

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155845		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/07/2023	
NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY				STREET ADDRESS, CITY, STATE, ZIP COD 700 E 21ST AVE GARY, IN 46407			
(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 Complaints IN00396194 and IN00397311.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the PSR completed on November 28, 2022 to the Recertification and State Licensure Survey completed on October 6, 2022.</p> <p>Complaint IN00396194 - Substantiated. Federal/State deficiencies related to the allegations are cited at F609 and F610.</p> <p>Complaint IN00397311 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: February 7, 2023</p> <p>Facility number: 000368 Provider number: 155845 AIM number: 100275220</p> <p>Census Bed Type: SNF/NF: 21 Total: 21</p> <p>Census Payor Type: Medicaid: 20 Other: 1 Total: 21</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/9/23.</p>			F 0000			
F 0609 SS=D	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations						

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

TITLE

(X6) DATE

RAENITA DUMAS

RNDON

02/20/2023

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 disclosable 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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Bldg. 00	<p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</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 an allegation of verbal and physical abuse was reported to the State Survey Agency for 1 of 2 allegations of verbal and physical abuse reviewed. (Resident C)</p> <p>Finding includes:</p> <p>Interview with the Director of Nursing (DON) on</p>		F 0609	<p>F609</p> <p>Corrective Action(s) for Residents Affected by the Deficient Practice</p> <p>A report regarding an allegation of staff to resident abuse was submitted to IDOH on 2/07/23 at 7:55P.M. Resident C has significant cognitive impairment</p>		02/17/2023	

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	<p>2/7/23 at 10:00 a.m., indicated there had been no allegations of abuse since November 2022 that were reported to her.</p> <p>During the previous survey visit entrance on 11/28/22, there were also said to be no allegations of abuse reported to administration.</p> <p>During a confidential interview during the survey on 2/7/23, it was voiced that Resident C had reported an allegation of abuse by a staff member. The resident indicated that Employee 1 had "shoved" her out of her room and told her to "get the f...k out." Further confidential interview indicated the DON was immediately notified of the allegation. She indicated to write up what happened and slip the notice under her door and she would take care of it, but not to document in the resident's chart.</p> <p>The record for Resident C was reviewed on 2/7/23 at 2:19 p.m. Diagnoses included, but were not limited to, dementia with behavior disturbance and bipolar disorder.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 1/4/23, indicated the resident was cognitively impaired for daily decision making.</p> <p>Nurses' Notes, dated 11/2022 through 2/7/23, indicated there was no documentation related to the allegation of abuse.</p> <p>Interview with the DON on 2/7/23 at 4:00 p.m., indicated she was aware of the situation and the allegation was not substantiated based on her investigation so she did not report the allegation to the State Survey Agency.</p>				<p>and per interview on 2/08/23, however she was able to reaffirm the same response during the investigation, "I love him he cleans my room every day," there was no hesitation with her response as she hugged the employee during her response.</p> <p>Corrective Action(s) for Other Residents Potentially Affected All residents have the potential to be affected by this deficient practice. Administrative staff have met privately with all interviewable residents and state they have not personally experienced any staff to resident abuse nor have they witnessed any such actions since 2/07/23. Administrative staff have met privately with all current staff members, and no one has witnessed any staff to resident abuse or mistreatment since 2/07/23.</p> <p>Measures to Ensure the Deficient Practice Does Not Recur All staff have been re-educated on the need to immediately report to the Administrator and the DON any allegations of abuse including staff to resident or resident to resident abuse.</p> <p>The Administrator and the DON were re-inserviced by nurse consultant and are aware of their responsibility to report</p>		

