

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/27/2023
NAME OF PROVIDER OR SUPPLIER WOODRIDGE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 17650 GENERATIONS DR, SOUTH BEND, , 46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00422153. Complaint IN00422153 - State deficiencies related to the allegations are cited at R0027 and 0216. Survey date: November 27, 2023 Facility number: 001148 Residential Census: 50 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed 12/6/2023.	R 0000			
R 0027	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(b) (b) Residents have the right to a dignified existence, self-determination, and	R 0027	Clearpath Connections, the platform system that runs our facility call monitoring system, had a tech come out to our facility x2 days. The tech ensured that	01/02/2024	

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communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States.

Based on observation, interview, and record review, the facility failed to provide a device for recent admissions to contact staff for assistance for 2 out of 3 Residents reviewed for call lights. (Resident B & C)

Findings include:

1. A record review for Resident B was completed on 11/27/2023 at 10:40 A.M. Diagnoses were included, but not limited to: intellectual functional disability, hypercholesterolemia and morbid obesity. She admitted to the facility on 11/3/2023.

During an interview, on 11/27/2023 at 1:00 P.M., Resident B indicated that she got her call button a couple of days ago. She indicated she needed help one night and she was unable to reach anyone, so she called her family for help.

each resident has a wearable pendant, and the pendant is assigned to the correct room for that particular resident. Each pendant was then labeled. The electronic computer system has been inspected per the tech, and is not overdue for an upgrade. Two managers were trained on inputting pendants into the system upon admission, room change, or move out of a resident, as well as written instructions posted at the computer for all staff. New wearable pendants were ordered, and extra are on hand. The Administrative Assistant, or designee, will be in charge of ensuring that new residents receive a pendant upon admission. An admission check list will now be in place for the Administrative Assistant, or designee. An admission check list will also be in place for the nurse/QMA to ensure that a new admission has a call pendant in place upon arrival to our facility. The nursing and management staff will be trained on checking the system for alerts showing low battery, malfunctions,

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	During an interview, on 11/27/2023 at 1:15 P.M., the Administrator indicated that the Residents have a pendant to call the staff when they need assistance. They are issued by maintenance when a new admission arrives. 2. A record review for Resident C was completed on 11/27/2023 at 11:34 A.M. Diagnoses were included, but not limited to: atrial fibrillation and hypertension. He admitted to the facility on 11/6/2023. During an interview, on 11/27/2023 at 11:28 A.M., Resident C indicated that he does not have anything to call the staff if he required assistance. During an interview, on 11/27/2023 at 3:20 P.M., the Administrator indicated Resident B and C should have been given a pendant upon admission. On 11/27/2023 at 3:17 P.M., the Administrator provided a policy titled, "Emergency Call System", dated 4/5/2011, and indicated it was the policy currently used by the facility. The policy indicated, "...Each resident will be provided with a method by which the resident may summon a staff person at any time...."		etc. The Administrative Assistant, or designee, will audit computer system and pagers for alerts 3 times per week for 2 weeks, then 1 time per week for 2 weeks, then monthly for 6 months. Managers will monitor audits, and admission checklists monthly per QA meetings for 6 months. Resident Rights inservice to all employees and residents. All staff training will be completed, along with production of admission check lists, and audit sheets by 01/02/23.	
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This concern relates to complaint IN00422153.

Based on observation, interview, and record review, the facility failed to provide a device for recent admissions to contact staff for assistance for 2 out of 3 Residents reviewed for call lights. (Resident B & C)

Findings include:

1. A record review for Resident B was completed on 11/27/2023 at 10:40 A.M. Diagnoses were included, but not limited to: intellectual functional disability, hypercholestroemia and morbid obesity. She admitted to the facility on 11/3/2023.

During an interview, on 11/27/2023 at 1:00 P.M., Resident B indicated that she got her call button a couple of days ago. She indicated she needed help one night and she was unable to reach anyone, so she called her family for help.

