STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165222	A. BUILDING _____ B. WING _____	C 02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORYDON SPECIALTY CARE	745 EAST SOUTH STREET CORYDON, IA 50060

(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: 3/11/20 The following deficiency relates to the investigation of mandatory #87644. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation 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 medical symptoms. §483.12(a) The facility must- §483.12(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 staff interviews and record review, the facility failed to ensure residents remained free from abuse for 2 of 4 sampled (Residents #1, and #2). The facility reported a census of 66. Findings include: 1. According to Resident #1's Minimum Data Set (MDS) assessment dated 12/29/19 Resident #1 had short and long term memory deficits and severely impaired cognitive abilities for daily decision making. Resident #1 required extensive	F 600		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Markie McElvain — TITLE: Administrator — (X6) DATE: 03/18/2020

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 600	Continued From page 1 assistance with transfers, mobility, dressing, toilet use and personal hygiene needs. Resident #1 had diagnoses of hypertension and dementia. During an interview on 3/1/20 at 9:38 a.m. Staff A (Nurse Aide Trainee) stated she shadowed Staff B and Staff C on the 2:00 p.m. to 10:00 p.m. shift on 11/27/19. Staff A, Staff B, and Staff C assisted Resident #1 in her room. Resident #1 had unopened birthday cards. Staff C opened the cards and read them. Staff C stated in the presence of Resident #1, "I'm surprised they wrote you, because they don't f****** visit you". Staff B stated, "You can't say that". Staff C stated, "Well, it's true". Staff C stated to Resident #1, "We don't like you, you're mean to us". Staff A stated Resident #1 did not respond to Staff C's comments. The staff finished Resident #1's cares and left the room. During an interview on 2/26/20 at 2:00 p.m., Staff B (Nurse Aide) stated she had Staff A shadowing her. Staff A and Staff B entered Resident #1's room after supper. Staff C already in the room, read Resident 1's birthday cards to her. Staff C comment about the family not visiting and Staff B stated she told Staff C not to make comments in front of the resident. Staff B stated Staff C did not swear or use profanity, but spoke negatively about the family not visiting. Staff B was informed that Staff A claimed Staff C said "I'm surprised they wrote you because they don't f****** visit you" and "We don't like you, you are mean to us". Staff B stated she was in the room the entire time and Staff C never said anything like that. Staff B stated both she and Staff A left the room at the same time. 2. According to Resident #2's MDS assessment	F 600		

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F 600	Continued From page 2 dated 2/18/20 Resident #2 had a Brief Interview for Mental Status score of 6 indicating severely impaired cognitive status. Resident #2 required extensive assistance with transfers, mobility, dressing, toilet use and personal hygiene needs. Resident #2's had diagnoses of cerebrovascular accident, hypertension and hip fracture. During an interview on 3/1/20 at 9:38 a.m., Staff A (Nurse Aide Trainee) reported following the incident with Resident #1, Staff A and Staff C entered Resident #2's room. Staff B not present. Staff C assisted Resident #2 onto the toilet. Resident #2 cried and stated, "I'm sorry, I know I'm mean to you and they don't like me". Staff C stated in the presence of Resident #2, "You're right, we fucking hate you, you should just die". Resident #2 responded, "I know, I want to die". Staff C closed the bathroom door and sat in Resident #2's wheelchair and got on her cell phone. Resident #2 continued to cry and stated she was done and wanted up. Staff C yelled through the closed door, "Shut up, you're not done shitting because I can still hear you". Resident #2 then turned on her call light and Staff C shut it back off. Finally when Resident #2 seemed finished, Staff C paged Staff B who responded and assisted with wiping and cleaning Resident #2's bottom, while Staff C again stated out load and in the presence of Resident #2, "Don't shit on Staff B". They finished, got Resident #2 into bed and left the room. Staff A stated Resident #2 was upset and crying during the entire interactions with staff. Staff A stated she did not know what to do until she completed the Dependent Adult Abuse for Mandatory Reporter training on 12/8/19. Staff A reported the incident the next day she returned to work on 12/12/19.	F 600		

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F 600	Continued From page 3	F 600		

