

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2012
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NAME OF PROVIDER OR SUPPLIER  COUNTRY CHARM VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227
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R0000	<p>This visit was for the Investigation of Complaint IN00112742.</p> <p>Complaint IN00112742 - Substantiated. State deficiency related to the allegation is cited at R0052.</p> <p>Survey date: August 2, 2012</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Survey Team: Mary Jane G. Fischer, RN</p> <p>Census bed type: Residential: 70 Total: 70</p> <p>Census payor type: Other: 70 Total: 70</p> <p>Sample: 3</p> <p>This state finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on August 3, 2012 by Bev Faulkner, RN</p>	R0000		

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 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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R0052	<p>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.</p> <p>Based on record review, interview and observation, the facility failed to ensure a resident was free from neglect; in that when a cognitively impaired resident displayed exit seeking behaviors and had been discovered outside, the nursing staff failed to monitor the resident for the risk of further elopement for 1 of 3 sampled residents. [Resident "A"]</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 08-02-12 at 10:00 a.m. Diagnoses included but were not limited to dementia, anxiety, hypertension, and depression. These diagnoses remained current at the time of the record review.</p> <p>The resident's semi-annual assessment, dated 06-20-12, indicated the resident was alert to person with periods of confusion and forgetful.</p> <p>Interview on 08-02-12 at 12:10 p.m., the Business Office Manager indicated on Tuesday 07-17-12 "... as I was leaving</p>	R0052	<p><b>Country Charm Village – Facility #3283 Plan of Correction – August 24, 2012 Survey Event ID BUYN11 Finding: The facility failed to ensure a resident was free from neglect: in that when a cognitively impaired resident displayed exit seeking behaviors and had been discovered outside, the nursing staff failed to monitor the resident for the risk of further elopement for 1 of 3 sampled residents. The facility has taken multiple steps toward corrective action which will benefit "Resident A," as noted in a sample of 3, as well as all other residents who reside in the memory care unit. The following steps toward corrective action in this finding are outlined below:</b></p> <p><b><u>Facility Secured Source of Elopement</u></b> Immediately following incident, Country Charm Village staff investigated and found source of elopement, a window in a neighboring resident's apartment. It should be noted that this window did have appropriate lock and alarm</p>	08/24/2012			

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	<p>work, it was around 5:00 p.m., I went out through the front door and saw [name of Resident "A"] standing by the bushes out in front of the building. I couldn't believe it and asked [resident] 'what are you doing out here ?' [Resident] didn't want to come back inside with me, so I had to coax [resident]. Once I got [resident] inside I gave a drink of water. I could tell [resident] wanted to walk again, [resident] got up from the chair so then I got a hold of the nurse. I walked [resident] back to the Memory Care unit and the nurse was already there. We walked [resident] to the dining room because they were getting ready to eat dinner. I got ready to leave the building again, and when I got around to the side of the building I saw [resident] again. This time [resident] had rolled up the pants legs to slacks, it was hot outside, [resident] and was coming from behind the building and when I got to [resident] was at the side of the building. I couldn't believe it - two times! I brought [resident] back through the employee entrance and returned [resident] to the Memory Care unit. [Resident] got out through the window in [name of other resident] room, and had actually opened up both windows the first time [resident] got out. [Resident] opened the windows and broke out the screen."</p> <p>Interview on 08-02-12 at 10:15 a.m., the</p>		<p>system. However, resident disengaged alarm. Upon such finding, staff took additional measures to ensure this particular window was double-locked with a secondary method, other than the aforementioned alarm system. The double lock will allow the window to be open no more than twelve (12) inches. Once identified as the source window, this window was secured within thirty minutes. Since that time, all other windows in memory care unit have also been double locked and secured so they will open no more than twelve (12) inches. For clarification, this is all apartment windows as well as dining room windows. This corrective action positively impacts the affected resident as well as all residents who live in the memory care community.</p> <p><b><u>New Policy and Procedure for Daily Window and Door Checks</u></b></p> <p>A new form was created and policy written which requires maintenance and/or environmental staff members to check all windows and doors on memory care unit daily, to ensure they are functioning properly and free from damage and any signs of possible tampering. Staff is required to sign for completion of this task on a daily basis. While facility recognizes that the double lock system should prohibit anyone from ever again exiting through a window, it is still</p>	

