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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155614	A. BUILDING 00 B. WING	01/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LINCOLN HILLS OF NEW ALBANY	326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00252306. Complaint IN00252306 - Substantiated. Federal/state deficiencies related to the allegations are cited at F600, F609, and F610. Survey dates: January 26 and 29, 2018 Facility number: 000321 Provider number: 155614 AIM number: 100286130 Census Bed Type: SNF/NF: 117 SNF: 10 Total: 127 Census Payor Type: Medicare: 16 Medicaid: 75 Other: 36 Total: 127 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed on January 31, 2018	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation 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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;			
	Based on interview and record review, the facility failed to ensure a resident (Resident B) was free from verbal abuse for 1 of 3 residents reviewed for abuse. Findings include: The clinical record for Resident B was	F 0600	The plan of correction is to serve as Lincoln Hills Healthcare Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Lincoln Hills Healthcare Center or its management company that the	02/16/2018

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	reviewed on 1/26/18 at 11:15 a.m. Diagnoses included, but were not limited to, dementia, bipolar, and anxiety. The significant change MDS (Minimum Data Set) assessment, dated 1/8/18, indicated the resident had intact cognition. The incident report, dated 1/23/18 at 11:30 a.m., indicated hospice staff reported, while providing care to a resident (Resident B), CNA (Certified Nursing Assistant) 10 made negative comments toward the resident. During an interview on 1/26/18 at 9:48 a.m., the hospice Community Director indicated, on 1/17/18 around lunch time, the hospice aide called her, upset, because facility staff pulled the resident out of the dining room after the resident refused her shower. Once in the shower room, the resident again stated she did not want a shower and CNA 10 told the resident she was getting a shower because she stank. The resident then said she had to have a bowel movement and CNA 10 told her she could just s--- on the floor. During a telephone interview on 1/26/18 at 10:05 a.m., the hospice aide indicated when she got to the facility on 1/17/18 around lunch time, Resident B was in the dining room. She asked the resident if she wanted		allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. **1. Resident B is free from verbal abuse.** **2. Resident's with a BIMS of 8 or greater are being interviewed using an abuse questionnaire to ensure all abuse allegations are identified and handled according to Federal, State, and CarDon policy and procedures. Resident family members/responsible parties are being interviewed for non-interviewable residents using an abuse questionnaire to ensure all abuse allegations are identified and handled according to Federal, State, and CarDon policy and procedures** **3. The Administrator and Director of Nursing will be educated by the CarDon Clinical Nurse Specialist on the Abuse reporting policy and procedure. Staff are being educated on the abuse reporting policy and procedure including; identifying multiple and various forms of abuse (including verbal abuse), reporting immediately, and overall review of abuse prevention. Staff are being educated on resident rights, including the right to refuse showers and honoring resident's toileting preferences.** **4. The abuse audit**	

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	to take a shower and the resident refused. CNA 10 came in the dining room and was told the resident did not want a shower, at which time CNA 10 said, "No, she's got to have a shower today". CNA 10 took her from the dining room to the shower room and the resident, again, said she did not want a shower and CNA 10 told the resident, "yes you are, you stink". The resident then said she had to poop, and as we were moving her towards the toilet, CNA 10 said, "she can just s--- in the shower, she probably doesn't have to go anyway, just trying to get out of taking a shower". During a telephone interview on 1/26/18 at 10:25 a.m., the hospice aide, who was in orientation, indicated when they arrived at the facility on 1/17/17 just before lunch time, Resident B was in the dining room and she said she did not want a shower, she wanted to eat. CNA 10 took the resident out of the dining room and to the shower room. The resident, again, said she did not want to take a shower and CNA 10 told her, "yes you are, you stink". The resident said she had to have a bowel movement, and as we were moved her shower chair towards the toilet, CNA 10 told the resident to just s--- on the floor and the girls will clean it up later.		**questionnaire will be integrated into the facility routine customer service/care program and utilized monthly with residents to create an environment of freedom to report potential abuse without the fear of retaliation. This abuse audit questionnaire will be performed on at least 5 residents with a BIMS of 8 or higher and on 5 responsible parties of non interviewable residents monthly for a period of 3 months, then quarterly ongoing. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.** **The Administrator will be responsible for ensuring compliance by the date of compliance listed.**	