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	<p>The facility abuse policy, provided by the DON on 2/7/23 at 4:30 p.m., indicated the facility would ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, but not later than 2 hours after the allegation was made, if the events that caused the allegation involved abuse or resulted in serious bodily injury, or not later than 24 hours if the events that caused the allegation did not involve abuse and did not result in serious bodily injury, to the Administrator of the facility and to other officials (including the State Survey Agency and Adult Protective Services where state law provides for jurisdiction in long term care facilities) in accordance with State law through established procedures.</p> <p>This Federal tag relates to Complaint IN00396194.</p> <p>3.1-13(g)(1) 3.1-28(c)</p>				<p>immediately but not later than 2 hours after being alerted to any allegation involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property.</p> <p>The Administrator and the DON are committed to following facility policy and federal regulations and will ensure that compliance with both is achieved and maintained.</p> <p>The Monitoring Process to Ensure the Deficient Practice Does Not Recur</p> <p>The charge nurse is to monitor for abuse during each shift and record any allegations of abuse on the shift to shift monitoring form for abuse. The form indicates the date of the allegations of abuse, type of abuse, date and time reported to D.O.N. The form is then given to the administrator for completion that indicates the time and date it was reported to ISDOH and conclusion of the investigation whether justified or non-justified.</p> <p>The Social Worker will meet individually with all interviewable residents and ask key questions related to their quality of life and care including staff treatment. Five interviews will be conducted weekly and residents rotated so that all interviewable residents will</p>		

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			<p>be interviewed at least once per month on-going.</p> <p>The results of these interviews will be documented and provided to the Administrator at the conclusion of each week. Any resident concerns identified through the interviews will be addressed by administrative staff with a written plan; the plan will be submitted to the QAPI committee for review. Further corrective actions will be developed and implemented as deemed necessary.</p> <p>DATE: 2/7/23 Report submitted through through the gateway by D.O.N. if was never her intent to not disclose this event. Social Service has been assigned to this task to monitor residents to ensure they have no complaints.</p> <p>2/ 16/23 Inservice held with all staff on abuse police and monitoring for allegations of abuse and all abuse listed in policy.</p> <p>Re-inservice held with charge nurses on shift to shift abuse monitoring form which is located with shift to shift report.</p> <p>Charge Nurses daily monitor for abuse and have a log to complete if any allegations are reported. Copy of form attached.</p>		

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F 0610 SS=D 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> <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 an allegation of verbal and physical abuse was thoroughly investigated for 1 of 2 allegations of verbal and physical abuse reviewed. (Resident C)</p> <p>Finding includes:</p> <p>Interview with the Director of Nursing (DON) on</p>	F 0610	<p>2/17/23 Social Service audit all interviewable residents. Her audit included a review of resident's rights, abuse policy and any comments the residents expressed. No allegations of abuse were stated to SW. Copy of audit attached.</p> <p>F610 - Corrective Action(s) for Residents Affected by the Deficient Practice An investigation regarding an allegation of staff to resident abuse was started on 2/07/23 immediately following submission of the report to IDOH. Resident C</p>	02/21/2023	

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	<p>2/7/23 at 10:00 a.m., indicated there had been no allegations of abuse since November 2022 that were reported to her.</p> <p>During the previous survey visit entrance on 11/28/22, there were also said to be no allegations of abuse reported to administration.</p> <p>During a confidential interview during the survey on 2/7/23, it was voiced that Resident C had reported an allegation of abuse by a staff member. The resident indicated that Employee 1 had "shoved" her out of her room and told her to "get the f...k out." Further confidential interview indicated the DON was immediately notified of the allegation. She indicated to write up what happened and slip the notice under her door and she would take care of it, but not to document in the resident's chart.</p> <p>The record for Resident C was reviewed on 2/7/23 at 2:19 p.m. Diagnoses included, but were not limited to, dementia with behavior disturbance and bipolar disorder.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 1/4/23, indicated the resident was cognitively impaired for daily decision making.</p> <p>Interview with the DON on 2/7/23 at 4:00 p.m., indicated she was aware of the situation and the allegation was not substantiated based on her investigation. Administrative Assistant 1 and Activity Aide 1 indicated Employee 1 had been mopping the hallway and he told the resident to stop walking down the hall because the floor was wet and he didn't want her to get hurt. The resident had a history of walking from the dining room to her room and back on a frequent basis.</p>				<p>has significant cognitive impairment and per interview on 2/08/23, however she was able to reaffirm the same response during the investigation, "I love him he cleans my room every day," there was no hesitation with her response as she hugged the employee during her response.</p> <p>Corrective Action(s) for Other Residents Potentially Affected All residents have the potential to be affected by this deficient practice. Administrative staff have met privately with all interviewable residents and all state they have not personally experienced any staff to resident abuse nor have they witnessed any such actions since 2/07/23. Administrative staff have met privately with all current staff members, and no one has witnessed any staff to resident abuse or mistreatment since 2/07/23. Documentation is available for review.</p> <p>Measures to Ensure the Deficient Practice Does Not Recur All staff have been re-educated on the need to immediately report to the Administrator and the DON any allegations of abuse including staff to resident or resident to resident abuse. They are aware of their responsibility to cooperate during any investigation following an allegation of abuse or</p>		

