

*Afraid of Speaking with Surveyor and Ombudsman*

The nursing home failed to ensure resident 176 was free from intimidation when reporting abuse. This failure resulted in psychosocial harm due to fear of intimidation and retaliation by the nursing home in reporting abuse and neglect by staff. Resident 176 was cognitively intact (based on MDS assessment).

The resident reported that the abuse started because he was telling staff A that he shot the biggest bear in Idaho and staff A “called BS on me.” The following incident allegedly took place a couple of days later:

An Incident Report documented that the resident reported to an unnamed CNA that staff A smacked his forehead against the side rails of the bed and smacked and pinched his scrotum with a urinal. He added that he did not want to say anything because he was worried it would make things worse for him.

A follow-up interview in the Incident Report documented that the resident stated he had a verbal disagreement with staff A. Staff A turned the resident and inadvertently bumped his head on the side rail. When staff A was providing care, the resident’s thigh was inadvertently pinched by the urinal. The report documented the resident stated he felt safe in the nursing home and denied any abuse.

When the resident was asked about his statement in the follow-up interview, he denied that he made the statement that he felt safe in the nursing home and denied he stated that abuse did not happen. He stated, “I am not stupid, and I never said that.” A family friend who was present at the interview confirmed it. The resident stated that the nursing home was “sweeping things under the rug” and that he was not at all comfortable about his safety in the nursing home.

The resident reviewed the investigation report and said, “They minimized what I said.” He added that staff A “was just really, really bad.” He stated staff A went to turn him and banged his head against the rails over and over (“really hard”). He added that staff A then took the urinal and smashed it against his genitals over and over (“really hard”). He stated that he got “thumped up pretty good” and staff A was reassigned to work on another hall. He added that he only felt safe once staff A left the nursing home.

He said, “I am afraid of retaliation” and added that he was currently concerned about retaliation for talking to the state and worried he will be starved out for talking to state surveyors. When asked to clarify, the resident stated he was not afraid of physical abuse but worried about things staff control, such as his medications being late, call light not being answered, and not getting food served to him.

He said that he contacted the Ombudsman at the time, but then changed his mind about discussing the incident when he was asked for information because he was afraid of repercussions from staff. The resident stated that the nursing home fired staff A after another resident complained about abuse.

Name of Nursing Home	Ivy Court / Provider ID: 135053
Address	2200 Ironwood Place, Coeur D’Alene, Idaho
Date investigation completed	March 6, 2020
Type of deficiency issued	F600 – Freedom from Abuse, Neglect, and Exploitation
Severity level	Actual Harm
Overall Quality Star Rating: 2; Staffing Rating: 4	

Investigation report: <https://www.medicare.gov/care-compare/inspections/pdf/nursing-home/135053/health/standard?date=2020-03-06>