STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	03/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00404254. Complaint IN00404254 - State deficiencies related to the allegations are cited at R0052, R0090, and R0217. Survey date: 3/22/23 Facility number: 014178 Residential Census: 124 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 3/24/23.	R 0000	This Plan of Correction constitutes our written allegation of compliance for the deficiency cited, however, submission of this plan of correction is not an admission that a deficiency exits or that one was cited correctly. This Plan of Correction is submitted to meet the established state and federal law.	
R 0052 Bldg. 00	410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on record review and interview, the facility failed to ensure residents were free from resident to resident abuse, related to an inappropriate picture and video was sent to a female resident's cell phone from a male resident and inappropriate comments made from the male resident (Resident B) to female residents (Residents J, D, F, C, and G), for 6 of 6 residents reviewed for abuse. Finding includes:	R 0052	Belvedere Senior Housing Facility #: 014178 Survey Date: 03/22/2023 Plan of Correction **R – 052 Residents Rights - Offense** **Corrective Action:** 1. No Residents were harmed	04/20/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sandra L. Erickson	Administrator	04/14/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Resident J was interviewed on 3/22/23 at 9:27 a.m. and indicated Resident B had made lewd comments to her and other women. He had made a sexual comment to her approximately five months ago. She had not reported it and had just stayed away from him. Resident D was interviewed on 3/22/23 at 9:59 a.m. and indicated Resident B spoke "filthy" to her. He sat at her table approximately three weeks ago in the Dining Room and had his tongue out and had said he wanted to kiss her all over her body and there was nothing she could do about it. She was very fearful of him and had reported it to the Administrator. She indicated she now slept on her couch in the living room instead of her bed and was fearful of him. Resident B still would walk by her and made comments of "how's my little baby". He also continued to stare at her and she felt threatened. Resident F was interviewed on 3/22/23 at 10:33 a.m., and indicated Resident B had previously poked her in the buttocks with his cane. He had also made inappropriate sexual comments when he held the door open for her. She had reported the incident. During an interview with Resident C on 3/22/23 at 11:32 a.m., she indicated she had reported to the Administrator and the Move-In Coordinator a video that had been sent to her phone by Resident B. She indicated she had given Resident B her phone number in the past because he would pick things up for her at the store. She indicated she was fearful and the video was sickening and showed him touching his genitals. The video was sent around 2/16/23. She indicated she was scared of the male resident.		by the alleged deficient practice. Administrator educated Resident B on the expectations of appropriate behaviors towards other residents while residing in the facility. Residents J, D, F, C, and G were not harmed by the alleged defense and are being monitored for any signs of distress from the alleged allegation of abuse. Ongoing monitoring of resident B status was implemented to assure all residents are safe and remain free from resident-to-resident abuse to include inappropriate pictures/videos and/or statements to other residents. IVD was given to resident and ongoing assistance provided to Resident B to locate alternative housing for resident. 2. All residents have the potential to be abused by other residents if residents do not respect each others' boundaries. A Town Hall Meeting was conducted on 3/30/2023 to educate residents on Abuse and Neglect—specifically resident to resident abuse to include inappropriate pictures/videos and / or statements and the expectation of respecting each other. In addition, to report such abuse immediately to the Executive Director or manager to allow quick intervention.	

