STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155210	A. BUILDING 00 B. WING	11/01/2024

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WILLOWS OF GREENSBURG	410 PARK RD GREENSBURG, IN 47240

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00445105, and IN00444920. Complaint IN00445105 - No deficiencies related to the allegations are cited. Complaint IN00444920 - No deficiencies related to the allegations are cited. Unrelated deficiencies cited Survey dates: October 30, 31, and November 1, 2024. Facility number: 000117 Provider number: 155210 AIM number: 100266460 Census Bed Type: SNF/NF: 60 Total: 60 Census Payor Type: Medicare: 8 Medicaid: 32 Other: 20 Total: 60 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 11, 2024.	F 0000	**Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.** **We respectfully request paper compliance for this survey.**	
F 0609 SS=D Bldg. 00	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
Kelsey Meal	HFA	11/22/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Based on record review and interview, the facility failed to ensure an allegation of abuse was reported to the Indiana Department of Health (IDOH) within two hours of the abuse allegation for 1 of 4 residents reviewed for abuse. (Resident F) Findings include: An anonymous interview during the survey process from October 30, 2024 at 9:00 A.M. through November 1, 2024 at 12:30 P.M., Staff Member 50 indicated they had witnessed Staff Member 11 oddly personalize herself with Resident F. They witnessed the resident and Staff Member 11 lying in bed together multiple times. Sometimes Staff Member 11 would be under the covers with the resident. When Staff Member 11 was in the resident's room Resident F would fondle her breasts and grab her butt. Staff Member 11's response was to giggle and never redirected the resident. Over the weekend Staff Member 11 sat with Resident F in his recliner with the resident's hand on her butt. An anonymous telephone interview conducted during the survey process from October 30, 2024 through November 1, 2024 12:30 P.M., Staff Member 32 indicated they had witnessed Staff Member 11 climb into bed with Resident F and lay her head on his chest. The resident would put his arms around her and touch her breasts. An anonymous interview during the survey process from October 30, 2024 at 9:00 A.M. through November 1, 2024 at 12:30 P.M., Staff Member 9 indicated Staff Member 11 allowed Resident F to touch her breasts and butt, and allowed the resident to stick his hand down her shirt.	F 0609	**F609 Reporting of Alleged Violations** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** Incident report submitted to the Indiana State Department of Health by Executive Director on 10/31/2024 for allegation of abuse. Resident remained in facility. Family and MD updated and aware. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** All residents that reside in the facility have the potential to be affected by the alleged deficient practice. All incidents reported in the last 30 days were reviewed to ensure accurate timing of incident reporting on 11/20/2024 by ED/designee. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;** Executive Director was educated on the incident reporting policy on 11/20/2024 by the Chief Operating Officer. **How the corrective action(s) will be monitored to ensure the deficient practice will not**	11/22/2024

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	During an interview with the Administrator on 10/31/24 at 3:25 P.M., she indicated there was an allegation of inappropriate behavior reported to her by two facility staff members last week. A staff member from the Corporate office came to the facility to investigate the allegations. She had not reported the allegations to the State prior to their investigation. The Staff Member was suspended on Wednesday and returned to work on Monday after a coaching session regarding professionalism, following care plans, and redirecting residents. The clinical record for Resident F was reviewed on 11/01/24 at 8:16 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/30/24, indicated the resident's cognition was severely impaired. The resident's diagnoses include, but were not limited to, aphasia, hypertension, depression, and stroke. A current care plan, with initiated date of 04/18/24, indicated Resident F made sexual gestures towards female staff and a history of inappropriate touching. The interventions included, but were not limited to, dated 4/18/24, if behavior occurs immediately stop care, preserve residents' rights dignity and safety, and then step away. A current care plan, with initiated date of 5/24/24, indicated Resident F had manipulative behaviors and grabbed staff during care. The interventions included, but were not limited to, dated 5/24/24, always approach in a calm manner with smile; do not argue with the resident; and try to find a resolution to the residents' concerns. An investigation document, dated 10/22/24, indicated "Over the past two weeks, it has been		**recur, i.e., what quality assurance program will be put into place;** Incident Reporting QAPI tool will be evaluated 5 days a week x 4 weeks, 3 days a week x 4 weeks, then weekly by ED/designee. If 100% threshold did not achieve a plan of action will be initiated and this information will be presented to the QAPI committee during the monthly meeting.	

