

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

PRINTED: 07/01/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155526		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/13/2024	
NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP COD 200 N PARK ST PORTLAND, IN 47371			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Complaint IN00435241.</p> <p>Complaint IN00435241 - Federal/state deficiencies related to the allegations are cited at F609.</p> <p>Survey dates: June 13, 2024.</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Census Bed Type: SNF/NF: 89 Total: 89</p> <p>Census Payor Type: Medicare: 9 Medicaid: 66 Other: 14 Total: 89</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 17, 2024</p>			F 0000	<p>Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.</p>		
F 0609 SS=D Bldg. 00	<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>						

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

TITLE

(X6) DATE

Melinda Hodgson

Administrator

06/27/2024

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>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 abuse allegation was reported to the Indiana Department of Health in a timely manner for 1 of 1 abuse allegation reviewed (Resident B).</p> <p>Findings include:</p> <p>A facility investigation for an abuse allegation was reviewed on 6/13/24 at 9:43 a.m. The facility reported incident indicated on 5/22/24 at 11:01 p.m., it was reported RN 6 was witnessed by two employees being verbally abusive when interacting with Resident B. Resident B was wheeling himself around the RN 6's medication cart and talking to himself. RN 6 stated to Resident B "Go to your f--king room and stay</p>			F 0609	<p>1 1. No residents were affected by the alleged deficient practice.</p> <p>2 2. All residents have the potential to be affected by the alleged deficient practice. The Administrator and the Nursing management team were re-educated on the current policy regarding reporting abuse allegations within the two-hour time frame.</p> <p>3 3. The facility's policy for abuse and reporting was reviewed and no changes are indicated at this time. The Administrator and the Nursing management team were re-educated on the current</p>		06/27/2024

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	<p>there." Resident B was severely cognitively impaired.</p> <p>The submission confirmation to the Indiana Department of Health for the abuse allegation indicated the actual or identified date and time of the incident was 5/22/24 at 11:01 p.m. The submission date and time was 5/23/24 at 3:35 p.m.</p> <p>During an interview with the Administrator, on 6/13/24 at 1:28 p.m., she indicated she thought she was supposed to report within two hours if the report would have involved serious bodily injury or an injury from an unknown source, she didn't think the allegation needed reported within two hours.</p> <p>A current facility policy, titled "Abuse Prohibition, Reporting and Investigation," provided by the DON, on 6/13/24 at 9:30 a.m., indicated the following: "...If resident abuse, or suspicion of abuse, is reported... 15. The Administrator is responsible to coordinate the investigation, assure an accurate and complete written record of the incident and investigation, and to file a follow-up report with the State Department of Health. Said reporting of alleged violations shall be conducted immediately but not later than two (2) hours if the alleged violation involves abuse...."</p> <p>This citation relates to Complaint IN00435241.</p> <p>3.1-28(c)</p>				<p>policy regarding reporting abuse allegations within the two-hour time frame.</p> <p>4 4. The Administrator will monitor all allegations to assure proper reporting of abuse allegations. This monitoring will occur daily on scheduled workdays as follows: daily for 4 weeks, weekly for 4 weeks, monthly for 3 months, then quarterly thereafter on an ongoing basis. Should a concern be noted, immediate action will occur. Results of the mentoring and any corrective action will be discussed during the facility's monthly QA meetings for a minimum of six months and the plan adjusted if indicated.</p> <p>5 5. 6-27-24</p>		