

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

PRINTED: 12/07/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15E064		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/15/2022	
NAME OF PROVIDER OR SUPPLIER  BROOKSIDE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 505 N GAVIN ST MUNCIE, IN 47303			
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F 0000  Bldg. 00	<p>This visit was for Investigation of Complaints IN00393778, IN00394316 and IN00391644. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00393778 - Substantiated. Federal/State deficiencies related to the allegations are cited at F600, F607, and F609.</p> <p>Complaint IN00394316 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00391644 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: November 14 and 15, 2022</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Census Bed Type: NF: 35 Total: 35</p> <p>Census Payor Type: Medicaid: 34 Other: 1 Total: 35</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 18, 2022.</p>			F 0000			
F 0600 SS=G	483.12(a)(1) Free from Abuse and Neglect						

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

TITLE

(X6) DATE

Derrek Keith

HFA

12/02/2022

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 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 30 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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Bldg. 00	<p>§483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>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.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on observation, interview, and record review, the facility failed to prevent physical and emotional abuse for 1 of 3 residents reviewed for abuse prevention (Resident F). Using the reasonable person concept, it is likely this deficient practice would lead to chronic anxiety, or fear.</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 11/14/2022 at 10:31 a.m. Diagnoses included, but were not limited to, Huntington's Disease, major depressive disorder and cognitive communication deficit.</p> <p>Review of a current quarterly Minimum Data Set (MDS) assessment, dated 9/15/2022, indicated the resident was severely cognitively impaired.</p> <p>Review of Resident F's current care plans indicated the following:</p> <p>Resident has behaviors not directed towards</p>			F 0600	<p><b>The filing of the plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and continue to provide quality care. The facility respectfully requests paper review for compliance.</b></p> <p>It is the policy of this provider that each resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1. Resident was assessed for psychosocial distress, none noted</p>		12/01/2022

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	<p>others of crawling on the floor and into hall. Date Initiated: 02/23/2021 Revision on: 02/23/2021. Goal: Resident will have no injury related to crawling on the floor and in the halls through next review. Date Initiated: 02/23/2021 Revision on: 09/05/2022. Interventions: Assess for pain and toileting needs. Date Initiated: 02/23/2021. Offer snack or drink. Date Initiated: 02/2021. Psych consult as needed. Date Initiated: 02/23/2021.</p> <p>Resident has episodes of disrobing as evidenced by: will take off all of her clothes and come out of room Date Initiated: 02/20/2021 Revision on: 02/20/2021. Goal: Resident will remain adequately clothed, maintain dignity, and will stop disrobing through next review. Date Initiated: 02/20/2021 Revision on: 09/05/2022. Interventions: Asses for pain, toileting need, etc. Date Initiated: 03/03/2021. Instruct resident to not disrobe and reorient to surroundings as needed. Date Initiated: 02/20/2021. Observe resident frequently for intact clothing. Assist with putting clothes back on as needed. Date Initiated: 02/20/2021. Offer food, snack. Date Initiated: 03/03/2021. Question resident to ascertain any possible needs (toileting, etc.) Date Initiated: 02/20/2021. Refer to activities for diversion, if appropriate. Date Initiated: 02/20/2021.</p> <p>A security video, dated 10/30/2022 from 9:04 a.m. to 9:37 a.m., was reviewed on 11/14/2022 at 12:17 p.m. with the acting Administrator. During the review the following was observed:</p> <p>At 9:04 a.m., the resident was observed on the floor, crawling into the hallway, naked. The Laundry Supervisor and the Housekeeping Supervisor were observed in the area. These employees did not approach the resident.</p>				<p>and is free from abuse. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p><b>Residents that reside at the facility may be affected by the alleged deficient practice.</b></p> <p>Staff members have been educated on 11/18/22 and 11/21/22 by the ADON on abuse and following a resident's plan of care regarding individual needs. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not reoccur.</p> <p>Staff have been re-educated on 11/17/22 on reporting suspected abuse immediately. Special clothing was purchased to ensure residents remain covered. Residents will now be seated in the common area to be better monitored for disrobing. On 11/29/22 the Ombudsman presented an in-service to the Staff</p>		