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	brought to my attention by several co-workers some concerns they have ... [Staff Member 11] ... allowing a resident [Resident F] to touch her breasts ...". An investigation document, dated 10/22/24 at 9:40 P.M., indicated Staff Member 4 witnessed Resident F attempting continuously to grab Staff Member 11's butt. Other staff members attempted to tell the resident to stop. Staff Member 11 "laughed" and never attempted to correct him or move away. During an interview on 11/01/24 at 9:55 A.M., Staff Member 11 indicated Resident F had some behaviors of grabbing at staff inappropriately. Redirection had been the plan since admission. A facility reported incident, dated 10/31/24 at 3:30 P.M., indicated it was reported that a male resident made contact with a nurse's breasts. The current facility policy, with a revised date of 08/28/23, titled "Reportable Incidents and Unusual Occurrences, Abuse prevention, Reporting, and Investigation Policy", was provided by Corporate on 11/01/24 at 11:54 A.M. The policy indicated ... " All residents have the right to be free from ...sexual, physical, and mental abuse ...procedures in place that prohibit mistreatment ...Immediate reporting of alleged violations ...Immediately means as soon as possible, but no later than two hours after the allegation is made, if the events that cause the allegation involve abuse ...sexual abuse ...any staff to resident sexual contact ...Incidents of mistreatment, exploitation, neglect, or abuse ... must be reported immediately to the Long-Term Care Division of the Indiana State Department of Health, adult protective services and other officials in accordance with state law			

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	...should be reported immediately, but no later than two (2) hours after the allegation is made ..." 3.1-28(e)			
F 0641 SS=D Bldg. 00	483.20(g) Accuracy of Assessments Based on observation, record review, and interview, the facility failed to ensure the Minimum Data Set (MDS) assessments were accurately completed for 1 of 4 residents related to behaviors. (Resident F) Findings include: During an observation and interview on 11/01/24 at 10:29 A.M., Resident F was observed punching the side of his wheelchair. During an interview with the Director Of Nursing (DON) on 11/01/24 9:51 A.M., she indicated Resident F had behaviors of grabbing since the beginning and the interventions were to redirect. A Quarterly MDS assessment, dated 06/06/24, indicated Resident F's cognition was severely impaired. He was dependent on staff for activities of daily living. The Resident had no behaviors documented on Section E Behavior Symptoms of hitting, kicking, pushing, scratching, or sexual acts. The behavior log dated from May 30, 2024 to June 6, 2024, indicated the resident had exhibited grabbing behaviors on the following dates: - 05/30/24, - 05/31/24, - 06/01/24,	F 0641	**F641 Accuracy of Assessments** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident F MDS assessment was modified on 11/22/2024 by Social Services Director/MDS Coordinator/Designee to reflect behaviors. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** All residents that reside in the facility have the potential to be affected by the alleged deficient practices Social Services Director/designee completed chart audit for MDS assessments completed in the last 30 days to ensure accuracy of assessment on --- by Kelsey Meal.------- **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;** Social Services	11/22/2024