During an interview, on 11/27/2023 at 1:15 P.M., the Administrator indicated that the Residents have a pendant to call the staff when they need assistance. They are issued by maintenance when a new admission arrives.

2. A record review for Resident C was completed on 11/27/2023 at 11:34 A.M. Diagnoses were included, but not limited to: atrial

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	fibrillation and hypertension. He admitted to the facility on 11/6/2023. During an interview, on 11/27/2023 at 11:28 A.M., Resident C indicated that he does not have anything to call the staff if he required assistance. During an interview, on 11/27/2023 at 3:20 P.M., the Administrator indicated Resident B and C should have been given a pendant upon admission. On 11/27/2023 at 3:17 P.M., the Administrator provided a policy titled, "Emergency Call System", dated 4/5/2011, and indicated it was the policy currently used by the facility. The policy indicated, "...Each resident will be provided with a method by which the resident may summon a staff person at any time...." This concern relates to complaint IN00422153.			
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:	R 0216	All residents self-administering their medications are being audited by the DON for: assessment completion, physician order, and service plan. Audit to also include ensuring that each of these residents that have a companion room, have a locked place	01/02/2024

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FORM APPROVED

OMB NO. 0938-0391

(1) The resident ' s physical, cognitive, and mental status.

(2) The resident ' s independence in the activities of daily living.

(3) The resident ' s weight taken on admission and semiannually thereafter.

(4) If applicable, the resident ' s ability to self-administer medications.

(d) The evaluation shall be documented in writing and kept in the facility.

Based on interview and record review, the facility failed to ensure a self- administration evaluation was completed for 1 out of 3 charts reviewed and a physician order was obtained for self- administration of medications for 2 out of 3 charts reviewed. (Resident B & D)

Findings include:

1. A record review for Resident B was completed on 11/27/2023 at 10:40 A.M. Diagnoses included, but were not limited to: intellectual functional disability, hypercholesterolemia and morbid obesity. She admitted to the facility on 11/3/2023.

During an interview, on 11/27/2023 at 12:42 P.M., the LPN 2 indicated he removed Resident B's medication from her room on 11/6/2023 because she had no progress note,

for storing of their medications.

An

admission check list will be in place for nursing for completion of

self-medication assessment, physician order, service plan, and locked area, if

resident is requesting to administer their own

medications. The DON, or designee, will audit all new

admission check lists within 1 day of admission for 6 months.

Managers will review admission check lists

monthly per QA meetings for 6 months. Nurse

training on care policies and procedures "Medication Self Administration

Evaluation" and "Service Plan."

All

staff training will be completed, along with production of admission check

lists, and audit sheets by 01/02/23.

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medication list or diagnoses. He needed to contact the doctor for a med list to put in the computer and request a letter indicating she can self-administer her medication.

During an interview, on 11/27/2023 at 1:00 P.M., Resident B indicated she informed the Administrator on admission she wanted to self-administer her own medication. She notified them on a weekend and on Monday they took her medication away. They informed her she needed a lock box and a letter from the doctor indicating she could self-administer her own medications. She currently is self-administering her medication.

During an interview, on 11/27/2023 at 1:15 P.M., the Administrator indicated they removed her medication because she had it all over the room, no lock box and her assessment was not completed. She did not have a current order to self-administer.

A Medication Self-Administration Safety Screen, dated 11/22/2023, indicated she may self-administer medications unsupervised.

2. A record review for Resident D was completed on 11/27/2023 at 12:10 P.M. Diagnoses

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included, but were not limited to:
depression,
hypercholesterolemia, seizures
and atrial fibrillation. He was
admitted on 11/20/2023.

During an interview, on
11/27/2023 at 12:20 P.M., the
LPN 3 indicated Resident D
self-administered his own
medication.

During an interview, on
11/27/2023 at 3:12 P.M.,
Resident D indicated he self-
administered his medication.