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	<p>Maintenance Director indicated "I got the call that night and I couldn't believe it. [Resident] was exit seeking all day and pacing. [Resident] was at the doors just waiting for a chance to get out. [Resident] went to [name of other resident] room opened the window and knocked out the screen. The windows in that room are different, because years ago there was a fire and when they replaced the windows they weren't the same as the original ones. I've tried to place different types of locks on them, but they won't fit the windows the right way. They won't hold. There was even an alarm, but it had been turned off. After that happened I put screws in the windows so they can't be opened very far."</p> <p>Observation on 08-02-12 at 10:20 a.m., the windows in the room where the resident eloped had been secured with two screws and the windows opened approximately 6 inches.</p> <p>Interview on 08-02-12 at 1:00 p.m., the Administrator verified the resident did get out through the window of the other resident's room and confirmed that after the resident had been returned to the Memory Care unit, the nurse assessed the resident, left the unit and the resident assistants did not monitor the resident's whereabouts, and the resident eloped a</p>		<p>important to perform these checks to ensure there is no evidence of tampering. If such evidence is ever found, it will alert staff of a possible "exit-seeking" resident. The Director of Maintenance, Director of Nursing and Executive Director will be continually monitoring to ensure this protocol is followed. The Director of Maintenance will personally perform at least three of the weekly window and door checks and will be responsible for the daily monitoring to ensure this has been completed. The Executive Director will have the ultimate responsibility of ensuring this task is completed. While the source of the finding has been corrected, it is an item that will involve continual monitoring. Therefore, the above quality assurance tool for windows and doors will continually remain in place. <b><u>Staff Counseling and Training</u></b> Those staff members who were on-site at the time of incident were immediately re-educated on elopement protocol. Disciplinary action was taken, where appropriate. Two of the individuals on duty at the time of incident are no longer at the community. The charge nurse on duty at the time of incident is now working a percentage of her assigned hours on day shift, with the Director of Nursing and Executive Director, in an effort to provide for additional training and supervision. This corrective</p>				

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	second time.  This State Finding relates to Complaint IN00112742.		action was both immediate and ongoing in nature and will positively impact the affected resident as well as all residents who live in the memory care community. <b><u>Shift Change In-Services Conducted by Director of Nursing and Executive Director</u></b> For the eight shift changes immediately following the incident, the Director of Nursing and/or Executive Director conducted standup in-service sessions to discuss incident and re-educate on elopement protocol. This corrective action was immediate in nature and has had a positive impact on the affected resident, as well as all other residents who live in the memory care community. <b><u>All Staff Mandatory In-Services</u></b> All-staff mandatory in-services which focus on elopement risks and protocol have been conducted by Director of Nursing and Executive Director. These in-services have discussed the seriousness of elopement and the staff's responsibility and accountability for resident safety to include items such as door and window checks, monitoring and reporting abnormal increases in anxiety and/or wandering behaviors, and the importance of documenting and following through on "exit-seeking" behaviors. Elopement protocol will continue to be a part of initial orientation and training for all newly hired				

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			employees. Professional consultants, Courtney and Associates, have also been engaged to provide all-staff mandatory in-service on elopement during the month of August, 2012. Separate in-services for licensed nurses were conducted by Director of Nursing and Executive Director to re-educate nurses on elopement assessments. Nurses were re-educated that elopement assessment must begin at the pre-admission phase; and at the time of admission, an elopement assessment must be completed within 8 hours. Please note, an initial pre-admission elopement assessment has been done when the resident arrives for residency; and this initial eight (8) hour period, upon admission, is allowed so staff may have opportunity to monitor resident's response and behavior(s) in new environment. All new residents are also placed on care alert where behavior and social activities are to be monitored for 36 hours immediately following admission. They were further re-educated that elopement assessment must be done quarterly. This corrective action positively impacts the affected resident as well as all residents who live in the memory care community. This corrective action was both immediate and ongoing in nature. It will be the responsibility of the Director of		

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			<p>Nursing to ensure appropriate in-services are scheduled and conducted. It will be the ultimate responsibility of the Executive Director to monitor the corrective action for compliance. .</p> <p><b><u>Additional Staffing and Activities During Peak Times</u></b></p> <p>The facility's Executive Director researched and found data to support that, on a national level, the majority of elopements occur during peak times such as afternoon shift change and following certain meals. Therefore, the facility has taken corrective action to place additional staff in the memory care community during certain peak times of the day. An additional staff member has been placed in the memory care unit at the following peak times: 8:30 a.m. to 9:30 a.m. – following breakfast meal 1:45 p.m. to 2:30 p.m. – immediately before, during and thirty minutes after day/evening shift change time of 2 p.m. During these times, the additional staff member engages the residents in various activities that assist in the management of wandering behaviors, while at the same time respect the dignity and autonomy of all residents. Staff is often utilizing approaches that foster a more peaceful environment such as aromatherapy, meditative music and sensory exercises. This corrective action was implemented August 3, 2012, and</p>	