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	- 06/02/24, - 06/04/24, and - 06/05/24 A Quarterly MDS assessment, dated 08/30/24, indicated Resident F's cognition was severely impaired. He was dependent on staff for activities of daily living. The Resident had no behaviors documented on Behavior Symptoms of hitting, kicking, pushing, scratching, or sexual acts. An Activity Participation note, dated 08/24/24 at 7:30 P.M., indicated the Activity Department attempted to take Resident F to an event via the facility bus. The resident was uncooperative on the bus and would not leave the emergency release handles alone on the windows. He began hitting the window as hard as he could making the back window pop out. The resident grabbed hold of the seat belt and would not let go. Nursing staff had to get the resident back off of the bus. A Health Status note, dated 08/27/24 at 10:05 A.M., indicated Resident F had increased agitation and restlessness that shift with and without care. Four staff members were required to safely transfer the resident to a chair due to his grabbing and swatting at staff. The behavior log lacked documentation related to the residents behaviors on 08/24/24 and 08/27/24. A current care plan, with initiated date of 5/24/24, indicated Resident F had manipulative behaviors of hitting the arm of his wheelchair and grabbed staff during care. The care plans lacked revised updated interventions for the residents identified ongoing behaviors. No facility policy was provided. The facility used		Director/Designess educated on ensuring accuracy of assessments are completed on 11/19/2024 by MDS consultant/SS Consultant. **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;** MDS accuracy QAPI tool will be completed weekly X 4 weeks, bi-monthly X 2 and monthly X 4 months by MDS coordinator/designee. If 100% threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting.	

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	the Resident Assessment Instrument (RAI) as a guide for MDS assessments.			
F 0657 SS=D Bldg. 00	483.21(b)(2)(i)-(iii) Care Plan Timing and Revision Based on interview, record review, and observation, the facility failed to revise a residents behavior plan of care related to interventions for 1 of 4 residents reviewed for care plan revision. (Resident F) Findings include: The clinical record for Resident F was reviewed on 11/01/24 at 8:16 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/30/24, indicated the resident's cognition was severely impaired. The resident's diagnoses include, but were not limited to, aphasia, hypertension, depression, and stroke. A current care plan, with initiated date of 04/18/24, indicated Resident F made sexual gestures towards female staff and a history of inappropriate touching. The interventions included, but were not limited to, dated 4/18/24, if behavior occurs immediately stop care, preserve residents' rights dignity and safety, and then step away. A current care plan, with initiated date of 5/24/24, indicated Resident F had manipulative behaviors of hitting the arm of his wheelchair and grabbed staff during care. The interventions included, but were not limited to, dated 5/24/24, always approach in a calm manner with smile; do not argue with the resident; and try to find a resolution to the residents' concerns. The care plans lacked revised updated	F 0657	**F657 Care Plan Timing/Revision** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident F behavior care plan was reviewed and updated on 11/21/2024 by Social Services Director /Designee. Two staff members are to be present while providing ADL care. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** Resident's that reside in the facility have the potential to be affected by the alleged deficient practice. A facility wide audit will be completed by Kelsey Meal to ensure that all behavior interventions are updated and in place on behavior care plan. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.** Social Services Director/Designee was educated on updating	11/22/2024

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	interventions for the residents identified ongoing behaviors. An Activity Participation note, dated 08/24/24 at 7:30 P.M., indicated the Activity Department attempted to take Resident F to an event via the facility bus. The resident was uncooperative on the bus and would not leave the emergency release handles alone on the windows. He began hitting the window as hard as he could making the back window pop out. The resident grabbed ahold of a seat belt and would not let go. Nursing staff had to get the resident back off the bus. A Health Status note, dated 08/27/24 at 10:05 A.M., indicated Resident F had increased agitation and restlessness that shift with and without care. Four staff members were required to safely transfer the resident to a chair due to grabbing and swatting at staff. An Administration note, dated 09/02/24 at 7:35 A.M., indicated Resident F was striking out at the bed and repeatedly moving his legs and yelling out. Distraction methods were ineffective. A Health status note, dated 09/20/24 at 2:24 P.M., indicated Resident F was reported to have been hitting the shower bed with his hand during a shower and caused a skin tear on his finger. A Heath Status note, dated 09/25/24 at 10:57 A.M., indicated Resident F was restless and agitated. During care it took five staff members to assist and redirect the resident due to him yelling and attempting to grab staff and items. A behavior note, dated 10/12/24 at 10:05 P.M., indicated Resident F continuously grabbed staffs' breasts and butt. Redirecting was unsuccessful		behavior care plan next business day following behavior incident by MDS consultant/designee on 11/19/2024. **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;** Care Plan Timing/Revision QAPI tool will be evaluated 5 days a week x 4 weeks, 3 days a week x 4 weeks, then weekly by MDS/designee. If 100% threshold did not achieve a plan of action will be initiated and this information will be presented to the QAPI committee during the monthly meeting.	