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	<p>At 9:31 a.m., CNA 1 approached the resident. Audio was not clear and no verbal exchange could be heard. The CNA did not cover the resident, nor appear to attempt to assist or direct her back into her room.</p> <p>At 9:36 a.m., CNA 1 was observed dragging the resident into her room. Due to the angle and quality of the video, it was not clear if the CNA dragged the resident by the arm or leg.</p> <p>At 9:37 a.m., CNA 1 observed leaving the resident's room.</p> <p>During the video review, from 9:04 a.m. to 9:37 a.m., the resident could be seen rolling around on the floor and attempting to sit up and fall back onto the floor (for a 33 minute period). During these 33 minutes, several staff members were observed walking past the resident with no attempts to cover the resident or take her back to her room. Several resident's (male and female) were observed walking past or attempting to maneuver around Resident F in wheelchairs. Staff members did not assist or provide interventions. The resident remained on the hallway floor, naked, for thirty-three minutes.</p> <p>At 10:02 a.m., the resident was observed on the floor crawling into the hallway. The resident was again naked. The Laundry Supervisor and the Housekeeping Supervisor were observed walking past the resident. Male and female residents were observed walking or maneuvering wheelchairs around Resident F.</p> <p>At 10:04 a.m., CNA 2 was observed walking around the resident without intervention.</p> <p>At 10:15 a.m., CNA 2 was observed attempting to</p>				<p>and Administrator on abuse and neglect. (Exhibit 1&amp;2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Abuse QAPI audit tool will be completed weekly for four weeks , and monthly for six months by the Executive Director/Designee. The current facility policy titled "ABUSE PREVENTION AND PROHIBITION POLICY" with a revision date of December 2022, was provided by the Administrator. The policy indicated, "...Our facility will not condone any form of resident abuse or neglect. (Exhibit 3) Abuse QAPI tool will be reviewed monthly by the QAPI team for six months. After which time the QAPI team will re-evaluate the continued need for the audit tool. If 100% threshold is not achieved an action plan will be developed</p>		

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	<p>cover the resident with a gown. CNA 1 and CNA 2 were observed picking the resident up off the floor and taking her into her room. Resident F remained on the floor, naked and without intervention for an additional thirteen minutes.</p> <p>During an interview, at the time of the video viewing, the acting Administrator and the ADON each indicated the staff had not met the resident's needs. The acting Administrator indicated the resident should never have been left on the floor naked in a common area. Staff should have attempted to take the resident back to her room and dressed her or put a gown or covering on her while she was in the hallway. The resident should not have been dragged on the floor. The acting Administrator indicated CNA 1's employment had been terminated.</p> <p>During an interview, on 11/14/2022 at 1:47 p.m., Laundry Aide 7 indicated he had worked on October 30, 2022. The Laundry Aide indicated he saw Resident F on the floor naked. The resident is known for this behavior and does it daily.</p> <p>During an interview, on 11/14/2022 at 1:47 p.m., QMA (Qualified Medication Assistant) 6 indicated on October 30, 2022, she had seen Resident F naked on the floor in hallway several times. The QMA indicated she did not provide covering or any intervention for the resident. "We had a lot of behaviors that day. It is not an excuse," to indicate the resident should not been left uncovered.</p> <p>During an interview, on 11/14/2022 at 2:26 p.m., CNA 5 indicated Resident F was known for disrobing in common areas and crawling on the floor. The CNA indicated staff were to attempt to get her back to her room and put clothes on her or</p>						

