

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2022
NAME OF PROVIDER OR SUPPLIER WORTHINGTON PLACE		STREET ADDRESS, CITY, STATE, ZIP COD 10799 ALLIANCE DR CAMBY, IN 46113		
(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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00372351.</p> <p>Complaint IN00372351 - Substantiated. State deficiencies related to the allegations are cited at R0052.</p> <p>Survey date: February 22, 2022</p> <p>Facility number: 003984</p> <p>Residential Census: 25</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 1, 2022.</p>	R 0000		
R 0052 Bldg. 00	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense</p> <p>(v) Residents have the right to be free from:</p> <p>(1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from physical abuse when an CNA (Certified Nursing Aide) pulled a resident's hair for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Finding includes:</p> <p>During an interview on 2/22/22 at 11:50 a.m., the Administrator indicated an abuse allegation was</p>	R 0052	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident B was evaluated by nursing on 2/3/22 to ensure no injury had occurred. No findings during the assessment. CNA 3</p>	03/18/2022

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>substantiated because a staff member witnessed CNA 3 pull Resident B's hair. CNA 3 also told another staff member what she did during report.</p> <p>The clinical record for Resident B was reviewed on 2/22/22 at 1:30 p.m. The diagnoses included, but were not limited to, dementia, memory loss, and chronic pain. Resident B was not cognitively intact.</p> <p>During an interview on 2/22/22 at 12:42 p.m., CNA 2 indicated she came to work on 2/22 for 3rd shift (night shift) and during report CNA 3 told her Resident B pulled her hair so she pulled Resident B's hair in retaliation. CNA 2 reported this to the Administrator.</p> <p>During an interview on 2/22/22 at 2:56 p.m., CNA 1 indicated she and CNA 3 were in Resident B's room to get her ready for bed. Resident B didn't want to put on her nightgown, so she was getting upset. CNA 1 told CNA 3 they should come back later and re-approach. CNA 3 said "no we are getting this nightgown on her now" and continued to try to put the nightgown on Resident B, so Resident B pulled CNA 3's hair. CNA 3 then pulled Resident B's hair and said, "that doesn't feel good does it."</p> <p>During an observation on 2/22/22 from 3:10 p.m. to 3:15 p.m., Resident B had a pleasant mood and was walking in her room with her walker. She indicated at that time she liked her home and she didn't remember any incident with a staff member.</p> <p>On 2/22/22 at 12:40 p.m., the Administrator provided a copy of a facility policy titled, "Abuse, Neglect and Exploitation," dated 9/1/16, and indicated this was the current policy used by the facility. A review of the policy indicated "It is our</p>		<p>was removed from community staffing immediately on 2/3/22 and no longer provides services to the community. CNA 2 was re-educated by Executive Director on 2/3/2022 regarding abuse reporting guidelines.</p> <p>2. 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>On 2/7/2022, Executive Director and designee conducted audit of staff and residents to ensure residents are free from physical abuse, with no additional findings noted.</p> <p>3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur:</p> <p>The Executive Director was re-educated on 3/16/2022 by the Regional Director of Care Services on Enlivant's abuse and resident rights policy [Attachment 1]. Current staff were in-serviced regarding Resident's Rights on 2/7/2022 by the Executive Director [Attachment 2]. Current staff were in-serviced regarding Abuse and Neglect and Enlivant's abuse policy on 3/4/2022 by the</p>	

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	<p>duty to protect resident from physical, mental, fiduciary (financial) sexual and verbal abuse or neglect."</p> <p>This State Residential finding relates to Complaint IN00372351.</p>		<p>Executive Director [Attachment 3]. Resident B's care plan was updated on 3/10/2022 by the Care Services Manager to include appropriate behavioral interventions. Care staff were in-serviced on 3/10/2022 by the Care Services Manager regarding appropriate interventions for resident B and like residents [Attachment 4].</p> <p>4. 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 Executive Director is responsible for sustained compliance. The Executive Director or designee will complete audits by interviewing 3 residents and 3 staff weekly for 4 weeks, biweekly for 4 weeks, then monthly for one month to ensure residents are free from physical abuse. The audit will be discussed at monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p>Completion Date: 3/18/22</p>	