During an interview on 2/26/20 at 2:00 p.m. Staff B (Nurse Aide) reported she had Hall 3 with Staff A (Nurse Aide Trainee). Staff B stated following the encounter with Resident #1 another incident occurred. Resident #2 used the toilet and started to stand up and decided still needed to use the toilet. Staff B told Resident #2 she needed to sit down and Resident #2 started crying, which was not unusual for her. Staff C stated something like "you will not be shitting on my aide". Staff B stated she felt uncomfortable with the comment and started to leave the room. Staff B reported she stood outside Resident #2's room with Staff A. Staff B decided to return to the room to help Resident #2. Staff B stated no further inappropriate comments were made. Staff B stated she left the room at the same time as Staff A. Staff B learned Staff A claimed Staff C stated to Resident #2, "We f****** hate you, you should just die", you're not done yet, you've shit on my aide for the last time", "Shut up, you're not done shitting because I can still hear you" and "Don't shit on her (Staff B)". Staff B reported the only inappropriate comment by Staff C had something to the effect of "you will not be shitting on my aide". Staff B stated the other alleged comments were false. Staff B stated she was in the room the entire time and left with Staff A. Staff B reported they had two aides and a trainee for three halls. The staff were frustrated and on edge.

During an interview on 2/27/20 at 4:10 p.m. the Administrator reported all staff completed the Dependent Adult Abuse for Mandatory Reporters training after Staff A and Staff B failed to report the two allegations. All staff completed the

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F 600	Continued From page 4 training by 12/31/19. The Administrator suspended Staff C on 12/12/19 and terminated on 12/16/19 for verbal abuse. The Administrator suspended Staff B on 12/12/19 pending the investigation. Staff B received a written disciplinary action on 12/16/19 for failing to report verbal abuse. Staff B resigned after the disciplinary action. Staff A resigned after reporting the verbal abuse on 12/12/19.	F 600		
F 609 SS=F	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) 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 (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. §483.12(c)(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	F 609		

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F 609	Continued From page 5 incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to report allegations of abuse to the department for 2 of 4 sampled (Residents #1, and #2) in a timely manner. The facility reported a census of 66. Findings include: The Intake Information sheet revealed the facility self-reported alleged abuse of Resident #1 and Resident #2 on 12/16/19. The alleged incidents occurred on 11/27/19. The facility notified Resident #1 and Resident #2's physician, family and the police of the allegations. Staff A (Nurse Aide Trainee) and Staff B (Nurse Aide) failed to report the incidents immediately. During an interview on 3/1/20 at 9:38 a.m., Staff A (Nurse Aide Trainee) reported she witnessed both incidents and did not know what to do until she completed the Dependent Adult Abuse for Mandatory Reporter training on 12/8/19. Staff A reported the incidents the next day she returned to work on 12/12/19. During an interview on 2/27/20 at 4:10 p.m. the Administrator reported all staff complete the Dependent Adult Abuse for Mandatory Reporters training after Staff A and Staff B failed to report the two allegations. All staff completed the training by 12/31/19. The Administrator suspended Staff B on 12/12/19. Staff B received a written disciplinary action on 12/16/19 for failing to report verbal abuse. Staff B resigned after the disciplinary action. Staff A resigned after	F 609		

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F 609	Continued From page 6 reporting the verbal abuse on 12/12/19	F 609		

The facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and/or State law. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of federal and/or state law.

Date of Compliance March 11th, 2020

F600
Corydon Specialty Care ensures that residents remain free from abuse.

Staff members identified in 2567 are no longer employed by Corydon Specialty Care

Staff & residents with potential to be affected by abuse are protected thru additional education and ongoing auditing.

Corydon Specialty Care required staff at the time of the event to complete the DHS Dependent Adult Abuse online 2 hour course regardless of prior completion of course and have that course completed by 12/31/2019.

Corydon Specialty Care staff received additional education on immediate reporting requirements or reported or suspected Abuse on March 11th, 2020.

D.O.N or designee will complete routine auditing to ensure that staff understands immediate reporting requirements & recognition of types of Abuse.

QAPI team will review audits to ensure solutions are permanent

F609

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