STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155270	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Core of Dale	510 W Medcalf Road Dale, IN 47523

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 39130 Based on interview and record review, the facility failed to complete a thorough investigation for 1 of 2 allegations of resident abuse reviewed. Following an allegation of verbal abuse, all potential witnesses were not interviewed, and multiple resident interviews were not conducted on the unit where the alleged abuse occurred. (Resident B) Finding includes: During a review of facility reported incidents on 2/15/24 at 9:30 A.M., an incident, dated 2/11/24, included that a nurse overheard CNA 12 yelling and cursing while in the room with Resident B. During a review of the facility investigation of the verbal abuse allegation on 2/15/24 at 9:40 A.M., an undated written statement from LPN 4 included that CNA 12 was heard hollering at Resident B and cursing at him while telling him to sit down and that CNA 6 was a witness to the incident. The facility investigation included a typed statement from CNA 12 regarding the alleged incident on 2/11/24 and an interview between the SSD (social service director) and Resident B's roommate, dated 2/12/24. No interviews or statements were included in the investigation from CNA 6, who allegedly witnessed the incident. Nor did the investigation include other resident interviews that had received care from CNA 12 on 2/11/24. During an interview on 2/15/24 at 10:25 A.M., the facility administrator indicated that all interviews and statements obtained regarding the verbal abuse allegation that occurred on 2/11/24 were included in the facility investigation. During an interview on 2/15/24 at 11:55 A.M., the DON (Director of Nursing) and facility administrator indicated that interviewable residents residing on the hall where an allegation of abuse occurred should also be interviewed regarding potential abuse, and that the interview with CNA 6 was missed. On 2/15/24 at 11:25 A.M., the DON supplied an undated facility policy titled, Procedure for Abuse Prohibition, reporting & investigating policy. The policy included, .3. A thorough investigation will be initiated of the allegations to gather pertinent information and verify the occurrence. This citation relates to complaint IN00428139. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-28(d)