON, IN 47842 STATE ADDRESS TAND 40 COONSTANT ADDRE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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CLINTON, IN 47842 CROND SECRET CROWN STATEMENT OF DEFICIENCIES CROSS REFERENCE OF THE PRECISE OF THE PR	\/EDMILL	ON OON!! (A) FOOFNIT OF	NITED		1705 S MAIN ST				
FREETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 604 Continued From page 1 required to treat the resident's medical symptoms, consistent with \$483.12(a)(2). §483.12 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 any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a) The facility must- §483.12(a) Ensure that the resident is free from physical or chemical restraint in property, and exploration and are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure residents' self-releasing seat bets (used to keep a resident's self-releasing seat bets (used to keep a resident's reviewed for physical restraint (Residents Reviewed fo	VERMILLI	ON CONVALESCENT CE	INIER		CLINTON, IN 47842				
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interview, the facility failed to ensure residents' self-releasing seat belts (used to keep a resident positioned properly in their wheelchair) were secured in a manner which allowed the residents to freely release the belts for 2 of 4 residents reviewed for physical restraint (Residents B and C). The deficient practice was corrected on 10/24/23, prior to the start of the survey, and was therefore past noncompliance. Finding includes:		The resident has the neglect, misappropria and exploitation as de includes but is not lim corporal punishment, any physical or chem treat the resident's more \$483.12(a) The facilit \$483.12(a)(2) Ensure from physical or chem purposes of discipline are not required to tresymptoms. When the indicated, the facility alternative for the lead document ongoing rerestraints. This REQUIREMENT by:	ation of resident property, efined in this subpart. This sited to freedom from involuntary seclusion and ical restraint not required to edical symptoms. That the resident is free nical restraints imposed for e or convenience and that eat the resident's medical use of restraints is must use the least restrictive st amount of time and evaluation of the need for		Past noncompliance:	no plan of			
		interview, the facility of self-releasing seat be positioned properly in secured in a manner to freely release the breviewed for physical C). The deficient pract 10/24/23, prior to the therefore past noncor	failed to ensure residents' Its (used to keep a resident their wheelchair) were which allowed the residents belts for 2 of 4 residents restraint (Residents B and stice was corrected on start of the survey, and was		·	5.4 01			
		-	nt of Health (IDOH)						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3)) DATE SURVEY COMPLETED
		155124	B. WING _			C 11/06/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN 47842	<u> </u>	11/00/2023
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F 604	reportable incident d 11:15 a.m., indicated Certified Nursing Aid secure the self-relea and Resident C, whi residents to self-rele facility's internal inve CNA was immediate Assistant Director of suspended from wor investigation. During an initial obse (memory care) unit, Residents B and D v activity lounge partic Both residents were seat belts in place. A was able to release I Resident B refused t her head no. On 11/6/23 at 10:10 observed in his room with his seatbelt in p During an interview, Activities Assistant 3 unit specifically and about someone putiti	it had been reported that le (CNA) 8 had used tape to sing seat belts of Resident B ch removed the ability of the ase the seat belts. The estigation was initiated. The ly re-educated by the Nursing (ADON) and was k, pending the results of the ervation of the Expressions on 11/6/23 at 10:05 a.m., were observed sitting in the ipating in a morning activity. observed with self-releasing at the same time, Resident D her belt when requested. The or release her belt and shook a.m., Resident C was a asleep in his wheelchair, lace and intact. In 11/6/23 at 10:18 a.m., a indicated she worked on the had heard from other staffing tape on the seat belts of She was not working when	F 6	04		
	CNA 4 indicated she being placed on the C. She had never wi before. All of the res	on 11/6/23 at 10:25 a.m., had been told about the tape seat belts of Resident B and tnessed anything like this idents who had the were able to remove them				

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F 604	Qualified Medication was working on the use the incident had allegheard about it from a seen any issues with when she worked on During an interview, CNA 6 indicated she unit of the facility on supposedly happened firsthand but was tole had never seen any belts in the past. During an interview, former Director of Nedate of the incident of Helping Hands (stud who observe CNAs activities), who was a alongside CNA 8, had belts. The student re Register Nurse (RN) On 11/6/23 at 10:58 (ADM) provided the documentation for reindicated they had confident of the allegations and reportable to IDOH, terminated following not been any further resolved.	on 11/6/23 at 10:36 a.m., Aide (QMA) 5 indicated she unit and south hall on the day gedly occurred but had only other staff. She had not ever is the self-releasing belts the unit. on 11/6/23 at 10:45 a.m., was working on a different the date the incident ad. She did not see it d about it by other staff. She tape on the self-releasing on 11/6/23 at 10:51 a.m., the ursing (DON) indicated on the one of the high school ent from the local high school and assist with non-hands on in the facility working d seen the tape on the seat ported it to the charge nurse, 13. a.m., the Administrator facility's internal investigation view. At the same time, she ompleted a full investigation d sent the incident in as a	F 60			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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F 604	tape on Resident C's that she could not do allowed to restrain the a volunteer helper with indicated CNA 8 acknown was not allowed, but remove the tape. The told the QMA who we about what she had said. She was unsure She gave the DON a when they were inversely documentation, inclusting (DON), date incident had been no student in the Helpin brought it to the atternatement indicated to Resident B's family of b. An undated invest signed by the Administration worked the day shift CNA 8 was on duty be assistance to her reshad gone into assist and noticed there was seat belt. c. An undated handwell Laundry Aide 11, indithat she had taped Resident B's had taped Resident B's family of the same and noticed there was seat belt.	cated she had observed the a seatbelt and had told CNA 8 that because they were not e residents. There was also the the CNA at the time. She nowledged that she knew it never made any attempt to a Laundry Aide indicated she as on duty on that hallway seen and what the CNA had a what happened after that. Indicate the ADM her statement stigating. It is investigation ded, but were not limited to the former Director of d 10/24/23, indicated the sticed by a high school g Hands program and the facility had notified if the incident. It is interview statement, strator indicated CNA 9 had on 10/22/23. She noted that but had not provided toileting idents. CNA 9 indicated she Resident C to the bathroom is tape on his self-releasing.	F 60		

