

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155745	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/26/2024
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NAME OF PROVIDER OR SUPPLIER HOLY CROSS VILLAGE AT NOTRE DAME INC	STREET ADDRESS, CITY, STATE, ZIP COD 54515 STATE ROAD 933 NORTH NOTRE DAME, IN 46556
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00435850.</p> <p>Complaint: IN00435850 - Federal/State deficiency related to the allegations is cited at F609.</p> <p>Survey dates: June 26, 2024</p> <p>Facility number: 002668 Provider number: 155745 AIM number: 200325990</p> <p>Census Bed Type: SNF: 17 SNF/NF: 28 Residential: 47 Total: 92</p> <p>Census Payor Type: Medicare: 3 Medicaid: 10 Other: 79 Total: 92</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 6/28/2024</p>	F 0000	<p><i>This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law.</i></p> <p>Holy Cross Village requests consideration for the desk review for all citations.</p>	
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</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>	F 0609	<p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The DON, ED, and AL</p>	07/09/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<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</p>		<p>Manager investigated the anonymous note left on DON desk that was alleging abuse immediately on 5/30/24. The allegation was deemed to be unsubstantiated in less than 2 hours.</p> <p>2 How will other residents who have the potential to be affected be identified and what corrective action will be taken? All residents have the potential to be affected.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The ED, DON, ADON, AL Manager, and Memory Care Manager reviewed IDOH "Long-Term Care Abuse and Incident Reporting Policy." Any allegation involving abuse, neglect, exploitation or mistreatment will be reported within 2 hours regardless if found to be substantiated or unsubstantiated.</p> <p>4 How will the corrective actions be monitored to ensure the deficient practice will not recur? All allegations of abuse, neglect, exploitation or mistreatment will be reviewed by the clinical leadership team and reported according to the IDOH LTC Abuse and Incident Reporting Policy. State Reportable incidents will continue to be reviewed during</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-039

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	<p>facility will have written procedures that include:</p> <p>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>3.1-28(c)</p>		<p>monthly QAPI meetings.</p> <p>5 By what date will the systemic changes for each deficiency be completed? July 9th, 2024</p>		