

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2021
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP COD 52654 N IRONWOOD RD SOUTH BEND, IN 46635
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00349677.</p> <p>Complaint IN00349677- Substantiated. Federal deficiencies related to the allegations are cited at F610 and F842.</p> <p>Survey dates: March 18, 2021</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Census Bed Type: SNF/NF: 45 Total: 45</p> <p>Census Payor Type: Medicare: 4 Medicaid: 39 Other: 2 Total: 45</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on March 24, 2021.</p>	F 0000	<p>This plan of correction is submitted as required under federal and state regulation and statues applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate. That the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied immediately. The facility respectfully request paper compliance.</p>	
F 0610 SS=E Bldg. 00	<p>483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</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>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure a through investigation was completed for allegations of misappropriation of resident property for 5 of 5 residents reviewed for misappropriation of property. (Residents C, H, J, K and L)</p> <p>Findings include:</p> <p>On 3/18/202, the Administrator provided Monthly Grievance Logs for December 2020, January and February 2021.</p> <p>1. The December Monthly Grievance Log sheet indicated on 12/22/2020 Resident J had a lost/missing item.</p> <p>A Compliant/Grievance Report sheet, dated 12/22/2020, indicated Resident J's family reported to the social service that Resident J had 2 hospital bags of clothes and a duffle bag of clothes were missing.</p> <p>The Investigation section on the form was blank.</p> <p>The Resolution section was blank. The form lacked any documentation of an investigation into the missing/lost clothes and what the resolution</p>	F 0610	<p>It is the Policy of the facility to ensure a through investigation is completed for allegations of misappropriation of resident's property.</p> <p>1.What corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident H is no longer a resident of Signature. Resident C, J &amp; K were re-interviewed regarding their missing items. Residents were satisfied with previous outcome.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: Any resident's that have an allegation of misappropriation of their property have the potential to be impacted by this deficient practice, therefore all residents were interviewed regarding allegations of missing property.</p>	04/12/2021

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	<p>of the grievance was.</p> <p>2. The December Monthly Grievance Log sheet indicated Resident H had a lost/missing item.</p> <p>A Complaint/Grievance Report sheet, dated 12/28/2020, indicated Resident H communicated to social service staff that he was "missing all my clothing except a shirt and pants that I have on today".</p> <p>The Documentation of Investigation section indicated all staff were assigned responsibility for the investigation, with a due date of 12/31/2020.</p> <p>Findings of the investigation was documented "laundry was searched".</p> <p>The Resolution section for documentation was blank. The form lacked any other investigation other than searching the laundry and lacked the documentation of what the resolution of the grievance was.</p> <p>3. During an interview, on 3/18/2021 at 10:25 am, Resident C indicated she had 2 watches missing when she was moved to the other unit when she had COVID. Resident C indicated the facility replaced the watches after she informed them they were missing.</p> <p>The Monthly Grievance Log sheet, dated January 2021, indicated on 1/6/2021 Resident C had a grievance for missing two watches, and indicated they were missing for some time, but never reported.</p> <p>The follow up investigation, dated 1/7/2021, was assigned to the housekeeping/laundry person and the AIT (Administer in Training).</p>		<p>Any reports were investigated, and appropriate action was taken.</p> <p>3. What measures will be put into place and what systematic changes will be made to ensure that the deficient practice does not recur: Staff were re-educated on Abuse, Neglect, Misappropriation of property, residents' rights and Investigate/Complaint grievance form, reporting missing items to CEO/Social Service. (See attachments G1-G15 &amp; C1-C4) Residents that attended Resident council on 4/2/2021 were made aware of filing out or reporting a grievance/missing item form. Executive Director along with management team were re-educated by Regional Nurse Consultant on Investigating Complaint/Grievance's and completion. (See Attachment H-H4) Management team will interview residents regarding any missing items during their Guardian Angel Rounds 3X a week (See attachment E)</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur: The Executive Director/Designee will audit grievance log weekly. Audit results and system components will be reviewed by</p>	