During an interview, on
11/27/2023 at 2:58 P.M., the
Administrator indicated that
Resident B and D should have
had an order to self-administer
their medication.

A Medication
Self-Administration Safety
Screen, undated was blank.

During an interview, on
11/27/2023 at 3:45 P.M., the
Administrator indicated that
Resident D should have had an
evaluation for self
-administration completed.

On 11/27/2023 at 3:17 P.M., the
Administrator provided a policy
titled. " Medication Self
Administration Evaluation",
dated 12/10/2007, and indicated
it was the policy currently used
by the facility. The policy
indicated "...The resident's
desire to self-administer

medications will be determined during the admission process and will be repeated as deemed necessary, or upon request by the resident... 3. If the resident indicates a desire to self-administer medications, this will be indicated in the Service Level Assessment. The Director of Nursing or designee will proceed to observe and interview the resident or designee to complete four components of medication self-administration evaluation, and document the results. Facility will obtain a physician's order for resident to self-administer medication...."

These concerns relate to complaint IN00422153.

Based on interview and record review, the facility failed to ensure a self- administration evaluation was completed for 1 out of 3 charts reviewed and a physician order was obtained for self- administration of medications for 2 out of 3 charts reviewed. (Resident B & D)

Findings include:

1. A record review for Resident B was completed on 11/27/2023 at 10:40 A.M. Diagnoses included, but were not limited to: intellectual functional disability, hypercholestrolemia and morbid obesity. She admitted to the facility on 11/3/2023.

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During an interview, on 11/27/2023 at 12:42 P.M., the LPN 2 indicated he removed Resident B's medication from her room on 11/6/2023 because she had no progress note, medication list or diagnoses. He needed to contact the doctor for a med list to put in the computer and request a letter indicating she can self- administer her medication.

During an interview, on 11/27/2023 at 1:00 P.M., Resident B indicated she informed the Administrator on admission she wanted to self-administer her own medication. She notified them on a weekend and on Monday they took her medication away. They informed her she needed a lock box and a letter from the doctor indicating she could self-administer her own medications. She currently is self-administering her medication.

During an interview, on 11/27/2023 at 1:15 P.M., the Administrator indicated they removed her medication because she had it all over the room, no lock box and her assessment was not completed. She did not have a current order to self-administer.

A Medication
Self-Administration Safety
Screen, dated 11/22/2023,
indicated she may

self-administer medications unsupervised.

2. A record review for Resident D was completed on 11/27/2023 at 12:10 P.M. Diagnoses included, but were not limited to: depression, hypercholesterolemia, seizures and atrial fibrillation. He was admitted on 11/20/2023.

During an interview, on 11/27/2023 at 12:20 P.M., the LPN 3 indicated Resident D self-administered his own medication.

During an interview, on 11/27/2023 at 3:12 P.M., Resident D indicated he self-administered his medication.

During an interview, on 11/27/2023 at 2:58 P.M., the Administrator indicated that Resident B and D should have had an order to self-administer their medication.

A Medication Self-Administration Safety Screen, undated was blank.

During an interview, on 11/27/2023 at 3:45 P.M., the Administrator indicated that Resident D should have had an evaluation for self-administration completed.

On 11/27/2023 at 3:17 P.M., the Administrator provided a policy titled. " Medication Self

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Administration Evaluation", dated 12/10/2007, and indicated it was the policy currently used by the facility. The policy indicated "...The resident's desire to self-administer medications will be determined during the admission process and will be repeated as deemed necessary, or upon request by the resident... 3. If the resident indicates a desire to self-administer medications, this will be indicated in the Service Level Assessment. The Director of Nursing or designee will proceed to observe and interview the resident or designee to complete four components of medication self-administration evaluation, and document the results. Facility will obtain a physician's order for resident to self-administer medication...."

These concerns relate to complaint IN00422153.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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

TITLE

(X6) DATE