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	Resident G was interviewed on 3/22/23 at 2:20 p.m. and indicated while she was in the gazebo, Resident B had made an inappropriate sexual comment to her and had said he wanted some of her. She had not reported the incident at the time. He continued to sit and stare at her, but he had not said anything further to her. A Grievance, dated 3/1/23 and signed by the Administrator, indicated Resident B had made inappropriate sexual statements and sent a picture and video of himself to a resident. Resident B was unable to recall sending the picture and video. He was informed he could not do this. During an interview with the Move-In Coordinator on 3/22/23 at 11:52 a.m., she indicated she had been present when Resident C reported the incident and viewed the picture and video. The picture on the phone was of the male resident's genitals and the video was of his full body and he was touching himself. Resident C had voiced she had been sick and had not checked her phone for a few weeks. The Administrator indicated on 3/22/23 at 1:49 p.m., she had been made aware of the video and picture on the phone. She had interviewed other residents and was informed Resident B had voiced sexually inappropriate comments to other female residents. She had not been informed of any of this until 3/1/23. Written statements from residents were received from the Administrator and reviewed on 3/22/23 at 3 p.m. and indicated the following: - An undated written statement from Resident F indicated Resident B had poked her in the buttocks with his cane and he had also made a		3. Staff were rein-serviced on 3/23/2023, 3/24/2023 and 3/25/2023 on the policy/procedure of Abuse and Neglect to include types of abuse, reporting and observing for any signs of abuse to residents and to immediately report to the administrator. The facility will be conducting direct interviews with the residents, their representatives if applicable, and staff to ensure that all potential allegations have been reported and documented. 4. A QA audit will be conducted by designee weekly x 4 weeks, then monthly x 6 months on all incidences to assure all potential allegations of abuse and or neglect has been reported to IDOH. At the end of 6 months a decision will be made if audit needs to continue. **Completion Date:** 4/20/2023	

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	sexual comment to her when she had thanked him for holding the door open for her. - An undated written statement from Resident D indicated Resident B talked to her, "very dirty", and and stated he wanted to rub his body all over her and she was scared of the resident. - There were two statements from Resident G, dated 3/1/23, which indicated a week prior, Resident B had made a statement to her while she was sitting outside. He had stated, "I'd like to have some of that too." He has always had something inappropriate to say to her. The second statement indicated Resident B had made the comment he would like to feel her up and rub his body all over hers. She was afraid to be outside with him. - A statement from Resident F, dated 3/1/23, indicated about a month ago, Resident B had poked her in the buttock with his cane and when he had opened the door for her he had told her she could thank him by "giving me some of that butt". - A statement from Resident D, dated 3/1/23, indicated Resident B had made inappropriate sexual comments to her. One comment was "like to kiss your body all over cross my heart". - A statement from Resident J, dated 3/1/23, indicated Resident B had made a sexual inappropriate comment to her two weeks prior. - There were two signed statements dated 3/1/23 from staff in the investigation. CNA 1 indicated on 2/28/23, Resident B was in the common area on the second floor with his genitals out of his pants. CNA 2 indicated he was observed sitting in a			

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	chair in the second floor common area with his genitals out of his pants and he had cut holes in his pants in the front section and was walking around the facility with his genitals showing. Resident B's record was reviewed on 3/22/23 at 12:17 p.m. The diagnoses included, but were not limited to, hypertension and psychotic disorder. A Level of Care assessment, dated 3/18/23, indicated he was oriented to person, place, and time, his decisions were poor, his attitude, disturbance and emotional status created less than daily difficulties and were modifiable to tolerable levels. The Progress Notes indicated the following: - On 3/1/23 at 9:10 p.m. a late entry for 2/28/23, documented by the DON, indicated he had been sitting in the common area on the second floor with his pants unzipped and was physically touching his genitals. He was redirected to his room and informed this could not be done in a public area. When other staff were interviewed, they had indicated he had torn holes in his pants and exposed his penis through the holes. Staff were informed to immediately report all inappropriate conversations and actions. - On 3/6/23 at 9:23 p.m., the resident was found on the floor. LPN 1 and QMA 1 entered the room. He was inebriated. He then pulled his briefs down and exposed himself and was touching himself. QMA 1 covered him and asked him to stop. He uncovered himself and continued the behavior. He became aggressive and attempted to touch LPN 1 inappropriately. He was verbally asked to stop and he became more aggressive and continued to attempt to inappropriately touch LPN 1. He then asked the QMA if she would			

