

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 09/07/2022	
NAME OF PROVIDER OR SUPPLIER COMMONS AT JUDAY CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23, SOUTH BEND, , 46635					
(X4) ID PREFIX TAG R 0000	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG R 0000	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00382576 and IN00371793. Complaint IN00382576 - Substantiated. State deficiencies related to the allegations are cited at R144 Complaint IN00371793 - Substantiated. State deficiencies related to the allegations are cited at R029 & R144 Survey date: September 7, 2022 Facility number: 010667 Residential Census: 39 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed 9/8/22.		The following is the Plan of Correction for Brookdale South Bend regarding the Statement of Deficiency dated 9.7.22 for the full renewal survey on 9.7.22 This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.				

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R 0029	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(d) (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on record review and interview, the facility failed to ensure a resident was treated with dignity in regards to ensuring a urinary drainage bag was covered for 1 of 1 residents reviewed. (Resident E) Finding includes: On 9/7/2022 at 10:30 A.M., during a tour of the facility with LPN 2, Resident E was observed with a urinary drainage bag hanging on the back of the wheel chair handle and not covered. LPN 2 assisted Resident E into their room and repositioned the catheter drainage bag lower on the back of the wheelchair, but did not cover it. On 9/7/2022 at 12:28 P.M., Resident E was observed with the catheter tubing extending out of the bottom of the resident's pants on the right leg. The tubing extended up in between the residents thigh and the side of the wheelchair and ended on the back of the	R 0029	R029 Resident E's catheter tubing was immediately placed in the appropriate position and the catheter bag was placed in a dignity bag by the Executive Director when resident arrived to the dining room on 9/7/2022. LPN 2 and CNA 4 were re-educated on resident rights and correct placement of catheter tubing and utilization of the dignity bag for the catheter bag by the Executive Director on 9/7/2022. All residents' with catheters have the potential to be affected. The Executive Director completed a visual audit on current residents with catheters to ensure catheter tubing was appropriately placed and the catheter bag was in a dignity bag on 9/7/2022. Nursing staff to be re-educated on resident rights, and Brookdale's How To: Care for Foley Collection Bags,	09/23/2022
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wheelchair attached to the urinary drainage bag, that was uncovered.

On 9/7/2022 at 3:33 P.M., a clinical record review was completed. Resident E's physician orders included: Nursing staff to ensure dignity bag is in place and intact every shift for privacy to urinary drainage bag.

On 9/7/2022 at 3:58 P.M., Resident E was observed sitting in a recliner with the urinary drainage bag lying on the floor.

During an interview, on 9/7/2022 at 4:00 P.M., CNA 4 indicated the drainage bag should be covered and not on the floor.

On 9/7/2022 at 4:10 P.M., the Administrator provided a 5 page copy of "Indiana Resident Rights", and indicated the Resident Rights was currently used by the facility. The Resident Rights indicated"... You have a right to the following: A dignified existence... Treatment with consideration, respect and recognition of your dignity and individuality...."

This State Residential tag relates to Complaint IN00371793.

Based on record review and interview, the facility failed to ensure a resident was treated

which includes catheter tubing placement and dignity bags, on 9/22/2022 by the Executive Director and the Clinical Services Specialist.

The Health and Wellness Director and/or designee will complete an audit of residents' with Foley Catheters weekly for 3 months to ensure correct catheter tubing placement and utilization of the dignity bag for the catheter bag. Any identified issues will be discussed in the daily stand up meeting Monday through Friday.

ED or designee will round on all residents receiving catheter care on the following schedule

5 x weekly for 30 days then

1 x weekly for 30 days then

1 x monthly for 3 months then

1 x quarterly until 100% compliance is achieved for 2 consecutive quarters

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with dignity in regards to ensuring a urinary drainage bag was covered for 1 of 1 residents reviewed. (Resident E)

Finding includes:

On 9/7/2022 at 10:30 A.M., during a tour of the facility with LPN 2, Resident E was observed with a urinary drainage bag hanging on the back of the wheel chair handle and not covered.

LPN 2 assisted Resident E into their room and repositioned the catheter drainage bag lower on the back of the wheelchair, but did not cover it.

On 9/7/2022 at 12:28 P.M., Resident E was observed with the catheter tubing extending out of the bottom of the resident's pants on the right leg. The tubing extended up in between the residents thigh and the side of the wheelchair and ended on the back of the wheelchair attached to the urinary drainage bag, that was uncovered.

On 9/7/2022 at 3:33 P.M., a clinical record review was completed. Resident E's physician orders included: Nursing staff to ensure dignity bag is in place and intact every shift for privacy to urinary drainage bag.

On 9/7/2022 at 3:58 P.M.,

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	Resident E was observed sitting in a recliner with the urinary drainage bag lying on the floor. During an interview, on 9/7/2022 at 4:00 P.M., CNA 4 indicated the drainage bag should be covered and not on the floor. On 9/7/2022 at 4:10 P.M., the Administrator provided a 5 page copy of "Indiana Resident Rights", and indicated the Resident Rights was currently used by the facility. The Resident Rights indicated"... You have a right to the following: A dignified existence... Treatment with consideration, respect and recognition of your dignity and individuality...." This State Residential tag relates to Complaint IN00371793.			
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, record review, and interview, the facility failed to provide a clean and sanitary environment for 39 of 39 residents currently residing in	R 0144	R144	09/23/2022
			A deep clean, which includes dusting, vacuuming and carpet cleaning, of the dining area, common areas including bathrooms, hallways and the sunroom and resident C's room was completed on 9/7/2022 by the maintenance supervisor and the housekeeper. The light bulb in the bathroom was	

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the facility. (Common areas, hallways, hallway bathroom, dining room, sunroom, and Resident C's room)

Findings include:

During the initial tour of the facility, on 9/7/2022 at 10:15 A.M., the following issues were noted:

Dust was noted on two end tables and a television stand in a common area. The wall behind a lift chair was observed with gouges, dust and dry wall pieces and other dirt and debris on the floor.