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F 0607 SS=D Bldg. 00	<p>cover her while she was in the common area. The CNA indicated it would not have been appropriate to leave the resident naked on the floor.</p> <p>During an interview, on 11/15/2022 at 10:18 a.m., the Assistant Director of Nursing indicated staff did not act appropriately. Resident F should have been redirected to her room and clothed. If the staff could not redirect the resident back to her room, they should have placed a gown on her or covered her while in the hallway. The ADON indicated the resident should not have been dragged across the floor to her room by staff.</p> <p>Review of a current undated policy titled " Abuse Prohibition" indicated the following: " ...Procedure...</p> <p>2. Should an occurrence of abusive behavior be reported or witness, the Administrator shall be notified immediately...</p> <p>4. The staff who witness or was made aware of the abusive incident will take immediate steps to protect The involved resident from further abuse, including verbal/mental/physical/neglect/involuntary seclusion and/or exploitation. Such steps could include, but are not limited to:</p> <p>a. Physically removing the resident(s) from the abusive environment.</p> <p>b. Physically removing the perpetrator of the abuse from the environment..."</p> <p>This Federal tag relates to complaint IN00393778.</p> <p>3.1-27(a)(1)</p> <p>483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures</p>						

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	<p>that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>Based on interview and record review, facility staff (Housekeeping Supervisor and Laundry Supervisor), failed to timely report suspicions of emotional abuse by another staff member (CNA 1) immediately to the facility Administrator per the facility policy for 1 resident (Resident F).</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on</p>			F 0607	<p><b>The filing of the plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and continue to provide quality care. The facility respectfully</b></p>		12/02/2022

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	<p>11/14/2022 at 10:31 a.m. Diagnoses included, but were not limited to, Huntington's Disease, major depressive disorder and cognitive communication deficit.</p> <p>Review of a current quarterly Minimum Data Set (MDS) assessment, dated 9/15/2022, indicated the resident was severely cognitively impaired.</p> <p>Review of a facility self reportable, dated 11/1/2022, indicated an incident involving an allegation of abuse occurred on 10/30/2022 at 9:01 a.m. The reportable indicated CNA 1 had treated Resident F "disrespectfully".</p> <p>During an interview, on 11/14/2022 at 12:17 p.m., the acting Administrator indicated the facility did not notify him of the incident until October 31, 2022. During the facility investigation, staff had informed the acting Administrator they did not have his phone number to communicate the incident. The acting Administrator indicated the facility could have called the ADON (Assistant Director of Nursing) or the sister facility to get his contact information. This failure to report the incident also resulted in the delay of the facility investigation. The incident occurred on 10/30/2022 at 9:04 a.m. and the acting Administrator was not informed of the incident until 10/31/2022 between 1:30 p.m. and 2:00 p.m., approximately 28 hours after the incident occurred.</p> <p>During an interview, on 11/14/2022 at 2:40 p.m., the SSD (Social Service Director) indicated the Laundry Supervisor informed her of the incident between 1:30 p.m. and 2:00 p.m. on 10/31/2022. The SSD immediately informed the acting Administrator of the allegation.</p>				<p><b>requests paper review for compliance.</b></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Upon notification the administrator immediately suspended Staff members and initiated an investigation. The local police department was immediately notified of the allegation, if appropriately needed.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All facility residents have the potential to be affected by the same alleged deficiency. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The facility immediately upon notification of the allegation initiated in servicing. This was completed on 11/29/22 by the Ombudsman.</p> <p>staff has initiated additional staff training beginning on 3/27/2019 regarding the Facility Abuse Policy.</p> <p>Training included. *Staff stress when caring for difficult residents and residents with behaviors.</p>		



