

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155829	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Springs at Lafayette, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2402 South Street Lafayette, IN 47904	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32362</p> <p>Based on interview and record review, the facility failed to ensure a cognitively impaired resident with a diagnosis of post-traumatic stress disorder was free from verbal and mental abuse for 1 of 2 residents reviewed for abuse. (Resident C) This deficient practice resulted in Resident C experiencing emotional distress. The deficient practice was corrected on [DATE], prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings includes:</p> <p>An Indiana Department of Health report indicated, on [DATE] at 11:00 p.m., Resident C was verbally assaulted by two staff members during resident care. Staff Member 2 and 3 were overheard by staff to verbally insult Resident C. Resident C indicated she had been verbally assaulted by the staff.</p> <p>The clinical record for Resident C was reviewed on [DATE] at 12:50 p.m. The diagnoses included, but were not limited to type 2 diabetes mellitus, heart failure, dementia, and post-traumatic stress disorder.</p> <p>Her Brief Interview for Mental Status (BIMS) score was a 7 which indicated a severe cognitive impairment.</p> <p>A facility investigation note, dated [DATE] at 9:52 a.m., indicated during an interview with Resident C, she indicated she was upset with the way the staff talked to her last evening. They were yelling with raised voices.</p> <p>A facility investigation note, dated [DATE], was written by Staff Member 5. She witnessed Staff Member 3 when giving a report, on [DATE], referring to Resident C as the b****. The resident was within hearing distance when the comment was made by the staff member.</p> <p>A facility investigation note, dated [DATE], was written by Staff Member 6. She overheard Staff Member 3 while pushing Resident C down the hallway to her room, on [DATE] at 11:00 p.m., say I am f***** tired of taking care of her. When Resident C was in her room, Staff Member 2 was heard to tell the resident, she was tired of cleaning s*** out from under her nails and she was f***** nasty. Staff Member 6 stayed with Resident C, gave her care, and put her to bed after sending the other staff members out of the room. Staff Member 6 then reported the incident to the supervisor.</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A facility investigation note, dated [DATE], was written by Staff Member 2. She indicated she did not raise her voice to the resident and did not speak inappropriately to her. Staff Member 3 during report referred to Resident C as This b****.</p> <p>A facility investigation note, dated [DATE], was written by Staff Member 3. She indicated she did not speak inappropriately to Resident C. She may have raised her voice to speak over other noises. She may have referred to the resident as This B**** during the report and was not aware the resident overheard her comment.</p> <p>A facility investigation note, dated [DATE], was written by Staff Member 7. She indicated she heard Resident C yelling with Staff Member 2 and 3. She overheard Staff Member 2 indicate to the resident she and Staff Member 3 were tired of taking care of her. She separated the resident from Staff Member 2 and 3. She overheard Staff Member 3 say she was tired of taking care of the resident. The resident was able to hear the staff member.</p> <p>The facility personnel records were reviewed, on [DATE] at 3:15 p.m., and indicated Staff Member 2 and 3 were terminated for substantiated resident abuse.</p> <p>During an interview, on [DATE] at 12:51 p.m., Resident C indicated two (2) staff members were mean to her the other day. They said bad things about her. When she was asked to describe what things were said to her the resident started to cry, was very tearful, and could not continue. When the resident was asked if she was afraid to be in the facility, she said not now, the two (2) staff members were gone, and no longer working. She indicated she had good support with the Assistant Director of Nursing (ADON), the Director of Nursing (DON) and other staff members who were nice to her and listened to her. She indicated she had a rough life and all her family, and friends have died .</p> <p>During an interview, on [DATE] at 4:55 p.m., Staff Member 8 indicated Staff Member 2 and 3 were suspended during the investigation and terminated for verbally abusing the resident. She indicated all staff members were re-educated on abuse and reporting abuse.</p> <p>A current facility policy, titled Abuse and Neglect Procedural Guidelines, dated [DATE] and received from Staff Member 8 on [DATE] at 2:10 p.m., indicated .ABUSE .It includes verbal abuse, sexual abuse, physical abuse and mental abuse .Willful, is used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm</p> <p>The deficient practice was corrected by [DATE], after the facility implemented a systemic plan which included a house wide physical assessment of each resident, house wide interviews with all capable residents on abuse allegations, reporting, and knowledge of abuse, and in servicing of all staff regarding abuse and reporting. Staff Member 2 and 3 were terminated for abuse.</p> <p>This citation relates to Complaints IN00435669 and IN00436493.</p> <p>3XXX,d+[DATE](a)</p> <p>3XXX,d+[DATE](b)</p>		