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	<p>The documented resolution was the resident received 2 new watches (inventory on chart).</p> <p>No documentation was provided to show any investigation of the missing watched had been completed.</p> <p>4. The Monthly Grievance Log sheet, dated January 2021, indicated Resident J had a grievance/concern for a missing phone charger and glasses.</p> <p>A Complaint/Concern and Resolution form, dated 1/20/2021, indicated when communicating on the phone with Resident J's husband, he informed socials service staff that Resident J's glasses and a phone charger were missing. Details of the complaint/concern report indicated Resident J had not had the glasses and phone charger since she moved to a new room. The date of Resolution 1/26/2021, indicated the facility provided Resident J with a phone charger. The resident's eye doctor was contacted and Resident J would have to go to the office to pick out new frames and get measured for bifocals.</p> <p>The form lacked any documentation of a through investigation of the missing glasses and phone charger.</p> <p>5. The Monthly Grievance Log sheet, dated February 2021, indicated Resident K had a grievance/concern of a missing cell phone.</p> <p>A Complaint/Concern and Resolution form, dated 2/3/2021, indicated Resident K, upon admission to the facility had a cell phone which was listed on the Personal Inventory sheet.</p>		<p>the Quality Assurance Performance Improvement Committee Monthly X 6 months for review and revision as required. (See attachment F)</p>	

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	<p>The date of resolution, dated 2/8/2021, indicated it was agreed that the facility would replace the residents smart phone.</p> <p>The form lacked the documentation to show a through investigation had been completed for the missing smart phone.</p> <p>During an interview, on 3/18/2021 at 4:10 PM, the Administrator indicated she could not provide any documentation of any investigations for any of the missing items.</p> <p>On 3/18/2021 at 9:55 am, the Director of Nursing provided the policy titled, "Abuse, Neglect and Misappropriation of Property", dated 5/8/2019, and indicated the policy was the one currently used by the facility. The policy indicated "...Allegation of Abuse: Means a report, complaint, grievance, statement, incident, or other facts that a reasonable person would understand to mean that abuse, as defined in this policy, is occurring, has occurred, or plausibly might have occurred. Misappropriation of resident property: Is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Investigation Guidelines: 1. The facility Administrator will investigate all allegations, reports, grievances and incidents that potentially could constitute "allegations of abuse," "injuries of unknown source," "exploitation," or "suspicions of crime" as defined in this document... the facility Administrator retains the ultimate responsibility to oversee and complete the investigation and to draw conclusions regarding the nature of the incident. 4. The investigation should include interviews of persons who may have knowledge of the alleged incident. 5. To the extent possible and applicable,</p>			

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	<p>the following information may be pertinent when conducting a reasonable investigation: The date and time of the incident. The nature and circumstance of the incident. The location of the incident. The names of witnesses and their accounts of the incident. Other pertinent information. 10. The Facility Administrator will make reasonable efforts to determine the root cause if the allege violation and will implement corrective action consistent with the investigation findings and take steps to eliminate any ongoing danger to the resident or residents.</p> <p>On 3/18/2021 at 3:55 PM, the Administrator provided the policy titled, "Resident's Damaged or Missing Property", dated 5/8/2019, and indicated the policy was the one currently used by the facility. The policy indicated "...When a resident or family reports their personal property including, but not limited to eyeglasses, hearing aids, dentures, jewelry, and/or personal clothing is damaged or missing, the following procedure should be followed: 1. Staff member should obtain the time, date, and last known place of the missing item and immediately report that there is a lost/missing item to the Administrator or designee. 2. The Administrator or designee will initiate a search and investigation for the item immediately as well as complete a Grievance Report form and log for tracking. 4. If the item is not found during the facility search and investigation, the Administrator of designee will offer assistance to the resident/family in contacting the local law enforcement for any items with an estimated value of less than \$100. Any item with an estimated value of over \$100 that cannot be located and the facility determines that there is a "reasonable suspicion" a crime was committed will be reported to local law enforcement on the resident/family member's</p>			

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F 0842 SS=E Bldg. 00	<p>behalf..."</p> <p>This Federal tag is related to Complaint IN00349677.</p> <p>3.1-28(d)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in</p>			

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	<p>compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on record review and interview, the facility failed to document personal items brought in on admission for 4 of 4 residents whose clinical</p>	F 0842	It is the Policy of the facility to ensure residents personal items	04/12/2021