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	<p>During an interview, on 11/15/2022 at 10:18 a.m., the ADON indicated the facility called her frequently with concerns while she was out of the building. However, the facility had not called her about this incident. She indicated the facility should have called her if they were unable to reach the Administrator or the acting Administrator. She was not made aware of the incident until Tuesday 9/1/2022.</p> <p>During an interview, on 11/14/2022 at 12:05 p.m., the Housekeeping Supervisor indicated she observed CNA 1 mistreating Resident F. She attempted to call the Administrator but was unable to make contact. She called the acting Administrator to report the incident. She had made no effort to intervene.</p> <p>During an interview, on 11/14/2022 at 1:00 p.m., the Laundry supervisor indicated the Housekeeping Supervisor reported to her an allegation of abuse. She told the Charge Nurse.</p> <p>During the survey, the Charge Nurse was unable to be contacted for interview.</p> <p>Review of the time clock punches for CNA 1 indicated she worked from 6:03 a.m. to 2:34 p.m. on 10/30/2022. The CNA had not been sent home after she had been observed dragging the resident.</p> <p>Review of a current undated policy titled " Abuse Prohibition" indicated the following: "...Procedure ... 2. Should an occurrence of abusive behavior be reported or witness, the Administrator shall be notified immediately. ... 4. The staff who witness or was made aware of the abusive incident will take immediate steps to</p>				<p>*Types of abuse *Immediate reporting requirements including immediately reporting any witnessed incidents. *Failure to report allegations of abuse will result in disciplinary action up to and including termination. *Modes of communication for reporting. The Administrator/designee will complete 10 interviews weekly, a combination of both employees and residents, regarding abuse and the reporting of abuse. After 3 months the facility will interview 5 employee/residents weekly regarding abuse and the reporting of abuse for an additional 3 months.</p> <p>The facility will follow the abuse policy related to reporting. In addition, the facility put up postings in prominent staff areas as visual reminders to report abuse.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place.</p> <p>The Administrator/Human Resource Director will present a summary of the interview findings to the Quality Assurance committee monthly for three months.</p> <p>F 607: Develop/Implement Abuse/Neglect Policies: Education: 1. All Abuse/Neglect policies have been reviewed and updated if</p>		

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F 0609 SS=D Bldg. 00	<p>protect The involved resident from further abuse, including verbal/mental/physical/neglect/involuntary seclusion and/or exploitation. Such steps could include, but are not limited to:</p> <p>a. Physically removing the resident(s) from the abusive environment.</p> <p>b. Physically removing the perpetrator of the abuse from the environment...."</p> <p>Review of a current policy, dated 12/1/2021, titled " Reporting Abuse to State Agencies and Other Entities/Individuals" indicated the following: "...POLICY: All suspected violations and all substantiated incidents of abuse will be immediately reported to appropriate state agencies and other entities or individuals as may be required by law. Interpretation and Implementation: ... 2. Verbal/written notices to agencies will be made within two (2) hours of occurrence if event involved abuse or results in serious injury, or within twenty-four (24) hours if the allegation does not include abuse and does not result in bodily injury...."</p> <p>This Federal tag relates to complaint IN00393778.</p> <p>3.1-28(c)</p> <p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §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</p>				<p>needed.</p> <p>2. All staff have been re-educated on Abuse/Neglect clinical protocol, reporting requirements for any suspicion of abuse or neglect, Abuse Investigation and Reporting and Abuse Prevention. Audits: 1 Administrator and/or Director of Nursing will audit documentation of clinical staff as needed for any documentation of abuse or suspicious abuse. Unit Managers and Social Services will audit staff documentation of abuse/neglect. 2. Audits will be performed by Social Services/Unit Manger/Director of Nursing and/or Administrator 5 x weekly x 4 weeks, then monthly x 3 months. PIP will be added to QUAPI by Administrator of Designee, updated monthly x 6 months to monitor for compliance.</p>		

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

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FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E064		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/15/2022	
NAME OF PROVIDER OR SUPPLIER  BROOKSIDE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N GAVIN ST MUNCIE, IN 47303			
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	<p>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 allegations of abuse were reported to the appropriate State agency in a timely manner for 1 of 3 residents reviewed for abuse (Resident F).</p> <p>Findings include:</p> <p>Review of a facility self reportable, dated 11/1/2022, indicated an incident involving an allegation of abuse occurred on 10/30/2022 at 9:01 a.m..</p> <p>During an interview, on 11/14/2022 at 12:17 p.m., the acting Administrator indicated the facility did not notify him of the incident until October 31, 2022. During the facility investigation, staff had</p>			F 0609	<p><b>The filing of the plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and continue to provide quality care. The facility respectfully requests paper review for compliance.</b></p> <p>What corrective action(s) will be accomplished for those</p>		12/02/2022