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			<p>is ongoing in nature. It has had a positive impact on the affected resident as well as all residents who live within the memory care unit. The Director of Nursing and Dietary Manager are responsible for ensuring the daily completion of this corrective action. The Executive Director has the ultimate responsibility to ensure compliance of this corrective action. <b><u>Video Monitoring System Updated</u></b> The video monitoring system has been updated and expanded to three additional areas in the building. Previously, the monitoring system was housed only in the office of the maintenance director. The system has been expanded to now include a live feed into the computers of both the Director of Nursing and the Executive Director, which allows the ability to remotely monitor the memory care unit at periodic times throughout the work day. In addition to this expansion, a third monitor has been installed and a live feed is now available in the nurses' station of the memory care unit. Nurses and QMA's are now able to monitor the hallway of the memory care unit while in the station charting and performing other necessary duties.</p> <p><b><u>Weekly Meeting of Risk Committee</u></b> A risk committee which is comprised of multi-disciplinary team within the facility has been appointed and meets weekly to review all</p>	

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			<p>residents who have been identified at risk for elopement. For the record, all residents living within the memory care community are considered at risk for elopement. The committee discusses any changes, interventions and resolutions. The risk committee also confirms elopement drills have been completed and reviews the outcome of such drills. This corrective action was implemented August 8, 2012, and is ongoing in nature. The Director of Maintenance is responsible for ensuring weekly meetings occur and the Executive Director has the ultimate responsibility for ensuring compliance. _</p> <p><b><u>Elopement Drills</u></b> The number of elopement drills has been increased and a drill now occurs at least every ten (10) days. The frequency of drills was increased effective August 8, 2012. This particular plan of correction, related to elopement drills, will continue through October 31, 2012, at which time the outcome of all drills will be evaluated and it will be determined if the number of drills may be decreased or stay at the frequency of every ten (10) days. The Director of Nursing and the Director of Maintenance are responsible for ensuring elopement drills occur on the scheduled basis. The Executive Director has the ultimate responsibility for ensuring compliance. <b><u>One Hour Safety</u></b></p>				

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			<p><b><u>Checks/Two Hour Safety Checks</u></b> The staff is continuing to follow facility protocol in that each resident within the memory care community is checked by care partners, for safety, at least once per hour during day, evening and night shifts. The charge nurse on night shift is also required to perform additional safety checks at least every two hours during the night shift of 10:00 p.m. to 6:00 a.m. This protocol has been amended to now include documentation of safety checks. Each staff member must initial and document the time of safety check, along with a "head count" of all residents. If the "head count" does not equal the current census, staff member must provide written documentation of resident's location. This corrective action was implemented August 20, 2012, and is ongoing in nature. The Director of Nursing is responsible for monitoring this corrective action on a daily basis and the Executive Director has the ultimate responsibility of ensuring compliance. <b><u>Care Plan and Social History Updating/Addition of More Personally Targeted Activities</u></b> On August 14, 2012, this corrective action was initiated when the Director of Nursing began contacting family members and POA's of memory care residents. Staff has reached out to these individuals in an effort to</p>				

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			<p>update social histories and care plans for all memory care residents. It is the goal to obtain more social history information for each resident that will enable staff to implement additional activities that are more personal in nature. For example, if staff were to find that one of our residents was formerly a leader within the Girl Scouts of America organization, an activity involving Girl Scouts may be appropriate, in an effort to personalize an activity for this particular resident. It is the facility's goal that all social histories and care plans for memory care residents will be updated by September 15, 2012.</p> <p>This corrective action will be completed by the Director of Nursing and the Executive Director has the ultimate responsibility for ensuring compliance. <b><u>Identifying Residents Who have the Potential to be Affected</u></b> The facility has identified all residents within the memory care community as having the potential to be affected. All residents who reside in the memory care community have a physician order documenting a diagnosis of dementia and/or Alzheimer's dementia, and they also have a physician order clearly documenting "elopement risk." The facility maintains an Elopement Book which has photographs of all residents within the memory care</p>		

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			community. The facility has requested the pharmaceutical provider print "ELOPEMENT RISK" on the MARS of all memory care residents. It is anticipated that this will be accomplished by the pharmacy provider on August 27, 2012, for the MARS to be utilized for September 2012. This will be an ongoing corrective action. This concludes the Plan of Correction for Country Charm Village, Event ID BUYN11. This Plan of Correction for Event ID BUYN11 was prepared by Kamala M. West, RCA, LPN.	