STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165325	A. BUILDING ______ B. WING ______	C 08/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR HOUSE CARE CENTER	**1212 SOUTH STUART STREET SIGOURNEY, IA 52591**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction Date 8-25-17 The following deficiencies were identified during the investigation regarding facility reported incidents 69054-M & 68895-I. Facility reported incident 68895 was not substantiated. The findings for facility reported incident 69054-M will be sent to the facility at a later date under separate cover. (See code of Federal Regulations (42 CFR), Part 483, Subpart B).	F 000		
F 223 SS=G	483.12(a)(1) FREE FROM ABUSE/INVOLUNTARY SECLUSION 483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptoms. 483.12(a) The facility must- (a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility policy and staff interviews a facility staff failed to prevent resident abuse/degradation for three of six residents reviewed. On 5/29/17 Staff B witnessed	F 223		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sandra [signature] TITLE: Administrator (X6) DATE: 9/1/17

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.

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F 223	Continued From page 1 Staff A take a picture of Resident #2 and told Staff A not to post the photo on any social media site. Staff B did not report what she had seen until questioned by the Administrator weeks later. Staff A took another photo on 6/12/17 near the time of Resident#6's death and reference to the resident passing soon. Staff A took a picture of Resident #4 with an unknown date and made insulting comments. Staff A's failed to display respect for residents and failed to maintain resident's dignity. A reasonable person would feel offended/mortified and hurt by Staff A's actions; and Staff B's failure to notify the Administrator could have possibly prevented Staff A from taking Resident #6's picture since this occurred two weeks later. A reasonable person would value and cherish the time near Resident #6's death and would not insult/or degrade someone in this manner. The facility reported a census of 53 residents. Findings include: On 6/21/17 at 3:15 p.m., the Administrator received a report from a non-facility person claiming he had received pictures of residents (Residents #2, #4 and #6) taken by Staff A. The Administrator asked for the pictures and texts messages which showed Staff A had taken pictures of Residents #2, #6 and #4. The Administrator notified the Department of Inspections and Appeals on 6/22/17 at 12:08 p.m., and started an investigation (on 6/21/17). Staff B informed the Administrator she had been aware that Staff A had taken a picture of Resident #2 two weeks prior but did not report this to anyone.	F 223		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 223	Continued From page 2 On 6/21/17 at 3:15 p.m., the Administrator received a report from a non-facility person claiming he had received pictures of residents (Residents #2, #4 and #6) taken by Staff A. The Administrator asked for the pictures and texts messages which showed Staff A had taken pictures of Residents #2, #6 and #4. The Administrator notified the Department of Inspections and Appeals on 6/22/17 at 12:08 p.m., and started an investigation (on 6/21/17). Staff B informed the Administrator she was aware Staff A had taken a picture of Resident #2 about two weeks prior but did not report this to anyone. On 05/29/17 at 2:30 a.m. Staff A, LPN shared a photo of Resident #2 that had been enhanced with a cat face on a social media site to a non-facility member. The resident had been unaware that the staff had taken a photo, until she showed the enhanced photo. The resident then became slightly agitated per Staff B, LPN. The quarterly Minimum Data Sets (MDS) dated 05/16/17 documented Resident #2 with a Brief Interview for Mental Status (BIMS) score of 3 indicating severely impaired cognition. The MDS indicated the resident required limited assistance of one staff for ambulation and locomotion and extensive assistance of one staff for other activities of daily living. The MDS documented the resident with active diagnoses of non-Alzheimer's dementia, depression, cerebral infarction (stroke), history of falling, unsteadiness, muscle weakness, and gastro-esophageal reflux. The resident's care plan instructed staff the resident utilized an alarm in bed/chair to alert staff that the resident required assistance. The resident enjoyed music activities, would attend	F 223		

