

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 03/03/2017	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE RICHMOND				STREET ADDRESS, CITY, STATE, ZIP CODE 3700 S A ST RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00222583.</p> <p>Complaint IN00222583- Substantiated. State deficiency related to the allegations is cited at R0090.</p> <p>Survey dates: March 2 and 3, 2017</p> <p>Facility number: 010888</p> <p>Residential Census: 34</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 9, 2017</p>		R 0000	<p>The following is the Plan of Correction for Brookdale Richmond in regards to the Statement of Deficiencies dated March 3, 2017. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p>			
R 0090  Bldg. 00	<p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall</p>						

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

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

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	<p>include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks;</p> <p>(B) poisonings;</p> <p>(C) fires; or</p> <p>(D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of</p>						

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	<p>two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on interview and record review, the facility failed to ensure an allegation of sexual abuse for 1 of 5 residents reviewed for abusive behaviors was reported to the Indiana State Department of Health (ISDH). (Resident B)</p> <p>Findings include:</p> <p>In an interview with the Executive Director on 3-3-17 at 10:55 a.m., she specified she had not reported an allegation of sexual abuse to ISDH that she had received on 1-28-17 from an employee. She clarified she had received guidance from her corporate regional staff this allegation was not reportable to ISDH.</p> <p>At the time of the interview, she provided a copy of a timeline related to this allegation, entitled, "Allegation of Sexual Inappropriate Behaviors," related to Resident B. This timeline indicated on 1-28-17, CNA 1 notified the Health and Wellness Director (HWD) that Resident B had "made sexual comments and inappropriate comments towards" CNA 1, "occurred sometime the last week." It indicated the Executive Director clarified with CNA 1 if she had reported this to</p>	R 0090	<p>1. Corrective Action for affected/cited resident</p> <p>There was no negative outcome with residents.</p> <p>1. How to identify other residents/associates with potential for similar events:</p> <p>Investigate all claims from residents/associates immediately and report to state board of health within 24 hours of said allegation.</p> <p>1. Systemic changes you will make:</p> <p>An all staff in service will be completed in April, 2017 to educate all associates on the importance of reporting abuse.</p> <p>1. Monitoring Q.A. plan:</p> <p>Executive Director will investigate and report allegations to state board of health within 24 hours.</p>		03/23/2017		

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	<p>anyone and she responded she had reported this to LPN 2. It did not specify when the report was made to LPN 2. The timeline reflected the nursing notes did not document any such behavior of Resident B and indicated LPN 2 shared she "didn't really get the details until later."</p> <p>During an interview with the Executive Director on 3-3-17 at 1:17 p.m., she shared when she interviewed LPN 2 regarding this allegation, LPN 2 was vague about when she learned of the allegation from CNA 1, but, "got the impression it was around the time we [the facility] found out." She added CNA 1 also has a personal relationship with a family member of LPN 2.</p> <p>In an interview with CNA 1 on 3-3-17 at 8:51 a.m., she indicated she reported the inappropriate sexual actions of Resident B on 1-23-17, but could not recall to which nurse she reported the allegation. She recalled she then reported the allegation the following day to the HWD on 1-24-17.</p> <p>In an interview with the HWD on 3-2-17 at 4:17 p.m., she recalled an unnamed female employee had reported sexual abuse by Resident B "in the last month or so," which was investigated by the</p>						

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	<p>Executive Director at the direction of the corporate staff.</p> <p>On 3-3-17 at 12:05 p.m., the Executive Director provided a copy of a policy entitled, " Abuse, Neglect &amp; Exploitation Policy." This policy was stipulated to be the current policy utilized by the facility and had a revision date of 6/2011. This policy stated, "Brookdale is committed to maintaining a safe environment for each resident, visitor and employee. Instances or allegations of abuse, neglect, or exploitation should be treated seriously and must be reported to the Executive Director or the supervisor on duty for investigation and appropriate follow-up...Any associate who witnesses or becomes aware of alleged abuse, neglect or exploitation, should report such incident to the Administrator and or Executive Director or supervisor on duty immediately...External Reporting/Notification...Report to Indiana State Department of Health...within 24 hours..."</p> <p>This State tag relates to Complaint IN00222583.</p> <p>5-1.3(g)(1)</p>						