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	and the behavior continued during patient care. Only effective intervention was staff leaving the room. During an observation and interview on 11/01/24 at 10:29 A.M., CNA 30 indicated they had just finished providing care for the resident and Resident F was very grabby today. The Resident was observed repeatedly punching the side of his wheelchair. An anonymous interview during the survey process from October 30, 2024 9:00 A.M. through November 1, 2024 12:30 P.M., Staff Member 27 indicated that Resident F grabbed at female breasts constantly, and it didn't matter what you said to try to get him to let go he would just squeeze harder. The resident would beat on his chair constantly at the nurses' station. The current facility policy titled, "Behavior Management Policy" dated 11/28/19, indicated, " ...For residents who have been identified as having on-going behaviors/mood alterations, a behavior tracking should be utilized for all observed issues. Nurses should be informed when staff have witnessed an on-going or chronic symptom that may require tracking ...will use Behavior Documentation to guide in the IDT discussion regarding Residents with symptoms and the effectiveness of interventions. If behavior/mood interventions were not effective, the IDT will review and determine if new interventions should be initiated ...will communicate recommended interventions to all staff via the Care Plan." The current undated facility policy titled, "Comprehensive Care Plans" indicated, " ...comprehensive care plan will include measurable			

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	objectives and timeframes ...will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed." 3.1-37(a)			
F 0740 SS=D Bldg. 00	483.40 Behavioral Health Services Based on interview, observation, and record review, the facility failed to monitor, completely document, and address a residents behaviors related to health services for 1 of 4 residents reviewed. (Resident F) Findings include: During an observation and interview on 11/01/24 at 10:29 A.M., CNA 30 indicated they had just finished providing care for the resident and Resident F was very grabby today. The Resident was observed repeatedly punching the side of his wheelchair. An anonymous interview during the survey process with Staff Member 21 from October 30, 2024 9:00 A.M. through November 1, 2024 12:30 P.M., they indicated that Resident F had full mobility of his right hand, and he grabbed at everyone with it. When staff were changing him he would grab at their breasts or other private areas. If staff told him to stop, he would start digging his fingernails into them. He has dislocated thumbs of staff members before. An anonymous interview during the survey process with Staff Member 38 from October 30, 2024 9:00 A.M. through November 1, 2024 12:30 P.M., they indicated while working with Resident F they had recently had their shirt ripped and was	F 0740	**F740-Behavioral Health** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident 7 behaviors are being tracked and monitored for proper interventions. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** Resident's that reside in the facility with behavioral health needs have the potential to be affected by the alleged deficient practice. A facility wide audit was completed 11/21/2024 for all residents requiring behavior tracking to ensure that all behaviors are properly tracked, documented, and managed. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;** The Social Service	11/22/2024

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	told by the resident to let him see the staff's breasts. An anonymous interview during the survey process with Staff Member 16 from October 30, 2024 9:00 A.M. through November 1, 2024 12:30 P.M., they indicated Resident F once grabbed their scrub top and pulled it down to see their breasts and then tried to stick his hand down their shirt. They told the resident to please stop and let go, but by the time another staff member walked into the room Resident F had his hand on their throat. They indicated he did this to all female staff. An anonymous interview during the survey process with Staff Member 27 from October 30, 2024 9:00 A.M. through November 1, 2024 12:30 P.M., they indicated Resident F grabbed at female breasts constantly and it didn't matter what you said he would just squeeze harder. The resident would beat on his chair constantly at the nurses' station. A behavior note, dated 10/12/24 at 10:05 P.M., indicated Resident F continuously grabbed staffs' breasts and butt. Redirecting was unsuccessful and the behavior continued during patient care. Only effective intervention was staff leaving the room. A Heath Status note, dated 09/25/24 at 10:57 A.M., indicated Resident F was restless and agitated. During care it took five staff members to assist and redirect the resident, due to him yelling and attempting to grab staff and items. An Intradisciplinary Team (IDT) note, dated 09/23/24 at 12:35 P.M., lacked documentation related to the residents behavior resulting in the		Director/Designee was educated on 11/19/2024 by the Social Services Consultant on the behavior tracking and monitoring program. All nursing staff was educated on by the DNS/Designee on the behavior management program and documenting resident behaviors. Behaviors will be reviewed five days per week during the IDT meeting. Interventions will be reviewed to ensure proper behavior management. **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;** QAPI tool Behavior Management will be completed weekly X 4 weeks, bi-monthly X 2 and monthly X 4 months by Executive Director/Designee. If 100% threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting.	

