

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Holy Cross Village at Notre Dame Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 54515 State Road 933 North Notre Dame, IN 46556	

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>49994</p> <p>Based on record review and interview, the facility failed to report an allegation of abuse for 1 of 3 residents reviewed for abuse (Resident C).</p> <p>Finding includes:</p> <p>On 6/26/2024 at 1:30 P.M., a record review was completed for Resident C. The resident's diagnoses included, but were not limited to, atrial fibrillation, dementia, cerebral infarction, and heart failure.</p> <p>Review of the an incident report and investigation on 6/26/2024 at 10:55 A.M., indicated the facility had received and investigated an allegation of physical abuse by a staff member toward Resident C.</p> <p>During an interview, on 6/26/2024 at 11:00 A.M., the DON indicated on 5/30/2024 she received a note on her desk which read open. Inside was a handwritten note, which indicated a staff member had purposely pushed a resident out of bed, causing the resident to hit her head. The facility did not substantiate the abuse and did not report the abuse. She indicated the facility lawyers had investigated the allegation and the lawyers believed there was no abuse.</p> <p>During an interview, on 6/26/2024 at 2:22 P.M., the DON and Administrator indicated within the 2 hours after they had received the allegation, they had already investigated the allegation and determined there was no abuse. They consulted their lawyers and felt it was not abuse but rather gossip. The determined the allegation did not fit under elder abuse and did not need to be reported.</p> <p>On 6/26/2024 at 2:43 P.M., the DON provided the policy titled, Abuse, Neglect, Exploitation, dated 3/31/2022, and indicated it was the policy currently in use by the facility. The policy indicated VIII. Reporting/Response. A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services, and to all other required agencies (e.g. , law enforcement when applicable) within the specified timeframes: a. Immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury .</p> <p>This citation relates to Complaint IN00435850.</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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