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	<p>informed the acting Administrator they did not have his phone number to communicate the incident. The acting Administrator indicated the facility could have called the ADON (Assistant Director of Nursing) or the sister facility to get his contact information. This failure to report the incident also resulted in the delay of the facility investigation. The incident occurred on 10/30/2022 at 9:04 a.m. and the acting Administrator was not informed of the incident until 10/31/2022 between 1:30 p.m. and 2:00 p.m., approximately 28 hours after the incident occurred.</p> <p>During an interview, on 11/14/2022 at 2:40 p.m., the SSD (Social Service Director) indicated the Laundry Supervisor informed her of the incident between 1:30 p.m. and 2:00 p.m. on 10/31/2022. The SSD immediately informed the acting Administrator of the allegation.</p> <p>During an interview, on 11/15/2022 at 10:18 a.m., the ADON indicated the facility called her frequently with concerns while she was out of the building. However, the facility had not called her about this incident. She indicated the facility should have called her if they were unable to reach the Administrator or the acting Administrator. She was not made aware of the incident until Tuesday 9/1/2022.</p> <p>During an interview, on 11/14/2022 at 12:05 p.m., the Housekeeping Supervisor indicated she observed CNA 1 mistreating Resident F. She attempted to call the Administrator but was unable to make contact. She called the acting Administrator to report the incident. She had made no effort to intervene.</p> <p>During an interview, on 11/14/2022 at 1:00 p.m.,</p>				<p>residents found to have been affected by the deficient practice?</p> <p>Resident allegations of abuse have been reported to ISDH. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>All residents will be interviewed by Dec. 5th, 2022 for Abuse and neglect, if any allegations arise, will be reported to ISDH per policy.</p> <p>All staff in-serviced by the ADON by December 2, 2022, on the Abuse Prohibition, Reporting and Investigation Policy and Procedures</p> <p>If any allegations of abuse will be reported to the Executive Director immediately, reported to ISDH, and investigated.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>All staff in-serviced by the ADON by December 2, 2022, on the Abuse Prohibition, Reporting and Investigation Policy and Procedures. ED or DON will meet with Resident Council with invitation from Resident Council President to review Abuse</p>		

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	<p>the Laundry supervisor indicated the Housekeeping Supervisor reported to her an allegation of abuse. She told the Charge Nurse.</p> <p>During the survey, the Charge Nurse was unable to be contacted for interview.</p> <p>Review of a current undated policy titled "Abuse Prohibition," indicated the following: "...Procedure ...</p> <p>2. Should an occurrence of abusive behavior be reported or witness, the Administrator shall be notified immediately. ...</p> <p>4. The staff who witness or was made aware of the abusive incident will take immediate steps to protect the involved resident from further abuse, including verbal/mental/physical/neglect/involuntary seclusion and/or exploitation. Such steps could include, but are not limited to:</p> <p>a. Physically removing the resident(s) from the abusive environment.</p> <p>b. Physically removing the perpetrator of the abuse from the environment...."</p> <p>Review of a current policy, dated 12/1/2021, titled "Reporting Abuse to State Agencies and Other Entities/Individuals," indicated the following: "...POLICY:</p> <p>All suspected violations and all substantiated incidents of abuse will be immediately reported to appropriate state agencies and other entities or individuals as may be required by law.</p> <p>Interpretation and Implementation: ...</p> <p>2. Verbal/written notices to agencies will be made within two (2) hours of occurrence if event involved abuse or results in serious injury, or within twenty-four (24) hours if the allegation does not include abuse and does not result in bodily injury...."</p>				<p>Prohibition, Reporting and Investigation Policy and Procedures.</p> <p>Reporting pending investigation immediately and at the conclusion of the investigation will be reported to the following agencies when applicable: ISDH , APS , Ombudsman , Licensing/Certification Agency , Local Police.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? ·</p> <p>The Administrator will be responsible for the completion of the Abuse Prohibition and Investigation QA tool weekly times 4 weeks, monthly times 6 months, and quarterly thereafter for one year.</p> <p>The results of these audits will be reviewed by the QAPI committee overseen by the ED. If the threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		

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