

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

PRINTED: 12/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155481</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/01/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR TRACE HEALTH &amp; LIVING COMMUNITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3701 HODGIN RD</b> <b>RICHMOND, IN 47374</b>		
(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	
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Nursing Home Complaints IN00417459, IN00417910, IN00419083, IN00422463, and IN00423092. This visit included the Investigation of Residential Complaint IN00417459.</p> <p>Complaint IN00417459 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417910 - Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00419083 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00422463 - Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00423092 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 29, 30, and December 1, 2023</p> <p>Facility number: 000455 Provider number: 155481 AIM number: 100291010</p> <p>Census Bed Type: SNF/NF: 82 SNF: 14 Residential: 27 Total: 123</p> <p>Census Payor Type:</p>	F 000			
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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F 000	Continued From page 1 Medicare: 23 Medicaid: 63 Other: 10 Total: 96  These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.	F 000			
F 689 SS=D	Quality review completed on December 4, 2023 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the fall policy was implemented regarding documentation of a fall event in the clinical record, conduct a fall follow up, and conduct neurological checks (neuro checks) for 1 of 3 residents reviewed for accidents. (Resident C)  The deficient practice was corrected on 9/14/23, prior to the start of the survey, and was therefore past noncompliance. The facility had completed assessments of residents who had experienced a fall, education related to documentation of falls in the clinical record, conduct neurological checks, and audits related to fall events.	F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 2</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 12/1/23 at 2:02 p.m. The diagnoses included, but were not limited to, anxiety disorder, anemia, dementia, mild cognitive impairment, anorexia, and depression.</p> <p>A progress note, dated 9/14/23 at 3:24 p.m., indicated the following, "...IDT [interdisciplinary team] Post Fall Assessment Fall on 09/10/23: Resident was observed on floor in room sitting on buttocks...Root cause of fall is that resident was attempting to independently transfer/ambulate. Resident is cognitively impaired with poor safety awareness and resides on a dementia unit...."</p> <p>An incident reported to the Indiana State Department of Health Survey Report System, dated 9/14/23, indicated Resident C had an unwitnessed fall on 9/10/23. Resident C began to complain of hip pain and was diagnosed with "acute right superior and inferior pubic ramus fractures".</p> <p>There was no documentation of a fall event occurring for Resident C, on 9/10/23, in the progress notes, under incident reports, or under assessments.</p> <p>A brief interview for mental status (BIMS) assessment, dated 9/15/23, indicated Resident C had severe cognitive impairment.</p> <p>A written statement made by Licensed Practical Nurse (LPN) 2, undated, indicated the following, "...On Sunday September 10, 2023, [name of Resident C] was observed on her bottom on the floor of her bedroom. Resident stated she did not</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>know how she fell but stated she did not hit her head. Assessed vital signs which were within normal limits. This nurse and CNA [certified nursing assistant] assisted resident back to bed. Assessed resident further. Resident had full ROM [range of motion] in both her upper and lower extremities. Resident stated she had no pain before, or after performing ROM. Resident had no deficits upon neuro assessment, and no visible deformities. Resident was laying in bed with call light in reach when staff left the room...I spoke with CNA and stated I did not believe the resident had any injuries as she was not in pain. This was the reason I did not report this fall...."</p> <p>An interview conducted with the Director of Nursing (DON), on 12/1/23 at 2:20 p.m., indicated there was no fall event, progress note, or assessment documented in the clinical record regarding Resident C's fall event on 9/10/23. LPN 2 was suspended, and the facility didn't have her document after that. There were no neurological checks conducted after Resident C's fall. The fall was revealed on 9/14/23 when Resident C complained of pain and noted to have a pelvic fracture that led to the facility investigating what occurred with Resident C.</p> <p>A Fall Prevention Policy and Procedure, dated May 2016, was provided by the Director of Nursing (DON) on 12/1/23 at 3:38 p.m. The policy indicated the following, "...a fall is defined as unintentionally coming to rest on the ground, floor, or other lower level but not the result of being pushed by an external force...PROCEDURE...This section describes the process for the prevention of falls and accurate documentation when there is a fall. Accurate documentation of fall risks and falls provides a</p>	F 689			

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F 689	Continued From page 4 clinical picture of a resident and is utilized in developing their plan of care. It is the responsibility of the interdisciplinary team to document falls prevention, when a fall occurs, and interventions to avoid future falls...."  This Federal tag relates to Complaints IN00417910 and IN00422463.  3.1-45(a)(1) 3.1-45(a)(2)	F 689		