

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Persimmon Ridge Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 200 N Park St Portland, IN 47371	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40241</p> <p>Based on record review and interview, the facility failed to ensure an abuse allegation was reported to the Indiana Department of Health in a timely manner for 1 of 1 abuse allegation reviewed (Resident B).</p> <p>Findings include:</p> <p>A facility investigation for an abuse allegation was reviewed on 6/13/24 at 9:43 a.m. The facility reported incident indicated on 5/22/24 at 11:01 p.m., it was reported RN 6 was witnessed by two employees being verbally abusive when interacting with Resident B. Resident B was wheeling himself around the RN 6's medication cart and talking to himself. RN 6 stated to Resident B Go to your f--king room and stay there. Resident B was severely cognitively impaired.</p> <p>The submission confirmation to the Indiana Department of Health for the abuse allegation indicated the actual or identified date and time of the incident was 5/22/24 at 11:01 p.m. The submission date and time was 5/23/24 at 3:35 p.m.</p> <p>During an interview with the Administrator, on 6/13/24 at 1:28 p.m., she indicated she thought she was supposed to report within two hours if the report would have involved serious bodily injury or an injury from an unknown source, she didn't think the allegation needed reported within two hours.</p> <p>A current facility policy, titled Abuse Prohibition, Reporting and Investigation, provided by the DON, on 6/13/24 at 9:30 a.m., indicated the following: .If resident abuse, or suspicion of abuse, is reported . 15. The Administrator is responsible to coordinate the investigation, assure an accurate and complete written record of the incident and investigation, and to file a follow-up report with the State Department of Health. Said reporting of alleged violations shall be conducted immediately but not later than two (2) hours if the alleged violation involves abuse</p> <p>This citation relates to Complaint IN00435241.</p> <p>3.1-28(c)</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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