

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155700</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CATHERINE KASPER HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9601 S UNION RD DONALDSON, IN 46513</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b>  Based on record review and interview, the facility failed to report an allegation of abuse immediately to the facility Administrator for 1 of 3 allegations reviewed for abuse. (Resident B) Finding includes: Review of a state reportable form, dated 6/16/2020, for Resident B indicated, .Resident reported allegation to staff member that a CNA (certified nurses aide) shoved pills in my mouth from a little cup and then forced a straw in my mouth. A typed memo, dated 6/16/2020, indicated a co-worker came in the Social Service office and informed the Social Service Director that Resident B had reported a CNA was abusive towards her on the night shift and it happened last week. A typed interview with Resident B, dated 6/16/2020 at 2:45 P.M., indicated Resident B stated,This happened last week, I'm not sure of the date, but it was during the night. During an interview, on 6/17/2020 at 4:16 P.M., LPN (Licensed Practical Nurse) 2 indicated she had filled out the resident grievance form and put it in the Social Service box on the evening on 6/13/2020. LPN 2 indicated she did not consider the allegation abuse because Resident B did not use straws. During an interview, on 6/18/2020 at 4:45 P.M., the Administrator indicated she was notified on 6/16/2020 around 4-6:00 P.M. via email from the Social Service Director of the incident with Resident B. The administrator indicated she was not notified immediately when the allegation occurred on 6/13/2020. On 6/18/2020 at 4:50 P.M. the Administrator provided the policy titled, Policy: Abuse, Neglect and/or Misappropriation of Resident Funds or Property and Exploitation Prohibition, dated January 1 2018, and indicated the policy was the one currently used by the facility. The policy indicated .D. PROTECTION. Colleagues should immediately report all incidents and/or allegation to the direct supervisor. The Administrator of his/her designee shall be notified immediately if an incident involving resident abuse, neglect, misappropriation of resident funds/property, or injury of unknown source is discovered to have occurred or is suspected. Protect the Resident. Colleagues should report all allegations immediately to their direct supervisor/Administrator without fear of retaliation and regardless of whether they feel the allegation is credible. REPORTING/RESPONSE. Incidents and/or alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately to the Administrator/designee, 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 This Federal tag relates to Complaint IN 531. 3.1-28(c)		
F 0610  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Respond appropriately to all alleged violations.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interview, the facility failed to ensure a through investigation was completed for 2 abuse allegations and 1 allegation of misappropriation of resident property for 3 of 3 residents reviewed for abuse. (Residents B, C and D) Findings include: 1. A state reportable form, dated 6/16/2020, for Resident B indicated, .Resident reported allegation to staff member that a CNA (Certified Nurses Aide) shoved pills in my mouth from a little cup and then forced a straw in my mouth. A clinical record review was completed on 6/18/2020 at 2:18 P.M. and indicated Resident B's [DIAGNOSES REDACTED]. A Resident Grievance form, dated 6/13/2020, indicated Resident B stated a CNA gave her medications and shoved a straw in her mouth. A typed memo, dated 6/16/2020, indicated a co-worker came in the Social Service office and informed the Social Service Director that Resident B had reported a CNA was abusive towards her on the night shift and it happened last week. The investigation lacked documentation of other residents being interviewed in regards to staff abuse. During an interview, on 6/18/2020 at 4:45 P.M., the Administrator indicated they had taken statements from the staff who had worked that night, but had not interviewed any other residents in regards to the staff member in question. 2. A state reportable, dated 6/3/2020 at 12:01 A.M., indicated Resident C's son had called the facility and notified the social service department that his mother had called him on this date and stated, They told me to shut up because I was waking every body up. Type of injury: resident reported I was very upset and crying. Investigation initiated. Follow up: 6/3/2020 Residents statements to son, Social Service Director and Administrator had some differences. Resident does have [DIAGNOSES REDACTED]. During resident interview with Administrator the resident did not feel unsafe, harmed in anyway, abused or neglected. Staff that cared for resident on this night were interviewed and statements were provided. A clinical record review was completed on 6/19/2020 at 10:17 A.M. and indicated Resident C's [DIAGNOSES REDACTED]. The investigation lacked documentation of any other residents being interviewed in regards to staff abuse. During an interview, on 6/19/2020 at 11:58 A.M. the Administrator indicated there should have been other resident interviews completed for the investigation. 3. On 6/19/2020 at 9:55 A.M., a reportable dated 4/22/2020 at 1:30 P.M., indicated Resident D notified a worker that she had money missing. Immediate action taken: investigation initiated, family and physician notified. Follow up: 4/27/2020 resident and staff interviews were conducted. Resident declined for authorities to be contacted. Family and physician were notified. Money was not located. Family and resident encouraged to use lock box in resident's room or resident account. The investigation lacked documentation of any other residents being interviewed for missing money. During an interview, on 6/19/2020 at 11:58 A.M., the Administrator indicated there should have been other resident interviews completed for the investigation. On 6/18/2020 at 4:50 P.M. the Administrator provided the policy titled, Policy: Abuse, Neglect and/or Misappropriation of Resident Funds or Property and Exploitation Prohibition, dated January 1 2018, and indicated the policy was the one currently used by the facility. The policy indicated .D. PROTECTION. Colleagues should immediately report all incidents and/or allegation to the direct supervisor. The Administrator of his/her designee shall be notified immediately if an incident involving resident abuse, neglect, misappropriation of resident funds/property, or injury of unknown source is discovered to have occurred or is suspected. Protect the Resident. Colleagues should report all allegations immediately to their direct supervisor/Administrator without fear of retaliation and regardless of whether they feel the allegation is credible. INVESTIGATION. The person (s) investigating the incident should generally take the following action(s): a. Interview the resident, the accused and potential witnesses. Witnesses may include anyone who: i. Witnessed or heard the incident; ii. Came in close contact with either the resident the day of the incident (including other residents, family members, etc.); and iii. Colleagues who worked closely with the accused colleague (s) and/or alleged victim the day of the incident This Federal tag relates to Complaint IN 531. 3.1-28(d)		
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.