

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155733	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/06/2021
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NAME OF PROVIDER OR SUPPLIER COLONIAL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP COD 119 N INDIANA AVE CROWN POINT, IN 46307
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(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00356591.</p> <p>Complaint IN00356591 - Substantiated. Federal/state deficiencies related to the allegations are cited at F919.</p> <p>Survey date: 7/6/21</p> <p>Facility number: 000360 Provider number: 155733 AIM number: 100290370</p> <p>Census Bed Type: SNF/NF: 37 Total: 37</p> <p>Census Payor Type: Medicare: 2 Medicaid: 33 Other: 2 Total: 37</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/7/21.</p>	F 0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. Colonial Nursing and Rehab requests that the plan of correction be considered our allegation of compliance effective July 16, 2021 to the complaint survey conducted on July 6, 2021 and request paper compliance.	
F 0919 SS=D Bldg. 00	<p>483.90(g)(2) Resident Call System §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	<p>§483.90(g)(2) Toilet and bathing facilities. Based on observation, record review, and interview, the facility failed to ensure a resident's bathroom and room call lights were functioning for the resident to call for staff assistance when needed, for 1 of 21 resident rooms and bathrooms observed for call light availability. (Resident E)</p> <p>Finding includes:</p> <p>During an interview on 7/6/21 at 8:56 a.m., Resident E indicated the bathroom call light was not working. He would have to yell for help after he finished in the bathroom. The room call light would only work if it was pressed a certain way. If it was pressed on the side, the call light would not activate.</p> <p>During an observation at that time, there was an alarm box lying on the bathroom floor. The magnetic disc used to sound the alarm was lying next to the alarm box, not attached. The alarm box was not sounding. The resident pressed the call light in his room and the light was not activated. When he pressed the call light a different way, the call light would activate in the hallway.</p> <p>During a tour of the building on 7/6/21 from 10:27 a.m. through 10:40 a.m. with the Director of Maintenance, the alarm box in Resident E's bathroom floor was now hanging on the wall. The string was pulled, the magnetic disc disconnected from the alarm, and the alarm was not activated. The Director of Maintenance indicated this was the first he was aware of the call light not working. At the end of the tour, he was informed the call light in the resident's room was also not functioning properly.</p> <p>During an observation of the bathroom call light</p>	F 0919	<p>F919 Resident Call System</p> <p>The correction action taken for those residents found to be affected by the deficient practice include:</p> <p>The Call light in Resident E's room was replaced with a new one that works from all angles. The bathroom alarm received a new battery and was properly mounted to the wall and working properly.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A facility wide audit was conducted by the Maintenance Director to determine if there were any call lights in the building that were not functioning properly. No other call light issues were identified.</p> <p>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur?</p> <p>Staff received an in-service on proper steps to take if they identify a call light is not working properly. The training included notification of maintenance and the proper completion of a work order.</p> <p>The Maintenance Director received an in-service on the TELS system call light testing form and the</p>	07/16/2021	

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	<p>on 7/6/21 at 2:18 p.m., the bathroom call light would not activate upon pulling the magnet from the alarm box. The room call light would not activate when pushed a certain way. The Director of Maintenance indicated the room call light should activate any way it is pressed down and the bathroom alarm required new batteries.</p> <p>Resident E's record was reviewed on 7/6/21 at 2:34 p.m. The diagnoses included, but were not limited to, difficulty walking.</p> <p>A Quarterly Minimum Data Set assessment, dated 6/10/21, indicated an intact cognitive status, required extensive assistance of one staff for transfers, extensive assistance of two for toileting, and had no falls.</p> <p>A Care Plan, dated 3/19/19, indicated a risk for falls. The interventions included to ensure the call light was in reach.</p> <p>An undated, "Preventative Maintenance Manual", received from the Administrator as current on 7/6/21 at 11 a.m., indicated resident rooms and call lights would be observed for function daily.</p> <p>This Federal tag relates to Complaint IN00356591.</p> <p>3.1-19(u)</p>		<p>checking of the call light system as part of preventive maintenance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Maintenance Director will complete an inspection of call lights in 8 rooms weekly x 4 weeks, then monthly thereafter. In the event a deficiency is identified, it will immediately be corrected. This will be reviewed in QA Meeting at least quarterly for 6 months. By what date the systemic changes will be completed? 7/16/21</p>	