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	<p>The DON indicated the employee had not been suspended pending investigation because the allegation was unfounded. Activity Aide 1 indicated the employee had been called into the facility the following day to be interviewed. The DON indicated when the resident and employee were interviewed together, the resident stated the employee was nice to her and she had no issues. The Administrative Assistant indicated the incident happened in October or November of 2022.</p> <p>Nurses' Notes, dated 11/2022 through 2/7/23, indicated there was no documentation related to the allegation of abuse.</p> <p>Further interview with the DON at 4:25 p.m., indicated she conducted an investigation but had nothing in writing. She also indicated the previous Social Service Director was supposed to document something.</p> <p>The last Social Service progress note was dated 9/12/22.</p> <p>The facility abuse policy, provided by the DON on 2/7/23 at 4:30 p.m., indicated it was the policy of the facility that reports of "abuse" (mistreatment, neglect, or abuse, including injuries of unknown source, exploitation and misappropriation of property) were promptly and thoroughly investigated. The investigation was the process used to try and determine what happened. The designated facility personnel would begin the investigation immediately. A root cause investigation and analysis would be completed. The information gathered was to be given to administration.</p> <p>The abuse policy also indicated when an incident</p>				<p>mistreatment.</p> <p>The Administrator and the DON are aware of their responsibility to report immediately but not later than 2 hours after being alerted to any allegation involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. They are aware of their responsibility to ensure all allegations are thoroughly investigated in accordance with facility policy.</p> <p>Upon completion of investigation D.O.N. will submit report to the Administrator and nurse consultant for review. Any modifications or recommendations will be indicated and documented in the investigation summary.</p> <p>The Administrator and the DON are committed to following facility policy and federal regulations and will ensure that compliance with both is achieved and maintained.</p> <p>The Monitoring Process to Ensure the Deficient Practice Does Not Recur</p> <p>The charge nurse is to monitor for abuse during each shift and record any allegations of abuse on the shift to shift monitoring form for abuse. The form indicates the</p>		

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	<p>or suspected incident of "abuse" was reported, the Administrator or designee would investigate the incident with the assistance of appropriate personnel. The investigation would include:</p> <p>i. Who was involved</p> <p>ii. Residents' statements</p> <p>a. For non-verbal residents, cognitively impaired residents or residents who refuse to be interviewed, attempt to interview the resident first. If unable, observe resident, complete an evaluation of resident behavior, affect and response to interaction, and document findings.</p> <p>iii. Resident's roommate statements (if applicable).</p> <p>iv. Involved staff and witness statements of events.</p> <p>v. A description of the resident's behavior and environment at the time of the incident.</p> <p>vi. Injuries present including a resident assessment.</p> <p>vii. Observation of resident and staff behaviors during the investigation.</p> <p>viii. Environmental considerations.</p> <p>All staff must cooperate during the investigation to assure the resident was fully protected.</p> <p>This Federal tag relates to Complaint IN00396194.</p> <p>3.1-28(d)</p>				<p>date of the allegations of abuse, type of abuse, date and time reported to D.O.N. The form is then given to the administrator for completion that indicates the time and date it was reported to ISDOH and conclusion of the investigation whether justified or non-justified.</p> <p>The Social Worker will meet individually with all interviewable residents and ask key questions related to their quality of life and care including staff treatment. Five interviews will be conducted weekly and residents rotated so that all interviewable residents will be interviewed at least once per month on-going. The results of these interviews will be documented and provided to the Administrator at the conclusion of each week.</p> <p>D.O.N. will submit her written investigation results to the Administrator and nurse consultant for review.</p> <p>Administrator and nurse consultant will review investigation report within 24 hours. Any recommended modifications or additional information needed will be indicated and completion of investigation will be documented.</p> <p>Facility policy will be reviewed and modified to include the additional procedures.</p>		

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					Any resident concerns identified through the interviews will be addressed by administrative staff with a written plan; the plan will be submitted to the QAPI committee for review. Further corrective actions will be developed and implemented as deemed necessary. DATE:2/21/23		