STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175484	A. BUILDING _____ B. WING _____	**06/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SALEM HOME	**704 S ASH STREET HILLSBORO, KS 67063**

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** The facility reported a census of 34 residents, which included one resident reviewed for abuse. Based on observation, interview, and record review, Restorative Aide (RA) M, failed to report immediately to administrative staff, an allegation of sexual abuse by Certified Nurse Aide (CNA) N, to the one Resident (R) 1, reviewed for abuse. Findings included: - Review of R1's Physician order [REDACTED]. The Admission Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment and no physical or verbal behaviors directed at self or others. The resident required extensive assistance of one staff for toileting and personal hygiene. The ADL (Activities of Daily Living) Functional/Rehabilitation Potential Care Area Assessment (CAA), dated 05/26/2020, assessed the resident had a self care deficit due to weakness, impaired cognition, and a splint to her right arm. The care plan, dated 05/22/2020, instructed staff the resident had a [DIAGNOSES REDACTED]. A Psychosocial Social Services Note, dated 06/03/2020, documented the resident completed a BIMS assessment and scored a 14 (indicating intact cognition). The resident enjoyed the socialization at the facility and felt at home. Observation, on 06/04/2020 at 11:34 AM, revealed the resident sitting in her wheelchair in the tv room eating lunch. Certified Medication Aide (CMA) R greeted R1 and they exchanged pleasant conversation. The resident was alert and smiling. Interview, on 06/04/2020 at 12:24 PM, with Restorative Aide (RA) M, revealed the resident walked with her in the hallway everyday and that she was a funny lady and liked to joke around with the staff. RA M stated on 06/02/2020, she witnessed Certified Nurse Aide (CNA) N kneel down in front of R1's chair, reach out and touch the resident's breasts. RA M stated the resident and CNA N both started giggling. RA M told CNA N that what she did was inappropriate. She felt that the interaction she saw between them did not bother the resident. She also stated she got busy after that and failed to report the incident to administration until the next day. Interview, on 06/04/2020 at 02:34 PM, with Administrative Nurse D, revealed RA M reported the incident to her on 06/03/2020 at approximately 12:15 PM. Administrative Nurse D and Administrative staff A began the investigation at that time and suspended CNA N. Administrative Nurse D stated she expected staff to immediately report any allegations of abuse to the administrative staff and that further abuse education was currently being provided to the facility staff. The facility policy Prevention of Abuse, Neglect and Exploitation of Residents, revised August 2019, documented the residents of this facility will be free from abuse, neglect, involuntary seclusion, and misappropriation of property. The Director of Nursing has been named the investigation officer. If staff have suspicions of abuse, please notify the direct supervisor immediately of concerns regarding abuse, neglect or exploitation. Any alleged abuse, neglect, or exploitation will be reported within 24 hours to the State Survey and Certification agency. The facility direct care staff failed to notify administrative staff immediately of the allegation of sexual abuse for this resident.

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