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F 223	Continued From page 3 activities as an observer. The care plan indicated the resident required staff assistance for transfers, ambulating, toileting and meals. On 07/31/17 at 12:36 p.m. Staff B, LPN stated she had worked with Staff A on the 2-10 p.m. shift. She stated that she had seen Staff A with her cell phone on one occasion when not on break. Staff B stated that she had observed Staff A, LPN take a photo of a resident (Resident #2) with her cell phone and then added ears and whiskers onto the photo so that it appeared as a cat face. Staff B stated that she had explained to Staff A that taking photos of resident had been against the facility policy and she should not place the photo on any social media. Staff B stated she though Staff A had deleted the photo. Staff B stated that Staff A did show the photo to Resident #2 and the resident became a little agitated, pushed the phone away and said; "oh that is ridiculous". She stated that was the only photo that she had observed Staff A taken of a resident. On 08/01/17 at 4:35 p.m. Staff B stated that she had notified the facility Administrator of the incident when she came back for her next shift at the facility two weeks later after the incident. 2. The quarterly Minimum Data Sets (MDS) dated 05/16/17 documented Resident #6 with a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The assessment revealed Resident #6 had the ability The MDS indicated the resident required total assistance of two staff for ambulation and locomotion and extensive assistance of one staff for other activities of daily living. The MDS documented the resident with active diagnoses of heart failure, generalized muscle weakness	F 223		

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dyspnea, pulmonary hypertension, iron deficiency anemia, dysphagia and pain in the thoracic spine.

The resident's care plan identified an admission date of 5/26/17 with the resident receiving Hospice services. The care plan instructed staff the resident required extensive assistance with two staff members for transfers and personal cares. The care plan indicated the resident required oxygen therapy per nasal cannula per physician order.

On 06/12/2017 at 2:46 a.m. Staff A had taken a photo of Resident #6 and posted the photo with a caption of " He/She's probably going to go any minute" on a social media site.

Record review identified Resident #6 expired approximately 3 (three) hours later on 6/12/17 at 4: 56 am. Resident #6's body had been sent to the funeral home at 6:15 a.m.

3. The quarterly Minimum Data Sets (MDS) dated 05/6/17 documented Resident #4 with a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS indicated the resident had been independent for ambulation and locomotion. The MDS indicated the resident required limited to no assistance of staff for other activities of daily living. The MDS documented the resident with active diagnoses of hypertension, history of falls, history of urinary tract infections, micturition, gastro-esophageal reflux and age related osteoporosis.

The resident's care plan instructed staff the resident required assistance with activities of daily living related to disease process, hypertension, osteoporosis, macular degeneration, impaired

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balance and congestive heart failure.

On an unknown date at 1:08 P.M. Staff A had posted a photo of Resident #4, in which the resident appeared to be sleeping. The photos had comments on it; such as "In the AL"; "I'll explain in a minute" and "Crazy mother***** [Expletive] and had been using a messaging site with an outside person.

During investigation of the above issues, on 07/31/17 several of the night shift (10 p-6a) staff noted that Staff A had been on her phone quite often during the shift as follows:

On 07/31/17 at 9:30 a.m. Staff I , CNA stated she had worked with Staff A on the night shift. Staff I stated Staff A had her cell phone out all the time either talking or playing on it. Staff I stated she had never seen Staff A take photos of residents with the cell phone. Staff I stated the nurse would check on the residents one time during the night, pass medications at 4:00 a.m. if needed and get their paperwork done. She stated that was the only times they saw the nurses at night.

On 07/31/17 at 1:53 p.m. Staff C, CNA stated she had worked the 2-10 p.m. or 3-11p.m. shift with Staff A. Staff C stated that Staff A had been observed on her cell phone a lot during the shift. She stated it was more so on the night shift. Staff C stated she had not seen Staff A take resident photos with her cell phone.

On 07/31/17 at 2:15 p.m. Staff D, CNA stated she worked with Staff A on the evening shift. She stated she did see Staff A on her cell phone behind the nurse's desk but not on the floor (in resident areas).

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On 07/31/17 at 3:35 p.m. Staff E, CNA stated she worked with Staff A on the 3-11 p.m. shift. Staff E stated she had seen Staff A on her cell phone almost every shift she worked with her. Staff E stated she had never seen Staff A take photos of residents.

On 07/31/17 at 3:54 p.m. Staff F, CNA stated that she had worked with Staff A a few times. She stated she did see Staff A on her cell phone quite a lot at the end of her (Staff F's) shift around 10 p.m. Staff F stated she video chatted a lot. She stated she had not seen Staff A take any photos of the residents.

On 07/31/17 at 10:30 a.m. Staff G, CNA stated she did work with Staff A on the night shift (11p-7a). She stated Staff A had her cell phone out every night off and on. Staff F stated she had never seen Staff A take photos of residents with her cell phone.