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	skin tear. A Health status note, dated 09/20/24 at 2:24 P.M., indicated Resident F was reported to have been hitting the shower bed with his hand during a shower and caused a skin tear on his finger. An Administration note, dated 09/02/24 at 7:35 A.M., indicated Resident F was striking out at the bed and repeatedly moving his legs and yelling out. Distraction methods were ineffective. A Health Status note, dated 08/27/24 at 10:05 A.M., indicated Resident F had increased agitation and restlessness that shift with and without care. Four staff members were required to safely transfer the resident to a chair due to grabbing and swatting at staff. An Activity Participation note, dated 08/24/24 at 7:30 P.M., indicated the Activity Department attempted to take Resident F to an event via the facility bus. The resident was uncooperative on the bus and would not leave the emergency release handles alone on the windows. He began hitting the window as hard as he could making the back window pop out. The resident grabbed a hold of a seat belt and would not let go. Nursing staff had to get the resident back off the bus. During an interview with the Administrator on 11/01/24 at 11:01 A.M., she indicated the Social Service Director was currently on leave and she (the Administrator) was covering her duties. A current care plan, with initiated date of 04/18/24, indicated Resident F made sexual gestures towards female staff and a history of inappropriate touching. The interventions included, but were not limited to, dated 4/18/24, if behavior occurs			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155210	A. BUILDING 00 B. WING	11/01/2024

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	immediately stop care, preserve residents' rights dignity and safety and then step away. A current care plan, with initiated date of 5/24/24, indicated Resident F had manipulative behaviors of hitting the arm of his wheelchair and grabbed staff during care. The interventions included, but were not limited to, dated 5/24/24, always approach in a calm manner with smile; do not argue with the resident; and try to find a resolution to the residents' concerns; learn residents' routine and do not change if possible; meet resident's requests promptly. The residents clinical record lacked any Social Service follow up or revised interventions related to the behaviors. The clinical record for Resident F was reviewed on 11/01/24 at 8:16 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/30/24, indicated the resident's cognition was severely impaired. The resident's diagnoses include, but were not limited to, Aphasia, Hypertension, depression, and stroke. The Behavior log, dated 08/01/24 through 10/31/24, related to if the resident had behavior symptoms of the following: frequent crying, repeated movement, yelling/screaming, kicking hitting, pushing, grabbing, pinching/scratching/spitting, biting, wandering, abusive language, threatening behavior, sexually inappropriate, and rejection of care indicated the following: Resident F's behavior log from 08/01/24 to 10/31/24, indicated the resident had these behaviors on the following dates:			

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	- 09/03/24, - 09/05/24, - 09/06/24, - 09/08/24, - 09/25/24, - 09/28/24, - 09/30/24, - 10/04/24, - 10/09/24, - 10/10/24, - 10/20/24, - 10/25/24, and - 10/29/24. The behavior log lacked documentation to indicate the resident expressed behaviors on 8/24/24 and 8/27/24, 09/02/24, 09/20/24, and 10/12/24. The current facility policy titled, "Behavior Management Policy" dated 11/28/19, indicated, " ...For residents who have been identified as having on-going behaviors/mood alterations, a behavior tracking should be utilized for all observed issues. Nurses should be informed when staff have witnessed an on-going or chronic symptom that may require tracking ...will use Behavior Documentation to guide in the IDT discussion regarding Residents with symptoms and the effectiveness of interventions. If behavior/mood interventions were not effective, the IDT will review and determine if new interventions should be initiated ...will communicate recommended interventions to all staff via the Care Plan. 3.1-37(a)			