

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Cardinal Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E Jackson St Muncie, IN 47303	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>32663</p> <p>Based on interview and record review, the facility failed thoroughly investigate the an allegation of physical abuse of a cognitively impaired resident by a staff member for 1 of 5 residents reviewed for abuse. (CNA 1 and Resident F)</p> <p>Findings include:</p> <p>Review of a facility self reportable, dated 8/6/24 at 6:49 p.m., was completed on 9/19/24 at 1:33 p.m. The report indicated on 8/6/24, CNA 1 allegedly abused Resident F. The follow up for the investigation indicated staff who witnessed the incident were interviewed.</p> <p>The facility investigation lacked interviews of other staff members and residents to determine if there had been any other concerns with abuse.</p> <p>Resident F's clinical record was reviewed on 9/20/24 at 12:50 p.m. Diagnoses included Alzheimer's Disease, pulmonary fibrosis, rheumatoid arthritis, stage 3 chronic kidney disease, restless and agitation, muscle weakness and dementia with behavioral disturbances.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 7/25/24, indicated the resident was severely cognitively impaired.</p> <p>An 8/6/24 written statement, by CNA 2 indicated Resident F was walking in the hallway. CNA 1 was also going down the hallway with a linen cart. CNA 1 grabbed the resident by the arm and attempted to pull the resident away.</p> <p>During an interview, on 9/20/24 at 2:10 p.m., Resident F was unable to answer screening questions accurately.</p> <p>During an interview on 9/19/24 at 2:03 p.m., the Administrator indicated the facility's investigation did not include interview or assessment of other residents.</p> <p>A current policy, dated 2/1/23, titled Abuse Prevention And Prohibition Policy was provided by the Administrator on 9/20/24 at 4:00 p.m. The policy indicated the following:</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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Investigation of abuse: When an incident or suspected incident of abuse is reported, the Administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include</p> <p>a. For non-verbal residents, cognitively impaired residents or residents who refuse to be interviewed, attempt to interview residents first, if unable, observe resident, complete an evaluation of resident behavior, affect and response to interaction, and document findings.</p> <p>This citation relates to complaint IN00440479.</p> <p>3.1-28(d)</p>		