

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 04/14/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CASTLETON	STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST INDIANAPOLIS, IN 46250
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00193314.</p> <p>Complaint IN00193314 - Substantiated. State deficiencies related to the allegations is cited at R0148 and R0214.</p> <p>Survey dates: April 13 and 14, 2016</p> <p>Facility Number: 009894 Provider Number: 009894 AIM Number: N/A</p> <p>Residential census: 117</p> <p>Sample:5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on April 19, 2016.</p>	R 0000	<p>Factors.</p> <p>This plan of correction isnot to be construed as an admission of or agreement with the findings and theconclusions in the statement of deficiencies, or the proposed administrativepenalty with right to correction the community and rather, it is submitted asconfirmation of our ongoing efferts to comply with all statutory and regulatoryrequirements. In this document, we haveoutlined specifications in response to each allegation or finding. We have not presented all contrary factualorlegal arguments, nor have we identified all mitigating factors.</p>	
R 0148 Bldg. 00	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as</p>			

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

TITLE

(X6) DATE

Any deficiencystatement 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>follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, interview and record review the facility failed to ensure the call light/pager system was functioning for 1 of 3 residents reviewed for accidents and failed to ensure staff were appropriately inserviced on the function of the call light/pager system. (Resident D)</p> <p>Findings include:</p> <p>During an observation of Resident D's room on 4/13/16 at 1:21 p.m.,, the bathroom call light did not register on CNA #1's pager. The call light was activated 3 times and did not register on CNA #1's pager.</p> <p>During an interview on 4/13/16 on 1:33 p.m., with the ADON (Assistant Director of Nursing), she indicated CNA #1's pager had to be cleared before the call</p>	R 0148	R 148 What corrective action willbe accomplished for the resident found to be affected by alleged deficientpractice: Resident D call light was tested and identified that thepagers had to be cleared before the call lights would work on the pager. There was no negative affect from the allegeddeficient practice. How will the community identify other residents having thepotential to be affected by the same deficient practice? Residents who reside on the Terrace unit have the ability tobe affected; an evaluation of the call system and pagers was immediatelycompleted. No other residents wereaffected by this alleged deficient practice. What systemic changes will the community make to ensure thedeficiency will not recur? The maintenance director contacted the company the callights were purchased from and the call lights and pendants were tested. An	04/17/2016			

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	<p>lights would work on the pager.</p> <p>During an interview on 4/13/16 at 1:35 p.m., with CNA #1, she indicated she did not receive training on the pager system and how often the pager needed to be cleared.</p> <p>During an interview on 4/13/16 at 1:47 p.m., with LPN #2, she indicated the pager constantly gets messages from room #5 and room #7 and these rooms are not occupied.</p> <p>During an interview on 4/13/16 at 1:50 p.m., with the Executive Director she indicated there was no documentation of staff training for the call/pager system.</p> <p>During an observation on 4/13/16 at 2:06 p.m., of CNA #3's pager it showed call lights were activated for room #5 at 2:03 p.m. and room #7 at 2:06 p.m.</p> <p>During an interview on 4/13/16 at 2:14 p.m., with the Maintenance Director, he indicated he was not aware that room #5 and room #7 were showing on the pager system. He confirmed that room #5 and room #7 were not occupied. He indicated (Name of Company), the administrator of the wireless call light/pager system has recommended an audit of the whole system since room #5 and room #7 were</p>		<p>in-service was completed on the call light system and instructions on clearing the pager system was conducted on 4/15/16 _____, for current associates and will be included in new associate's orientation. What is the quality assurance plan to monitor the community performance to insure the change is permanent? Call lights and pendants will be checked weekly during housekeeping task by staff and documented. Any issues will be directed to the maintenance director. Date completed: 4/17/16</p>				

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R 0214 Bldg. 00	<p>not showing as correct rooms on the system.</p> <p>A review of logbook documentation of the Nurse Call System obtained from the Maintenance Director on 4/13/16 at 2:45 p.m., indicated the last check was completed in January 2016 for one room a day for 5 days. No further checks were documented.</p> <p>The annual work plan received from the Executive Director on 4/14/16 at 2:50 p.m., indicated "...Wireless Nurse Call Systems: Weekly inspection of self monitoring systems....."</p> <p>This State Residential tag relates to Complaint IN00193314.</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to revise the service plan in regards to falls for 1 of 3 residents reviewed for accidents. (Resident B)</p>	R 0214	R 214 What corrective action willbe accomplished for the resident found to be affected by alleged deficientpractice: The service plan for theresident B was updated to include thechange of	04/28/2016