On 07/31/17 at 9:55 a.m. Staff H, CNA stated she worked with Staff A on the overnight shift. Staff H stated she had seen Staff H with her cell phone out most of the time unless she had been passing medications. Staff H stated she had not seen Staff A take any photos of residents with the cell phone.

Staff A's personnel file identified she had been hired to work at the facility as a temporary [agency] nurse and completed Mandatory Reporter training for Dependent Adult Abuse through a staffing agency which she worked for known as GrapeTree Medical Staffing, Inc. on 4/17/17.

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F 223	Continued From page 7 The Abuse Prevention, Training, and Investigations policy revealed the facility had a comprehensive system of practices and procedures designed to prevent occurrence of mistreatment, abuse, neglect and/or misappropriation of resident property ; b) monitor, identify any allegations of suspected abuse; and c) insure that reasonable suspicions are reported to the appropriate agencies. The abuse policy screen revealed an "employee" is defined as any individual who is paid by either by the health care facility or any entity (i.e. temporary agency, private duty, Medicare/Medicaid or independent contractors) to provide direct or indirect treatment or services to residents in the facility. The abuse policy training section revealed at the time of hire and annually thereafter, employees and contractors will receive information that explains their obligation as Mandatory Reports under the federal Elder Justice Act. The training (section b) revealed staff would be trained to make a special effort to promote the rights of each resident personal privacy of his/her own physical body and his/her personal space including accommodations and personal care. The policy stated that Abuse training includes prohibiting the use of any equipment (e.g., cameras, smart phones, and other electronic equipment) to take, keep, or distribute photographs and recordings of residents that are demeaning or humiliating". Item 13 of the Abuse policy for prevention revealed reminders of the Mandatory reporter requirements are routinely reviewed at staff meetings, including a) who is a mandatory reporter, b) what are reportable types of alleged abuse, and c) procedures for filing reports.	F 223		

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F 223	Continued From page 8 The abuse policy for protection revealed employees are required to report allegations of abuse immediately and without hesitation directly to the person in charge.	F 223		
F 225 SS=D	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment,	F 225		

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F 225	Continued From page 9 including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on clinical record review, interviews, and facility policy review, the facility failed to report an allegation of abuse for Resident #2 immediately to the Department of Inspections and Appels (DIA). The facility reported a census of 53 residents. Findings Included:	F 225		

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On 6/21/17 at 3:15 p.m., the Administrator received a report from a non-facility person claiming he had received pictures of residents (Residents #2, #4 and #6) taken by Staff A. The Administrator asked for the pictures and texts messages which showed Staff A had taken pictures of Residents #2, #6 and #4.
The Administrator notified the Department of Inspections and Appeals on 6/22/17 at 12:08 p.m., and started an investigation (on 6/21/17). Staff B informed the Administrator she was aware Staff A had taken a picture of Resident #2 about two weeks prior but did not report this to anyone.

On 05/29/17 at 2:30 a.m. Staff A, LPN shared a photo of Resident #2 that had been enhanced with a cat face on a social media site to a non-facility member. The resident had been unaware that the staff had taken a photo, until she showed the enhanced photo. The resident then became slightly agitated per Staff B, LPN.

On 07/31/17 at 12:36 p.m. Staff B, LPN stated she had worked with Staff A on the 2-10 p.m. shift. She stated that she had seen Staff A with her cell phone on one occasion when not on break
Staff B stated that she had observed Staff A, LPN take a photo of Resident #2 with her cell phone and then added ears and whiskers onto the photo so that it appeared as a cat face. Staff B stated that she had explained to Staff A that taking photos of resident had been against the facility policy and she should not place the photo on any social media. Staff B stated she though Staff A had deleted the photo.
Staff B stated that Staff A did show the photo to Resident #2 and the resident became a little

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F 225	Continued From page 11	F 225		

agitated, pushed the phone away and said; "oh that is ridiculous". She stated that was the only photo that she had observed Staff A taken of a resident. On 08/01/17 at 4:35 p.m. Staff B stated that she had notified the facility Administrator of the incident when she came back for her next shift at the facility two weeks later after the incident.

The quarterly Minimum Data Sets (MDS) dated 05/16/17 documented Resident #2 with a Brief Interview for Mental Status (BIMS) score of 3 indicating severely impaired cognition. The MDS indicated the resident required limited assistance of one staff for ambulation and locomotion and extensive assistance of one staff for other activities of daily living. The MDS documented the resident with active diagnoses of non-Alzheimer's dementia, depression, cerebral infarction (stroke), history of falling, unsteadiness, muscle weakness, and gastro-esophageal reflux.

