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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/15/2018 |
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| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF SOUTH BEND | STREET ADDRESS, CITY, STATE, ZIP COD 52654 N IRONWOOD RD SOUTH BEND, IN 46635 |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00250176 and IN00249208.</p> <p>Complaint IN00250176 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00249208 - Substantiated. Federal/State deficiencies related to the allegations are cited at F609 & F610.</p> <p>Survey dates: February 15, 2018</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 8 Medicaid: 37 Other: 13 Total: 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on February 22, 2018.</p> | F 0000 | Signature Healthcare of South Bend requests this Plan of Correction be considered our credible allegation of compliance for the deficiencies cited. However, preparation and/or execution of this plan of Correction does not constitute admission or agreement by the facility to the truth of facts alleged or conclusions set forth in the statement of deficiencies. The POC is submitted to meet the requirements established by the state and federal law. Signature Healthcare of South Bend alleges the date of compliance to be March 8,2018. We respectfully request a desk review. | |
| F 0609 SS=D Bldg. 00 | <p>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:</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 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>§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 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 report an allegation of abuse between a staff member and a resident for 1 of 1 residents reviewed for abuse. (Resident B)</p> <p>Finding includes:</p> <p>The clinical record for Resident B was reviewed on 2/15/18 at 1:18 P.M. The diagnoses included, but were not limited to, autism and intellectual disability.</p> | F 0609 | F-609 D Reporting of Alleged Violations It is the intent of the facility that all allegations of abuse , neglect, exploitation or mistreatment are reported to the appropriate state agencies immediately. 1 what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident B has been assessed | 03/08/2018 |

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| | <p>The quarterly MDS (Minimum Data Set) assessment, dated 11/21/17, indicated Resident B had a BIMS (Brief Interview of Mental) score of 3, severe cognitive impairment and required extensive assist with ADLs (activities of daily living).</p> <p>The Coaching & Counseling Session, dated 11/14/17, indicated CNA (certified nurse aide) 1 had taken the clothing protector off Resident B "roughly".</p> <p>During an interview, on 2/15/18 at 1:00 P.M., the Administrator indicated he was aware of the incident with CNA 1 and Resident B and the CNA had been "written up" for it.</p> <p>During an interview, on 2/15/18 at 3:15 P.M., the Administrator indicated the incident was not reported to the local state agency and no investigation was completed because at the time he was not aware that the allegation indicated the clothing protector was removed roughly. The Administrator indicated the DON should have notified him of the allegation and he should have reported it to the local agency.</p> <p>On 2/15/18 at 3:05 P.M., the Administrator provided the Abuse, Neglect and Misappropriation of Property policy, undated, and indicated this was the policy currently being used by the facility. The policy indicated it presumes that all abuse, as defined in this policy, causes physical harm, pain or mental anguish to any resident, even he or she does not understand the incident, or even if he or she is in a coma. An allegation of abuse means a report, complaint, grievance, incident, or other facts that a reasonable person would understand to mean that</p> | | <p>with no injuries noted. Social Services has met with the resident to ensure no psychosocial issue. Care Plan has been reviewed and updated to reflect the resident's current status.</p> <p>2. How other residents having the potential to be affected by this same deficient practice and what corrective (action's) will be taken: Resident's with BIM's score of higher than 8 have been interviewed to ensure no further allegations identified. Resident's with BIM's score of below have had head to toe skin evaluations completed.</p> <p>3. What measure will be put into place or what systemic changes will be made to ensure this deficient practice does reoccur: Corporate DCO (Director of Clinical Operations) provided 1-1 training with the CEO and the DON on facility Policy and Procedures as it relates to the definition of Abuse, types of abuse, identification of abuse, reporting abuse, and completing a through investigation when an allegation of abuse occurs. All facility staff have be re-educated on the facility Policy and Procedures related to abuse.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice does not reoccur: Resident interviews will be conducted weekly times 4 then</p> | |

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| F 0610 SS=D Bldg. 00 | <p>abuse, as defined in this policy, is occurring, has occurred, or pausibly might have occurred. All alleged violations involving abuse, neglect, exploitation, or mistreatment are reported immediately, but no later than 2 hours after the allegation is made. In the event that a State reporting requirement establishes a longer reporting time for certain unusual incidents other than abuse or neglect, that reproting times applies only to such incidents...."</p> <p>3.1-28(c)</p> <p>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:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</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 investigate an allegation of abuse between a staff member and a resident for 1 of 1 residents reviewed for abuse. (Resident B)</p> | F 0610 | <p>monthly times 3 to ensure no allegations of abuse has occurred. SCC (Signature Care Consultant) will review Grievances and interview results during routine visits to ensure compliance. Grievances and State Reportables are a standing agenda item at the monthly QAPPI and will be reviewed for any trends that may need further follow p and / or resolution.</p> <p>F-610-D Investigate/Prevent/ Correct Violations 1. What corrective action(s) will be accomplished for those residents found to have been</p> | 03/08/2018 |

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| | <p>Finding includes:</p> <p>The clinical record for Resident B was reviewed on 2/15/18 at 1:18 P.M. The diagnoses included, but were not limited to, autism and intellectual disability.</p> <p>The quarterly MDS (Minimum Data Set) assessment, dated 11/21/17, indicated Resident B had a BIMS (Brief Interview of Mental) score of 3, severe cognitive impairment and required extensive assist with ADLs (activities of daily living).</p> <p>The Coaching & Counseling Session, dated 11/14/17, indicated CNA (certified nurse aide) 1 had taken the clothing protector off Resident B "roughly".</p> <p>During an interview, on 2/15/18 at 1:00 P.M., the Administrator indicated he was aware of the incident with CNA 1 and Resident B and the CNA had been "written up".</p> <p>During an interview, on 2/15/18 at 3:15 P.M., the Administrator indicated the incident was not reported to the local state agency and no investigation was completed because at the time he was not aware that the allegation indicated the clothing protector was removed roughly.</p> <p>On 2/15/18 at 3:05 P.M., the Administrator provided the Abuse, Neglect and Misappropriation of Property policy, no date, and indicated this was the policy currently being used by the facility. The policy indicated the Facility Administrator will investigate all allegations, reports, grievances and incidents that potentially could constitute "allegations of abuse"...</p> | | <p>affected by the deficient practice. Resident ZB has been assessed with no injuries noted. Social Services has met with the resident to ensure no psychosocial issues. Care Plan has been reviewed and updated to reflect resident's current status.</p> <p>2. 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: Residents with BIM's score of 8 and higher have been interviewed to ensure no further allegations identified. Residents with BIM's score of below 8 have had head to toe skin evaluations completed.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not reoccur: Systemic changes will include: Corporate DCO (Director of Clinical Operations) provide 1-1 training with CEO and DON on facility Policy and Procedures as it relates to definition of Abuse ,types of abuse , reporting abuse and completing through investigation when an allegation of abuse occurs. All facility staff have been re-educated on facility Policy and Procedure related to abuse.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur. Resident interviews will be</p> | |

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

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| | 3.1-28(d) | | conducted weekly times 4 then monthly times 3 to ensure no allegations of abuse have occurred. SCC (signature Care Consultant) will review Grievances and interview results to ensure compliance. Grievance and State are standing agenda items at the monthly QAPI and will be reviewed for any trends that need further follow up and/or resolution. | |