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	<p>record was reviewed for personal inventory documents. (Resident B, D, E and F)</p> <p>Findings include:</p> <p>1. During an interview, on 3/18/2021 at 10:10 am, Resident B indicated he had missing items of a electric razor, a manicure kit and various clothing items. Resident B indicated he had informed the staff, but nothing was done.</p> <p>A clinical record review was completed on 3/18/2021 at 10:55 am, and indicated Resident B was admitted on 9/28/2020 with the diagnoses of: encephalopathy, fractured right shoulder, diabetes and congestive heart failure.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 2/26/2021, indicated Resident B had a BIMS (Brief Interview for Mental Status) score of 15, intact cognition.</p> <p>A blank, unnamed, Inventory of Personal Effects form was located in the back of Resident B's hard chart. The form lacked the documentation to show what personal items were brought into the facility when the resident was admitted.</p> <p>2. During an interview, on 3/18/2021 at 10:30 am, Resident D indicated she had things that had been missing; a jacket; socks; stretch pants and toiletries. Resident D indicated she had not informed the management of the missing items yet.</p> <p>A clinical record review was completed on 3/18/2021 at 11:45 am and indicated Resident D was admitted on 4/1/2020 with the diagnoses of insomnia, obesity, vascular dementia and diabetes.</p>		<p>are documented on a personal inventory document.</p> <p>1.What corrective action will be accomplished for those residents found to have been affected by the deficient practice: Surveyor reported to Administrator on 3/18/21 that Resident B was missing items. Investigation was immediately initiated. (See attachment A) Resident B's items were located and what was missing was replaced. Resident D was interviewed on 4/2/2021 regarding her missing items, investigation was initiated. Resident was encouraged to report missing items as soon as she is aware. Resident F was interviewed on 4/2/21 regarding her missing chips, chips were replaced, and resident was encouraged to report missing items as soon as she is aware. Resident D &amp; F were care planned to encourage to report missing items immediately. All residents including Resident's B,D,F and E all have their inventory of personal effects completed.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: Any residents that do not have an inventory of personal effects completed have the potential to be impacted by this deficient practice, therefore an audit was</p>		

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	<p>An annual MDS (Minimum Data Set) assessment, dated 2/16/2021, indicated Resident D had a BIMS (Brief Interview for Mental Status) score of 15, intact cognition.</p> <p>An Inventory of Personal Effects form, dated 4/13/2020, indicated Resident B's only personal possession were glasses. The form lacked the documentation to show what other personal items were brought into the facility upon admission.</p> <p>3. A clinical record review was completed on 3/18/2021 at 11:25 am, and indicated Resident E was admitted on 12/30/2020. His diagnoses included, but were not limited to: pleural effusion, hypertension, depression and paranoid Schizophrenia.</p> <p>An admission MDS (Minimum Data Set) assessment, date 12/19/2020, indicated Resident E had a BIMS (Brief Interview for Mental Status) score of 15, cognition intact.</p> <p>The clinical record lacked the Inventory of Personal Effects sheet to show what personal items the resident had brought into the facility on admission.</p> <p>4. During an interview, on 3/18/2021 at 1:30 PM, Resident F indicated the only thing she had missing was a bag of chips that she had left on her table when she went to dialysis. Resident F indicated it happened about a week ago, but did not tell anybody about it.</p> <p>A clinical record review was completed on 3/18/2021 at 2:17 PM and indicated Resident F was admitted on 1/6/2021. Her diagnoses included, but were not limited to: congestive heart failure,</p>		<p>completed of their inventory of personal effects documentation and completed/updated as indicated (See attachment B)</p> <p>3.What measures will be put into place and what systematic changes will be made to ensure that the deficient practice does not recur: Staff were re-educated on inventory of residents personal property (See attachment C1 – C5) Residents that attended resident council on 4/2/21 were made aware their inventory sheets. Inventory sheets will be reviewed for all new admissions during clinical whiteboard meeting. Inventory sheets will be updated as needed when residents have valuables brought to facility. Management team will review residents inventory of personal property documentation 1X per week during their guardian Angel rounds. (See Attachments D &amp; E)</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur: The executive Director/Designee will audit angel rounds weekly. Audit results and system components will be reviewed by the Quality Assurance Performance Improvement Committee Monthly X 6 months for review and revision as required. (See attachment F)</p>		

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	<p>hypertension, pleural effusion and colostomy.</p> <p>The clinical record lacked the Inventory of Personal Effects sheet to show what personal items the resident had brought into the facility on admission.</p> <p>During an interview, on 3/18/2021 at 2:10 PM, QMA (qualified medication aide) indicated the nurse or the unit supervisor completes the personal inventory sheet upon admission.</p> <p>During an interview, on 3/18/2021 at 3:42 PM, the Administrator indicated there was a problem with not completing the Inventory Sheets on admission and they should have been completed.</p> <p>On 3/18/2021 at 10:05 am, the Director of Nursing provided the policy titled, "Personal Property", dated 2/6/2019, and indicated the policy was the one currently used by the facility. The policy indicated," 5. The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished. Inventory will be updated as needed when a resident had valuables brought to the facility. 6. The resident/responsible party will sign inventory list. 7. The facility will investigate any complaints of misappropriation or mistreatment of resident property and take appropriate action as determined by the circumstances...."</p> <p>This Federal tag is related to Complaint IN00349677.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			