

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/09/2024
NAME OF PROVIDER OR SUPPLIER  Poplar Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Poplar St Loogootee, IN 47553	

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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>39130</p> <p>Based on interview and record review, the facility failed to provide privacy and dignity for 1 of 3 residents reviewed for resident abuse. Staff members recorded video footage in resident's restroom while the resident can be identified in the background on the commode. (Resident B)</p> <p>Finding includes:</p> <p>On 8/9/24 at 10:05 A.M., during a review of facility grievances, a grievance dated 8/1/24, concerning Resident B indicated that an anonymous community member brought a recording of a video that was seen on a social media site to the Business Office Manager (BOM).</p> <p>During record review on 8/9/24 at 10:15 A.M., Resident B's diagnoses included, but were not limited to, dementia, overactive bladder, and anxiety.</p> <p>Resident B's most recent Quarterly Minimum Data Set (MDS) assessment, dated 6/14/24, indicated the resident had moderate cognitive impairment.</p> <p>Resident B's nurse's progress notes included a note, dated 8/1/24 at 5:30 P.M., included that a staff member had notified the Power of Attorney (POA), physician, law enforcement, and state agency about an allegation.</p> <p>During an interview on 8/9/24 at 10:30 A.M., the Facility Administrator indicated that the BOM was shown a picture of Resident B from a video seen on a social media platform by someone in the local community. The picture included CNA 4 in a restroom and Resident B could be seen sitting on the commode in the background with her stomach exposed. The image contained the name of the user that posted the video, Unlicensed Staff (US) 3. The Facility Administrator indicated the two staff members were initially suspended and then terminated from employment. CNA 4 indicated being unaware that a video or photograph was being taken of her, but could be seen posing and showing a peace sign in the video.</p> <p>During a review of the facility's investigation into the allegation on 8/9/24 at 11:20 A.M., a typed statement dated 8/1/24 at 8:09 P.M., by CNA 4, indicated that the staff member thought the incident had taken place a few months ago while CNA 4 and US 3 were assisting Resident B to the restroom. CNA 4 indicated that they were goofing off with Resident B and that they did not remember a picture being taken and being unaware that one was posted to a social media platform.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/9/24 at 11:30 A.M., CNA 7 indicated that it is never appropriate for staff to take photographs or videos of the residents. CNA 7 indicated that if residents and/or their families consent to photographs being taken, specific staff are allowed to take pictures during activities or events, but never during care or in the resident's private spaces.</p> <p>On 8/9/24 at 11:10 A.M., the Facility Administrator supplied a facility policy, titled Cell phone/Social Media Use Policy, dated 7/9/24. The policy included, .The use of camera or other video or audio recording-capable devices on company premises is prohibited to adhere to HIPPA [Health Insurance Portability and Accountability Act] regulations as needed to secure patient/client privacy. [Company Name] employees are strictly prohibited from video recording or photographing residents .</p> <p>On 8/9/24 at 11:55 A.M., the Facility Administrator supplied an undated facility policy titled, Indiana Resident's Rights and Responsibilities. The policy included, .(o) The resident has the right to personal privacy . (p) Personal Privacy includes . (4) Personal care.</p> <p>This tag relates to Complaint IN00440122.</p> <p>3.1-3(p)(4)</p>		