

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155769	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Morrison Woods Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 4100 N Morrison Rd Muncie, IN 47304	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32663</p> <p>Based on record review and interview, the facility failed to ensure staff reported allegations of abuse to the Administrator immediately per facility policy. This resulted in a delay in the reporting of allegation to the appropriate state agencies and initiation of an investigation for 1 of 2 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/9/24 at 10:12 a.m. Diagnoses include urinary tract infection, hypertensive heart disease with heart failure, osteoporosis, and rheumatoid arthritis.</p> <p>The most current admission Minimum Data Set assessment (MDS), dated [DATE], indicated the resident was cognitively intact.</p> <p>The facility reportable, dated 7/8/24, indicated an allegation was received through a call from a family member regarding care concerns involving CNA 3.</p> <p>During an interview on 8/9/24 at 10:41 a.m., LPN 1 indicated, on 7/6/24, Resident B had complained to her about care received from CNA 3. LPN 1 assessed the resident for signs of physical injury. LPN 1 instructed CNA 3 to not enter Resident's B room for the remainder of the shift and instructed the other staff to provide care in pairs for Resident B. LPN 1 indicated she failed to report the allegation to the Administrator.</p> <p>During an interview on 8/9/24 at 2:00 p.m., the Administrator indicated they were made aware of the allegation on 7/8/24 (2 days after the alleged incident). The resident's family called the Administrator to verbalize the concern. The Administrator indicated staff had not reported the allegation per facility policy and regulation. The investigation was initiated once the Administrator had been made aware and CNA 3 was suspended pending investigation.</p> <p>During the survey, Resident B declined an interview with the surveyor.</p> <p>During the survey, CNA 3 was not available for interview.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of CNA 3's time report indicated the CNA worked 32 hours after the allegation was made by Resident B.</p> <p>A current policy, dated 8/29/2019, titled Abuse and Neglect Procedural Guidelines and provided by the Administrator on 8/9/24 at 10:08 a.m., indicated the following:</p> <ul style="list-style-type: none"> d. Identification ii. Any person with knowledge or suspicion of suspected violations shall report immediately, without fear of reprisal. iv. IMMEDIATELY notify the Executive Director. If the Executive Director is absent they may appoint a designee. e. Protection iv. Suspend suspected employee(s) pending outcome off investigation. <p>This citation relates to Complaint IN00438284.</p> <p>3.1-28(c)</p>