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	perform a sexual act on him. During an interview on 3/22/23 at 2:45 p.m., the Director of Nursing indicated there had been no Service Plan initiated for the resident, including behaviors or anything to reflect the protection of other residents. A facility abuse policy, dated 1/2022, indicated the residents of the community had a right to be free of abuse. This state residential finding relates to Complaint IN00404254.			
R 0090 Bldg. 00	410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or			

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	nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request			
	Based on record review and interview, the facility failed to ensure allegations of abuse were reported to the Indiana Department of Health (IDOH) for 6 of 6 residents reviewed for abuse. (Residents B, J, D, F, C, and G) Finding includes: Cross reference R0052. During an interview on 3/22/23 at 1:49 p.m., the Administrator indicated she was not aware she had to report the allegations of abuse to the IDOH.	R 0090	Belvedere Senior Housing Facility #: 014178 Survey Date: 03/22/2023 Plan of Correction **R – 090 Administration and Management -Deficiency Corrective Action:** 1. No Residents were harmed by the alleged deficient practice. Administrator and DON were re-educated on 4/11/2023 on timely reporting of allegations of abuse to the Indiana Department of Health.	04/20/2023

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	A facility abuse policy, dated 1/2022 and received from the Administrator as current, did not indicate the IDOH was to be contacted for allegations of abuse. This state residential finding relates to Complaint IN00404254.		2. All residents have the potential to be affected by alleged deficiency. Staff will monitor for signs of changes in behaviors/conditions and report to appropriate management for further assessing and/or investigation to prevent escalation to abuse. 3. Due to the failure of the Administrator to report allegation of abuse, all staff, including the Administration staff, were in-serviced on 3/23/2023, 3/24/2023 and 3/25/2023 on the proper reporting criteria and timely reporting of any allegation of abuse to IDOH. 4. A QA audit will be conducted by DON/designee to ensure compliance of reporting allegations of abuse/neglect to IDOH weekly x 4 weeks and then monthly for 6 months. At the end of 6 months a re-evaluation will be conducted to determine if ongoing monitoring is required. **Completion Date:** 4/20/2023	
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as			

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	follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on record review and interview, the facility failed to ensure a Service Plan was developed and initiated for an independent resident with behavioral symptoms and substance abuse, for 1 of 4 residents reviewed for Service Plans. (Resident B) Finding includes: Resident B's record was reviewed on 3/22/23 at 12:17 p.m. The diagnoses included, but were not limited to, hypertension and psychotic disorder. The admission date was 10/4/22.	R 0217	Belvedere Senior Housing Facility #: 014178 Survey Date: 03/22/2023 Plan of Correction **R – 217 Evaluation - Deficiency** **Corrective Action:** 1. No Residents were harmed by the alleged deficient practice. Resident B's Service Plan was updated on 3/27/2023 to reflect recent behaviors and interventions. 2. All residents have the	04/20/2023

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	A Level of Care assessment, dated 3/18/23, indicated he was independent with all activities of daily living, oriented to person, place, and time, his decisions were poor, his attitude, disturbance and emotional status created less than daily difficulties and were modifiable to tolerable levels and may have been abusing substances. Cross reference R0052. During an interview on 3/22/23 at 2:45 p.m., the Director of Nursing indicated there was no Service Plan initiated for the resident. This state residential finding relates to Complaint IN00404254.		potential to be affected by alleged deficiencies. No new residents came forward with allegations. Audit completed by DON/Designee on residents that are known to have behaviors and update if needed. 3. Licensed nursing personnel will be rein-serviced on 04/11/2023 on the policy/procedures for updating the Service Plan when a resident has a change in behavior/condition. Licensed Nursing personnel will update the service plan for residents upon initial evaluation/assessment, semi-annually, and as needed with any changes in resident needs or behaviors. 4. A QA audit will be conducted by the DON/designee to ensure residents have an updated service plan when changes in condition or behavior occur. Audit will be completed weekly x 4 weeks and then monthly for 6 months. Monthly audits will be reviewed at the monthly QA meeting for 6 months and recommendations will be presented for any need of continued auditing. **Completion Date:** 4/20/2023	