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	During a telephone interview on 1/26/18 at 10:17 a.m., Resident B's hospice nurse indicated on 1/18/18, he went to the facility and spoke with the Director of Nursing (DON) to inform her Resident B refused her shower and a facility CNA told the resident she stunk and could not refuse a shower. He also told the DON the resident said she needed to have a bowel movement and was told by the facility CNA she could s--- on the floor. During an interview on 1/26/18 at 12:05 p.m., Resident B indicated a CNA made her leave the dining room one day because she stunk and needed a shower, which hurt her feelings and made her feel bad. During an interview on 1/26/18 at 12:29 p.m., the DON indicated she spoke with the resident, who was a poor historian, and CNA 10, and after talking with them felt CNA 10 used poor judgement with words. She also indicated she was unaware the resident had refused her shower. On 1/26/18 at 1:50 p.m., the Director of Nursing provided a copy of the document titled "Resident Rights". It included, but was not limited to, the following: "The resident has a right to a dignified existence...A facility must protect and promote the rights of each			

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	resident...." On 1/26/18 at 12:05 p.m., the Director of Nursing provided a copy of the document titled "Abuse Policy & Procedure", and undated. It included, but was not limited to, the following: "Purpose...To ensure each resident is free of...verbal...abuse...C. Verbal Abuse...oral...gestured language that includes disparaging and derogatory to residents...either directly or within their hearing distance...." This Federal tag relates to Complaint IN00252306 3.1-27(b)			
F 0609 SS=D Bldg. 00	483.12(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §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			

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	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. §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.			
	Based on interview and record review, the facility failed to report, in a timely manner, an allegation of staff to resident verbal abuse to the Indiana State Department of Health for 1 of 3 residents reviewed for abuse. (Resident B) Findings include: The clinical record for Resident B was reviewed on 1/26/18 at 11:15 a.m. Diagnoses included, but were not limited to, dementia, bipolar, and anxiety. The significant change MDS (Minimum Data Set) assessment, dated 1/8/18, indicated the resident had intact cognition. The incident report, dated 1/23/18 at 11:30 a.m., indicated hospice staff reported, while	F 0609	**1. The allegation was reported to the ISDH.** **2. Resident's with a BIMS of 8 or greater are being interviewed using an abuse questionnaire to ensure all abuse allegations are identified and handled according to Federal, State, and CarDon policy and procedures. Resident family members/responsible parties are being interviewed for non-interviewable residents using an abuse questionnaire to ensure all abuse allegations are identified and handled according to Federal, State, and CarDon policy and procedures** **3. The Administrator and Director of Nursing will be educated by the CarDon Clinical Nurse Specialist on the Abuse reporting policy and procedure. Staff are being educated on the abuse reporting policy and procedure including; identifying multiple and various forms of abuse (including verbal abuse), reporting immediately, and**	02/16/2018