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	<p>Findings include:</p> <p>During review of the clinical record on 4/13/16 at 10:00 a.m., Resident B diagnoses included, but were not limited to, cancer of the bladder, diabetes, depression, anemia, hypertension, and osteoarthritis.</p> <p>Nursing notes, dated 1/30/16 at 10:30 a.m., indicated Resident B was found sitting on floor next to the bed. Resident B indicated she attempted to sit on the bed but slid to the floor. Zero injuries were noted.</p> <p>Nursing notes, dated 2/3/16 at 1:30 p.m., indicated Resident B was found in between the bed and night stand. Resident B indicated she was trying to get in her bed from her wheelchair and fell. Zero injuries were noted.</p> <p>Nursing notes, dated 2/13/16 at 4:30 p.m., indicated Resident B pulled the call light after she had fallen in the bathroom and hit her right side on the shower. There was an abrasion above and below the right eye. Resident B was sent to the emergency room for evaluation and treatment.</p> <p>Nursing notes, dated 2/29/16 at 7:30</p>		<p>condition and intervention of for the fall per Brookdale policy. No negative outcome was noted from deficientpractice. How will the community identify other residents having thepotential to be affected by the same deficient practice? Residents who have falls have the potential to be affectedby this same alleged deficient practice. No other residents were identified being affected by alleged deficientpractice. What systemic changes will the community make to ensure the deficiencywill not recur? Falls for previous day will be identified at daily stand up,the Health and Wellness Director and/or designee will update the PersonalService Plans on those residents that have had a change of condition, within 48hours. Residents with be review at the next collaborative careinterdisciplinary meeting. What is the quality assurance plan to monitor the communityperformance to insure the change is permanent? After the Personal Service Plan has been updated theExecutive Director will be notified to review and lock the service plan. Compliance Date: 4/28/16</p>	

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	<p>p.m., indicated Resident B stated "I saw my walker and was trying to get up to get it and go to the bathroom". The notes indicated Resident B was unaware of safety concerns and her walker was not within reach, it was across the room. Zero injuries were noted.</p> <p>Nursing notes, dated 3/9/16 at 6:00 a.m., indicated Resident B was up in her room with her walker and lost her balance. Staff assisted the resident to the floor. Zero injuries were noted.</p> <p>Nursing notes, dated 3/9/16 at 4:30 p.m., indicated Resident B was found on the floor in her bathroom. Resident B stated she was reaching for her pendant. Zero injuries were noted.</p> <p>Nursing notes, dated 3/10/16 at 6:00 a.m., indicated Resident B was unaware of why she was getting out of bed. Zero apparent injuries were noted and resident denies striking her head.</p> <p>Nursing notes, dated 3/13/16 at 1:05 p.m., indicated Resident B was found on the floor. Resident stated "I was walking and leaned against here" Resident pointed to right arm of the recliner. Resident B indicated she sat on her bottom and denies hitting her head.</p>			

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	<p>Nursing notes, dated 3/24/16 at 9:40 p.m., indicated Resident B was found on her bathroom floor. A staff member indicated the resident become weak and her knees buckled. The resident was lowered to the floor. Zero injuries were noted.</p> <p>Nursing notes, dated 4/13/16 at 4:45 a.m., indicated Resident B was found on the floor in front of her bed. Zero injuries were noted.</p> <p>The Service Plan, dated 1/29/16, indicated Resident B had a fall on 2/13/16 with a new intervention, reminding resident to use call light/pendant.</p> <p>The Service Plan, dated 2/29/16, did not mention Resident B's falls or new interventions</p> <p>The Service Plan, dated 3/15/16, did not mention Resident B's falls or new interventions.</p> <p>During an interview with the Executive Director, on 4/14/16 at 9:24 a.m., she indicated Resident B's service plan should have been updated to address her falls.</p> <p>The facility policy titled "Falls</p>			

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	<p>Management Policy" dated 3/20/16, received from the Executive Director on 4/14/16 at 2:45 p.m., indicated "...4. A post fall investigation is completed after a resident fall and individualized interventions (i.e. medication changes, removing rugs, night light, hip protectors, etc.) are included in his/her service plan. 5. If a fall occurs...h. Additional interventions should be noted on the resident service plan if recurrent falls occur...."</p> <p>The facility policy titled "Service Plan Process Policy" dated 4/2015, received from the Executive Director on 4/14/16 at 2:45 p.m., indicated "...2) The Health and Wellness Director (HWD), Assisted Living Director, or designee will generate a service plan for each resident, using the evaluation and service plan software system. The service plan should be reviewed and revised as necessary by the community care team under the direction of the Executive Director (ED), or designee, or nurse: a. Periodically thereafter, b. Following a change in condition of the resident that results in altered care needs over a period of greater than two weeks...4. The service plan should include: a. Specific and individualized needs of the resident...."</p> <p>This State Residential tag relates to</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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	Complaint IN00193314.				