

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/17/2016
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NAME OF PROVIDER OR SUPPLIER ADDISON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2244 Q AVE NEW CASTLE, IN 47362
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00207642.</p> <p>Complaint IN00207642-Substantiated. State deficiencies related to the allegation are cited at R0052.</p> <p>Survey dates: August 17, 2016</p> <p>Facility number: 004426 Provider number: 004426 AIM number: N/A</p> <p>Census bed type: Residential: 28 Total: 28</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on August 19, 2016.</p>	R 0000	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under State law. Please accept this plan of correction as our credible allegation of compliance.</p>	
R 0052 Bldg. 00	<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;</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 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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	<p>(5) neglect; and (6) involuntary seclusion.</p> <p>Based on record review and interview the facility failed to change the code, which was known by an elopement risk resident, to the secured front door. This deficient practice resulted in the elopement of a cognitively impaired resident. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/17/2016 at 9:30 a.m. The diagnoses included, but were not limited to, major neurocognitive disorder, psychotic disorder with delusions and Alzheimer's with behavioral disturbances.</p> <p>Review of the Indiana State reportable indicated Resident B was found to be missing from the facility on 8/14/2016 at approximately 9:00 p.m.</p> <p>Review of the inpatient hospital Discharge Summary, dated 8/4/16, indicated the following: "The patient should not leave the facility without supervision, he is not safe to go for walks on his own...."</p> <p>Review of the facility investigation and the nursing notes, dated 8/14/2016,</p>	R 0052	<p>1. Resident is no longer in our community.</p> <p>2. Current residents have been reassessed on 8/16 and 8/17 for possible elopement risk with one resident identified. This resident has been moved to a medical community with appropriate support for further assessment on 8/21. The remaining current residents have no indication of being affected based on the completed assessments.</p> <p>3. The door code has been changed effective 8/15 and again on 8/18 and will continue to be changed on a monthly basis, at a minimum. Elopement drills have been conducted on 8/16, 8/17, and 8/18 to include each of the three shifts. Current staff have been re-educated on our elopement policy and Resident Rights on 8/15, 8/16 and 8/30 by Care Services Manager. Visitor and Resident sign in/out books are placed in entry way effective 8/16. Concierge located at front desk to instruct residents and visitors to utilize the books. Will further educate residents and family on next scheduled family night on 9/14.</p> <p>4. The Executive Director is responsible for sustained compliance. As a means of quality assurance, and in an effort to ensure resident safety, door codes will be changed in addition to monthly, at any time a resident</p>	08/30/2016			

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	<p>indicated LPN #1 gave Resident B his medications at 8:45 p.m. Resident B was observed walking near the front of the building with an adult coloring book. During the shift change at 10:00 .p.m., Resident B could not be located and the facility initiated the elopement protocol.</p> <p>During an interview on 8/17/2016 at 10:00 a.m., LPN #1 indicated Resident B had been readmitted two weeks ago from a psychiatric hospital due to increased behaviors. LPN # 1 indicated Resident B had significant medications changes from the inpatient hospital. "He was sent to a psych hospital because he was getting progressively worse- being more aggressive with staff and getting upset more easily." LPN #1 indicated before the inpatient hospital stay, Resident B had open privileges to leave the facility whenever he wanted. "He would leave the building at 2:00 a.m. or 3:00 a.m. But then the police had to bring him back a few times. That's when he was sent to the hospital. After he came back from the psych hospital they changed his medications, he slept more. The day before the incident he had slept all night. He usually was up all night. He would sometimes sleep by the front door. He always wanted to leave. Two nights prior to him leaving, he tore up some papers on a board by the front desk during the night</p>		<p>is identified to have a change in mental status or psychosocial well-being, where a resident becomes exit seeking or leaves the community unattended, unless able to do so safely. Residents experiencing exit seeking behavior and/or who leave the community unattended, unless able to do so safely , will be discussed in monthly QA meetings. Monitoring will be ongoing.</p>	

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	<p>shift. He had done stuff like this before he went to the hospital. The night he left he was sitting by the front door and walking around by the court yard."</p> <p>During an interview on 8/17/2016 at 10:44 a.m., the Administrator indicated they were unable to determine the exact time Resident B had exited the facility, but felt it was around 9:00 p.m. The Administrator also indicated the code to the secure front door was kept on pieces of paper at the front desk. "He used to be able to leave the facility on his own and he may have known the code was there. While he was in the hospital his family came and cleaned his room. They told me they had found hundreds of paper slips with the code on them." The Administrator indicated the code to the secured door was not changed when Resident B was readmitted to the facility.</p> <p>The resident had not been located at the time of exit on 8/17/2016.</p> <p>Review of the elopement protocol, dated 7/1/14, indicated the following:</p> <p>" Elopement Definition: When a <u>cognitively impaired</u> resident leaves the physical structure of the community without staff knowledge and/or supervision. The resident lacks safety</p>			

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	<p>awareness and is unable to distinguish guidelines/identify his or her safety needs. ...</p> <p>I. Confirm Absence: A review of the <u>Community Sign-out Book</u> should be completed to confirm resident absence prior to initiating the following practice guidelines. ...</p> <p>II. If you fail to locate the missing resident, <u>INITIATE BUILDING SEARCH:</u> ...</p> <p>III. If building search fails to locate the resident, <u>SUMMON ASSISTANCE:</u> If unable to locate missing resident within 30 minutes, <u>immediately</u> notify the Executive Director and/or Care Services Manager who will be responsible for other notifications following the Incident Reporting Guidelines. The Executive Director or designee</p>			

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	<p>will notify the family or responsible party or guardian that the resident is missing. If the family does not know where the resident is, enlist the family ' s assistance in knowing where to search off the premises.</p> <p>IV. Determine the areas/sites in the community that the resident may have familiarity with (i.e. stores, shelters, restaurants, home). Assign necessary staff to conduct searches of these and other areas.</p> <p>...</p> <p>Local police-Provide resident identification such as photo or description of resident and the clothing he/she was wearing. The Executive Director or his/her designee will coordinate the following search procedures in cooperation with the</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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