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 604	Continued From pag	je 5	F 6	04		
	Laundry Aide observes seat belt. She then of she had done would time, she indicated to asked why it would go CNA 8 told the stude abuse to the resider to do that. d. An interview state 10/24/23, indicated who had harmed he unsafe and felt every e. A document titled Anguish Assessmen Resident B had no smental anguish. f. A PHQ-9 (a depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored a 6 (mild depresentation of the criteria as "0" [not at document, dated 10 scored	wed the tape on the resident's explained to CNA 8 that what get her into trouble. At that he Helping Hands student get CNA 8 into trouble, and ent that it was considered at, and they were not allowed ment from Resident B, dated she did not know of anyone r. She did not feel afraid or yone treated her very nice. "Possible or Potential Mental t," dated 10/24/23, indicated igns or symptoms of potential ssion assessment module, of the 9 depression diagnostic all] to "3" [nearly every day]) (/24/23, indicated Resident B				
	Resident C had no smental anguish.	t," dated 10/24/23, indicated signs or symptoms of potential ssion assessment module,				
		f the 9 depression diagnostic				

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F 604	document, dated 10/scored a 11 (modera j. Nursing in-service 10/24/23, indicated e Self-release belt alar the investigation doc provided the educati titled, "Alarm, Position k. Nursing in-service 10/24/23, for educati Management and CN Description," was proinvestigation docume provided the educati on Mood and Behave Signed copies of doc Prohibition/Know You each staff person in 1. A facility investigation 10/27/23, and signed had called CNA 8, in incident. The CNA to than to put tape on the just kept getting up for done it to keep him is reviewed with the CN due to corporal punits seclusion, and unread CNA had never beer her suspension, excepaperwork.	all] to "3" [nearly every day]) 24/23, indicated Resident C the depression). sign-in sheets, dated education titled, "Restraints, rm," was provided as part of numentation. The DON had on which covered the policy on Change." sign-in sheets, dated on titled, "Mood/Behavior NA/Helping Hand Job ovided as part of the entation. The DON had on which covered the policies for and Abuse Prohibition. cuments, titled, "Abuse ur Role," had been signed by attendance. sion document, dated d by the ADM, indicated she to the facility, to discuss the old her that she knew better the seat belt, but the resident rom his chair, and she had safe. The Abuse policy was NA. The CNA was terminated	F	604		
		dent diagnoses included, but				

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F 604	and reasoning - to so with a person's daily encephalopathy (a pby a chemical imbala disorder (a mental heaffects a person's en An admission Minimuthe federally mandat assessment of all res Medicaid certified not dated 9/15/23, indicated the resident falls. Interventions in to, seat belt alarm. A physician's order, or resident may use sel safety awareness. Urdoes not inhibit volur. An initial physical rest 10/9/23, indicated the seat belt and was abcommand. 2, Resident C's recont 2:41 p.m. The residut were not limited to cognitive functioning and reasoning - to so with a person's daily frontotemporal demeasories.	thinking, remembering, ich an extent that it interferes life and activities), metabolic roblem in the brain caused unce in the blood), and mood ealth condition that primarily notional state). Im Data Set (MDS-part of eed process for clinical sidents in Medicare and rsing homes) assessment, ited the resident had severe 19/23 and revised 10/22/23, it had multiple risk factors for cluded, but were not limited dated 10/9/23, indicated f-release belt to promote tilization of self-release belt intery movement. Straint assessment, dated eresident had a self-release le to release the belt upon and was reviewed on 11/6/23 dent's diagnoses included, o, dementia (the loss of thinking, remembering, ich an extent that it interferes life and activities) and intia (a group of disorders ite cells in the frontal and	F 6	04		

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F 604	of the federally mand assessment of all res Medicaid certified nu dated 10/27/23, indic cognitive deficit. A care plan, dated 7/11/3/23, indicated the factors for falls. Internot limited to, seat be A physician's order, or esident may use sel safety awareness. Urdoes not inhibit volur. An initial physical res 10/2/23, indicated the release the belt upor On 11/6/23 at 2:14 provided a documen 6/2023, titled, "Abuse Investigation," and in currently being used indicated, "Policy: The prevent abuseThis toany physical or cabuseIncludesco	nimum Data Set (MDS-part lated process for clinical sidents in Medicare and rsing homes) assessment, cated the resident had severe 21/23 and updated on a resident had multiple risk ventions included, but were celt alarm to wheelchair. Idated 10/6/23, indicated f-release belt to promote tilization of self-release belt intary movement. Straint assessment, dated as resident was able to a command. I.m., the Nurse Consultant to the prohibition, Reporting and idicated it was the policy by the facility. The policy are facility shall prohibit and includes but is not limited hemical restraintPhysical introlling behavior through	F 6	504		
		to correct or control e was corrected by 10/24/23, emented a systemic plan that g actions: provided a				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	(X3)) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER ON CONVALESCENT CI			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN 47842	l	11/06/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 604	assessment of the phemotional status of the provided re-education restraints and the use along with mood and abuse prohibition, repolicies and procedu staff responsible. The corrected on 10/24/2 survey, and was ther		F 6	04		