STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155029	A. BUILDING _____ B. WING _____	06/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COMMUNITY NURSING AND REHABILITATION CENTER	5600 E 16TH ST INDIANAPOLIS, IN 46218

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0609 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to timely report an allegation of abuse to the Indiana State Department of Health for 1 of 3 residents reviewed for abuse. (Resident B and C) Findings include: 1. The clinical record for Resident B was reviewed on 6/11/20 at 2:00 p.m. The [DIAGNOSES REDACTED]. An Annual MDS (Minimum Data Set) Assessment, completed 5/12/2020, indicated Resident B was cognitively intact. 2. The clinical record for Resident C was reviewed on 6/11/20 at 2:20 p.m. The [DIAGNOSES REDACTED]. The incident report, dated 5/15/20, indicated .Incident Date 4/30/20 and time: 10:01 a.m .Brief Description of Incident .5/15/20, On 4/3/20 (name of Resident C) stated that roommate (name of Resident B) was having sex in their room that night with a housekeeper. (name of Resident B) denied this allegation . An interview was conducted with the Social Services Director (SSD) on 6/12/20 at 9:52 a.m. She indicated the incident did not happen on 4/30/20, as the incident report stated. On 4/13/20, Resident C had reported to her Resident B had sex with a housekeeper in the middle of the night. The incident occurred on the night of 4/12/20. She immediately reported to the Executive Director on 4/13/20, after she was made aware of the incident. The Abuse policy dated 2/2020, indicated .Policy: It is the policy of (name of corporation) to provide each resident with an environment that is free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to verbal abuse, sexual abuse, physical abuse, mental abuse, corporal punishment, and involuntary seclusion .Reporting/Response: .2. The Executive Director will ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown origin, and misappropriation of resident property are reported immediately, but not later than 2 hours after the allegation is made, if the events that caused 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 Long Term Care Division of the Indiana State Department of Health via the Gateway Portal. 3. Upon completion of the investigation, which will occur within 5 working days of the reporting of an occurrence, a report of the investigation will be forwarded to the Long-Term Care Division of the Indiana State Department of Health The Executive Director will follow the reporting guidance delineated through the Indiana State Department of Health, Division of Long Term Care Incident Reporting Policy . This Federal tag relates to Complaint IN 006 3.1-28(c)
F 0610 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Respond appropriately to all alleged violations.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate an allegation of abuse for 2 of 3 residents reviewed for abuse. (Resident B and C) Findings include: 1. The clinical record for Resident B was reviewed on 6/11/20 at 2:00 p.m. The [DIAGNOSES REDACTED]. An Annual MDS (Minimum Data Set) Assessment, completed 5/12/2020, indicated Resident B was cognitively intact. 2. The clinical record for Resident C was reviewed on 6/11/20 at 2:20 p.m. The [DIAGNOSES REDACTED]. The incident report, dated 5/15/20, indicated .Incident Date 4/30/20 and time: 10:01 a.m .Brief Description of Incident .5/15/20, On 4/3/20 (name of Resident C) stated that roommate (name of Resident B) was having sex in their room that night with a housekeeper. (name of Resident B) denied this allegation . There was no documentation in Resident B or Resident C's medical record regarding the allegation of abuse that had been reported on 4/13/20. The investigation file was provided by the Executive Director on 6/11/20 at 3:00 p.m. It included the following documentation: incident report, statement from Resident B dated 4/13/20, statement from Resident C dated 5/22/20, staff work schedule dated 4/29/20, and staff work schedule dated 4/30/20 An interview was conducted with the Executive Director on 6/11/20 at 4:40 p.m. The investigation file was complete. There was no other documentation to provide for the investigation. There should have been staff and resident interviews. An interview was conducted with the Social Services Director (SSD) on 6/12/20 at 9:52 a.m. She indicated the incident had occurred on the night of 4/12/20 and was reported to her by Resident C on 4/13/20. She immediately reported to the Executive Director. The statement given by Resident C dated 5/22/20 was a follow up on the incident. It was not the initial statement that was given on 4/13/20. The statement given by Resident C was a verbal statement. She had not typed or written the statement to include in the investigation file. SSD indicated Resident C had described the accused perpetrator, and there was a male that fit his description that had worked in the facility. She did not interview the accused perpetrator, other residents or staff regarding witnessing the incident. She was unsure if the previous Executive Director or any other staff person had done any interviews with the accused perpetrator, staff or residents. SSD had not conducted any assessments nor was aware of any that had been done on Resident B after the incident. A staff work schedule dated 4/12/20, was provided by the Director of Nursing on 6/12/20 at 11:30 a.m. It indicated the following staff had worked on the night shift on 4/12/20: Qualified Medication Aide (QMA) 4 Certified Nursing Assistant (CNA) 5 CNA 6 A interview was conducted with Qualified Medication Aide (QMA) 4 on 6/12/20 at 11:44 a.m. She indicated she could not recall any incident that had occurred with a male resident or staff person regarding Resident B or Resident C. She had not been interviewed by any staff person about an incident that occurred on the night of 4/12/20. An interview was conducted with CNA 5 on 6/12/20 at 11:52 a.m. She indicated she had never been interviewed about any incident that had occurred with Resident B and a male staff person or resident. An interview was conducted with CNA 6 on 6/12/20 at 11:57 a.m. She indicated she had not been interviewed by any staff about an allegation of abuse that had occurred on the night of 4/12/20, with Resident B and a male staff person or resident. CNA 5 stated, I would have remembered if anyone ever spoken to me about something like that. The Abuse policy dated 2/2020, indicated .Policy: It is the policy of (name of corporation) to provide each resident with an environment that is free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to verbal abuse, sexual abuse, physical abuse, mental abuse, corporal punishment, and involuntary seclusion .Identification: Abuse includes: 1. Staff to resident abuse of any type .Types of abuse: 3. sexual abuse .Investigation: The Executive Director is the designated individual responsible for coordinating all efforts in the investigation of abuse allegations, and for assuring that all policies and procedures are followed. In the absence of the Executive Director, this responsibility will be delegated to the Director of Nursing Services .Resident Abuse - Staff member, volunteer, or visitor:.4. The Executive Director and/or Director of Nursing will be immediately notified of the report and the initiation of the investigation. 5. The resident(s) involved in the incident will be assessed for injuries 9. Residents will be questioned (if alert) about the nature of the incident and their statement will be put in writing. 10. An investigation will be completed to assure other residents have not been affected by the incident or inappropriate behavior, and the results documented. 11. The investigation will include: Facts and observations by involved employees, Facts and observations by witnessing employees, Facts and observations by witnessing non-employees, Facts and observations from others whom might have pertinent information, Facts and observations by the supervisor or individual whom the initial report was made, Facts and observations by other employees who work with the

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.

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F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) alleged staff member, Interview of other residents who received care from the alleged staff member using the CMS abuse questions., Analyze the occurrence to determine root cause, and what changes are needed to prevent further occurrence., Based on the root cause, determine if care provisions will be changed. 12. Follow up assessments will be completed/documented during every shift until the resident(s) is stable, and the resident safety is maintained .18. The resident will be provided emotional support during and after the investigation as needed This Federal tag relates to Complaint IN 006 3.1-28(d)