STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA LUTHERAN COMMUNITIES INC	110 N NICHOLS ST LOWELL, IN 46356

(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
W0000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: September 4, 5, and 6, 2012. Facility number: 000603 Provider number: 15G048 AIM number: 100233510 Surveyor: Tim Shebel, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/11/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to implement its abuse/neglect policy to protect 1 additional client (client #5) from further incidents of falling after falling and breaking his clavicle (collarbone). Findings include: The facility's records were reviewed on 9/4/12 at 1:27 P.M.. A review of incident reports from 1/1/12 to 9/4/12 indicated the following incidents of client #5 falling: 1. "Name: [Client #5], Date: 03/07/2012, Narrative Details: [Client #5] was walking around in the classroom and another client had accidentally left her coat on the floor. While [client #5] was walking with his walker the legs of his walker got caught up in the coat and fell. Plan to Resolve: [Client #5's] right leg and wrist were checked on after the incident by the H.S. Tech (Health and Safety Technician). [Client #5] indicated that he was in no pain, however he wanted to lay down a while after the incident. There wasn't any redness or swelling at time of check. [Client #5]	W0149	Client #5 has received PT and OT and has gained some strength. It is recommended that he use a wheelchair and he has received training on self-propelling his chair. His Fall Prevention Plan has been modified to include a cushion alarm and a pull alarm to alert staff when he tries to get up or wants to get up. He has been assessed for a new wheelchair. Client #5's Fall Prevention Plan will be reviewed at each staff meeting to determine if the plan needs to be updated and to reinforce the importance of the plan with staff. All staff will be retrained on Falls including risk factors, causes of falls, and the appropriate response to falls. The following procedure will be implemented for all falls: *1)* The *Abuse, Misappropriation and Mistreatment of Persons Served Policy* will be implemented. *2)* An investigation will be opened and the *Risk Assessment Inventory: Falls* will be completed. All persons witnessing the fall will be interviewed. 3) Environmental and other factors that contributed to the fall will be corrected as soon as possible. 4) If the individual has a Fall Prevention Plan, it will be reviewed and modified as needed. If there	10/05/2012

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	does have a fall risk plan {which covers keeping the walkways clear} and the walkway was not cleared due to another client leaving her coat lying on the floor. Staff was reminded that the walkways always need to be cleared so future incidents do no occur. The ratio is 8:1 (eight clients supervised by one staff person) and staff was in the proximity." 2. "Name: [Client #5], Date: 04/22/2012, Narrative Details: Staff was assisting an individual in the shower when she heard a noise outside the bathroom door. When she opened the door, she found [client #5] lying on the hallway floor with left arm bent awkwardly beneath him. She called 911 and he (client #5) was taken to [local emergency room]. A housemate, who was in the adjoining living room, stated that [client #5] fell. He (client #5) had x-rays and a CT (cat scan) of head. The diagnosis was a fractured left clavicle and muscle strain of the lower back. He was released to return to the group home. [Client #5] has a short distance from his bedroom to the bathroom and can manage this distance without the use of his walker. Since this bathroom was occupied, it appears by the location of his fall that he was going towards the second bathroom on the other side of the living room. Plan to Resolve: [Client #5] has a fall reduction plan that includes the use of		wasn't a plan, a Fall Prevention Plan will be completed. 5) All staff will be trained on the new or modified Fall Prevention Plan. 6) The results of the investigation and the initial or updated Fall Prevention Plan will be reviewed at the Monthly Risk Management Meeting. 7) During observations, the Program Manager/QMRP will ensure that DSPs are following the Fall Prevention Plan and that the environment would not contribute to falls. 8) Staff will receive corrective action as needed for failure to follow the Fall Prevention Plan or allowing an unsafe situation to exist which could contribute to a fall. 9) Fall Prevention Plans will be reviewed at each staff meeting to address any changes or concerns. The Program Director will be responsible for ensuring that above steps are taken for each fall.	

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	a walker PRN (as needed). This will be updated to use at all times." 3. "Name: [Client #5], Date: 05/21/2012, Narrative Details: [Client #5] refused to eat dinner and chose to sit in his room and watch TV. Staff heard a noise from [client #5's] room and found him on the floor. His walker was on the floor next to him. Staff checked for injuries and [client #5] indicated that he had no pain. Due to fractured clavicle, [client #5] is assisted with mobility in a wheelchair and he is not to be using his walker. [Client #5] has always been self determined and does not like rules. He will refuse to listen to staff when they remind him to use the wheelchair or sit and he will attempt to hit, scratch, grab at staff. He is receiving home PT (physical therapy) and he has a fall Prevention Plan. Plan to Resolve: The walker has been removed from his room so that he will not be tempted to use it. Staff continues to monitor [client #5's] health and safety and review his Fall Prevention Plan with him. [Client #5] continues home PT. [Client #5's] doctor will be notified regarding any medical concerns." 4. "Name: [Client #5], Date: 06/03/2012, Narrative Details: [Client #5] was sitting in his wheelchair and reached for his mug of coffee. He slipped out of the chair and			

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W0157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed to assure effective corrective action had been taken to prevent 1 additional client (client #5) from further incidents of falling after falling and breaking his clavicle (collarbone). Findings include: The facility's records were reviewed on 9/4/12 at 1:27 P.M.. A review of incident reports from 1/1/12 to 9/4/12 indicated the following incidents of client #5 falling: 1. "Name: [Client #5], Date: 03/07/2012, Narrative Details: [Client #5] was walking around in the classroom and another client had accidentally left her coat on the floor. While [client #5] was walking with his walker the legs of his walker got caught up in the coat and fell. Plan to Resolve: [Client #5's] right leg and wrist were checked on after the incident by the H.S. Tech (Health and Safety Technician). [Client #5] indicated that he was in no pain, however he wanted to lay down a while after the incident. There wasn't any redness or swelling at time of check. [Client #5]	W0157	All staff will be retrained on Falls including risk factors, causes of falls, and the appropriate response to falls. Staff will also be retrained on what neglect is and how falls can result from neglect which includes not following Fall Pevention Plans. Training will include the consequences of neglect including corrective action up to and including termination. The following procedure will be implemented by the Program Manager/ QMRP for all falls: *1)* The *Abuse, Misappropriation and Mistreatment of Persons Served Policy* will be implemented. *2)* An investigation will be opened and the *Risk Assessment Inventory: Falls* will be completed. All persons witnessing the fall will be interviewed. 3) Environmental and other factors that contributed to the fall will be corrected as soon as possible. 4) If the individual has a Fall Prevention Plan, it will be reviewed and modified as needed. If there wasn't a plan, a Fall Prevention Plan will be completed. 5) All staff will be trained on the new or modified Fall Prevention Plan. 6) The results of the investigation, initial or updated Fall Prevention Plan will be reviewed at the Monthly Risk Management Meeting. 7) During observations,	10/05/2012

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