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	providing care to a resident (Resident B), CNA (Certified Nursing Assistant) 10 made negative comments toward the resident. On 1/26/18 at 10:17 a.m., during a telephone interview, Resident B's hospice nurse indicated on 1/18/18, he went to the facility and spoke with the Director of Nursing (DON) to inform her, on 1/17/18, Resident B refused her shower and a facility CNA told the resident she stunk and could not refuse a shower. He also told the DON the resident said she needed to have a bowel movement and was told by the facility CNA she could s--- on the floor. During an interview on 1/29/18 at 10:42 a.m., the Administrator indicated the delay in reporting the incident was because they were waiting to get statements from the hospice agency who, in turn, said they could not give until they had spoken with their legal team. On 1/26/18 at 12:05 p.m., the Director of Nursing provided a copy of the document titled "Abuse Policy & Procedure", and undated. It included, but was not limited to, the following: "Purpose...To ensure each resident is free of...verbal...abuse...7. An initial report of unusual occurrence will be made to the ISDH within 24 hours of the		**overall review of abuse prevention. Staff are being educated on resident rights, including the right to refuse showers and honoring resident's toileting preferences.** **4. The abuse audit questionnaire will be integrated into the facility routine customer service/care program and utilized monthly with residents to create an environment of freedom to report potential abuse without the fear of retaliation. This abuse audit questionnaire will be performed on at least 5 residents with a BIMS of 8 or higher and on 5 responsible parties of non interviewable residents monthly for a period of 3 months, then quarterly ongoing. The Clinical Nurse Specialist, or corporate level designee, will audit all allegations of abuse for timely reporting daily, when an allegation occurs, for 90 days, then quarterly for 9 months for a total of 12 months of monitoring.** **The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.** **The Administrator will be responsible for ensuring compliance by the date of compliance listed.**	

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	occurrence using the ISDH unusual occurrence report procedure...." This Federal tag relates to Complaint IN00252306 3.1-28(c)			
F 0610 SS=D Bldg. 00	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: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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.			
	Based on interview and record review, the facility failed to ensure a full investigation was initiated when an allegation of staff to resident verbal abuse was reported and the staff member continued to work for 3 days after the initial allegation.	F 0610	**1. The allegation of abuse was reported to the ISDH. An investigation was completed and the staff member was terminated.** **2. Resident's with a BIMS of 8 or greater are being interviewed using an abuse questionnaire to ensure all abuse allegations are identified and handled according to Federal, State,**	02/16/2018

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	Findings include: The clinical record for Resident B was reviewed on 1/26/18 at 11:15 a.m. Diagnoses included, but were not limited to, dementia, bipolar, and anxiety. The significant change MDS (Minimum Data Set) assessment, dated 1/8/18, indicated the resident had intact cognition. On 1/26/18 at 10:17 a.m., during a telephone interview, Resident B's hospice nurse indicated on 1/18/18, he went to the facility and spoke with the Director of Nursing (DON) to inform her Resident B refused her shower and a facility CNA told the resident she stunk and could not refuse a shower. He also told the DON the resident said she needed to have a bowel movement and was told by the facility CNA she could s--- on the floor. Review of CNA (Certified Nursing Assistant) 10's time card indicated she worked on 1/20/18, 1/22/18, and 1/23/18. During an interview on 1/26/18 at 12:29 p.m., the Director of Nursing indicated after she spoke with Resident B's hospice nurse on 1/18/18, she spoke with CNA 10 and felt the staff member used poor customer		**and CarDon policy and procedures. Resident family members/responsible parties are being interviewed for non-interviewable residents using an abuse questionnaire to ensure all abuse allegations are identified and handled according to Federal, State, and CarDon policy and procedures. Any identified allegations will be reported immediately, an investigation initiated, and any suspects will be suspended pending the results of the investigation.** **3. The Administrator and Director of Nursing will be educated by the CarDon Clinical Nurse Specialist on the Abuse reporting policy and procedure including the suspension of any suspected employees. An abuse investigation checklist will be utilized with each allegation to ensure a full investigation is completed.** **4. The Clinical Nurse Specialist, or corporate level designee, will audit all allegations of abuse for suspension of suspects and completing a full investigation, when an allegation occurs, for 90 days, then quarterly for 9 months for a total of 12 months of monitoring. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.** **The Administrator will be**	

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	service. On 1/26/18 at 12:05 p.m., the Director of Nursing provided a copy of the document titled "Abuse Policy & Procedure", and undated. It included, but was not limited to, the following: "Purpose...To ensure each resident is free of...verbal...abuse...5. The suspected abusive individual will be removed from the care area. If the suspected abusive individual is an employee they will be suspended immediately pending investigation...." This Federal tag relates to Complaint IN00252306 3.1-28(d)		**responsible for ensuring compliance by the date of compliance listed.**	