The Abuse Prevention, Training, and Investigations policy dated 8/24/16 revealed a reasonable suspicions are reported to the appropriate agencies.
Item 13 stated that Prevention procedures and reminders of the Mandatory reporter requirements are routinely reviewed at staff meetings, including a) who is a mandatory reporter, b) what are reportable types of alleged abuse, and c) procedures for filing reports.
The section under Identification, Item 21 stated: Employees are required to report incidents-anything unusual or unexpected--at the time of the occurrence, to their supervisor or person in charge of the facility for further investigation, regardless of whether the incident

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F 225	Continued From page 12 results in obvious or visible injury. (The policy stated that Abuse training includes prohibiting the use of any equipment (e.g., cameras, smart phones, and other electronic equipment) to take, keep, or distribute photographs and recordings of residents that are demeaning or humiliating.) Item 13 of the Abuse policy for prevention revealed reminders of the Mandatory reporter requirements are routinely reviewed at staff meetings, including a) who is a mandatory reporter, b) what are reportable types of alleged abuse, and c) procedures for filing reports. The abuse policy for protection revealed employees are required to report allegations of abuse immediately and without hesitation directly to the person in charge. (The abuse policy screen revealed an "employee" is defined as any individual who is paid by either by the health care facility or any entity (i.e. temporary agency, private duty, Medicare/Medicaid or independent contractors) to provide direct or indirect treatment or services to residents in the facility.) The abuse policy training section revealed at the time of hire and annually thereafter, employees and contractors will receive information that explains their obligation as Mandatory Reports under the federal Elder Justice Act.	F 225		

Manor House Care Center 1212 S. Stuart • Sigourney, Iowa 52591
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Manor House Care Center
1212 South Stuart, Sigourney, IA 52591

Preparation and execution of this plan of Correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under Federal or State law.

F 000 August 25, 2017

F223 483.12(a)(1) FREE FROM ABUSE /INVOLUNTARY SECLUSION
The facility will ensure that the resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation; and will not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.

1. On 6/22/17, the contract with Grapetree Staffing Agency was terminated for Staff A. Ongoing investigation was turned over to the local police department upon notification from Administrator.

2. The facility will continue to ensure that the contracted staffing agency will thoroughly screen employees through criminal background screening and licensure checks; and require employees are educated and current on Abuse Policy and Mandatory Reporter training for Dependent Adult Abuse.

3. Facility will continue to do orientation with new temporary staffing at the time of initial employment. Facility will review verbally and in writing the policies on abuse and no use of cell phones while on duty. Informational binder will be available for review at the nurses' station outlining this information.

4. Administrator and Director of Nursing or designee will be responsible to monitor temporary staff and perform random audits on knowledge of resident rights and abuse policy and facility orientation process. Random audits will be done monthly for three months and periodically thereafter for one year.

5. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and the subsequent recommendations of the committee.

Manor House Care Center

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F225 483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS

The facility will not employ or otherwise engage individuals who have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; have had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of a resident property; and report to the state nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.

Facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials in accordance with State law through established procedures, have evidence that the alleged violations are thoroughly investigated, prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress, and report the results of all investigations to the administrator or his/her designee representative and to other officials in accordance with state law, including the state Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action will be taken.

1. On 6/23/17, one-on-one counseling was conducted with staff B by administrator of facility regarding mandatory reporting and Dependent Adult Abuse, and responsibility to notify the administrator immediately with any suspected concerns. Staff B verbalized understanding of these policies.

2. Facility re-educated staff on 8/4/17 via in-service on the abuse policy and mandatory reporting policy and assigned an additional course for employees to complete by 9/30/17 on Preventing, Recognizing and Reporting via on-line educational training site.

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3.

The facility will continue to thoroughly screen new employees through criminal background screening, reference checks, and licensure checks. Facility will also continue to require employees have a course on abuse policy training and Mandatory Reporting at the time of hire and annually thereafter.

4.

Administrator and Director of Nursing or designee will be responsible to monitor staff and perform random audits on knowledge of resident rights, mandatory reporting, and abuse policy, and facility orientation process. Random audits will be done monthly for three months and periodically thereafter for one year.

5.

The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and the subsequent recommendations of the committee.