The hallways through out the facility were observed with dark stains. Pictures hanging on the walls had a build up of dust on the frames.

A bathroom dedicated for resident use only, had gouges behind the toilet tank with missing paint, the caulk around the toilet had a burnt orange colored to it. The base board along the main wall in the bathroom was bent inward and exposed a visible hole. The light fixture above the sink had a burnt-out bulb.

The dining room had 4 window ledges with visible dirt/debris, food crumbs and dead insects. There was food on the wall under a window in the dining room. Two of three ceiling fans

replaced on 9/7/22.

All residents have the potential to be affected. The bathroom and the common area wall will be painted by the maintenance supervisor before 9/22/2022. Estimates were received on 9/19/2022 to replace the flooring in the bathroom.

The Executive Director re-educated the maintenance supervisor and the housekeeper on Brookdale's Fresh Impressions Program which outlines how to and how often to clean common areas and resident apartments on 9/7/2022.

Maintenance Supervisor/designee to audit 4 apartments and 7 common areas weekly for 3 months. Any issues identified will be discussed in the daily stand up meeting Monday through Friday.

ED or designee will monitor community cleanliness by completing Brookdale Fresh Impression audit form for 7 common areas and 4 apartments on the

were observed with a large build up of dust hanging from the blades.

On 9/7/2022 at 11:53 A.M., the sunroom was observed to have a large build up of dust on the furniture and end tables. There was dust and bugs along the window ledges, and the floor had a buildup of dust and debris in the corners.

On 9/7/2022 at 11:05 A.M., housekeeper 5 indicated she vacuums a hall a day and cleans the pictures once a week.

On 9/7/2022 at 2:45 P.M. Resident C's room was observed to have a strong urine odor. During an interview, at 2:46 P.M. CNA 3 indicated, "it always smells like this."

On 9/7/2022 at 3:50 P.M., the Administrator indicated the items observed should not be like that.

On 9/7/2022 at 4:10 P.M., the Administrator provided a form titled, "Common Area Cleaning Frequencies", updated March 2021, and indicated this is what the facility currently used. The sheet indicated "...Common areas are those areas frequented by residents, family members, potential customers, visitors or associates. Each common area should be cleaned in order to create a

following schedule:

1 x weekly for 30 days then

1 x monthly for 3 months then

1 x quarterly until 100% compliance is achieved for 2 consecutive quarters

Completed by date: 9/23/2022

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FORM APPROVED

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OMB NO. 0938-0391

Fresh Impression - environments that look clean are odor -free and feel comfortable. The list illustrates typical common areas and recommended frequencies, however the list is not limited to those listed, and frequencies should be adjusted based upon how often as area is used.

Den/TV Room -Tidy Daily and Weekly for Standard cleaning.

Dining Room tidy- Per Shift and 3 x week for Standard Cleaning.

Hallways- Tidy Daily and 3 x week for Standard Cleaning.

Living Room/Parlors Tidy - Daily and weekly for Standard Cleaning. Public

Bathrooms-Tidy per shift and 3 x week for Standard Cleaning.

Screen Porch -Tidy daily and weekly for Standard Cleaning.

Standard Clean- Clean and Disinfect hard and high touch surfaces; Vacuum, Dust mop and /or wet mop; Spot clean stains on carpet or fabric...

Rotational Cleaning- Vacuum soft furniture and Surfaces: Vacuum corners and edges of carpet. Spot treat as needed.

Dust High/Low: High dust: Ceiling edges, lamps, pictures and tops of window treatments and doorways; ledges...Dust/Polish; polish wood surfaces, sides and legs.

Grout: Where tile is present, clean grout. Report any grout that doesn't come clean/may require re-sealing.

Windows/Blinds: Clean inside of

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windows, blinds, mirrors.
Refresh: Spray Bio-Enzymatic
odor eliminator into the air or on
porous surfaces only when
odors are present...."

This State Residential finding
relates to Complaints
IN00382576 and IN00371793.

Based on observation, record
review, and interview, the facility
failed to provide a clean and
sanitary environment for 39 of
39 residents currently residing in
the facility. (Common areas,
hallways, hallway bathroom,
dining room, sunroom, and
Resident C's room)

Findings include:

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with gouges, dust and dry wall
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on the floor.

The hallways through out the
facility were observed with dark
stains. Pictures hanging on the
walls had a build up of dust on
the frames.

A bathroom dedicated for
resident use only, had gouges
behind the toilet tank with

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missing paint, the caulk around the toilet had a burnt orange colored to it. The base board along the main wall in the bathroom was bent inward and exposed a visible hole. The light fixture above the sink had a burnt-out bulb.

The dining room had 4 window ledges with visible dirt/debris, food crumbs and dead insects. There was food on the wall under a window in the dining room. Two of three ceiling fans were observed with a large build up of dust hanging from the blades.

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OMB NO. 0938-0391

Rotational Cleaning- Vacuum soft furniture and Surfaces: Vacuum corners and edges of carpet. Spot treat as needed. Dust High/Low: High dust: Ceiling edges, lamps, pictures and tops of window treatments and doorways; ledges...Dust/Polish; polish wood surfaces, sides and legs. Grout: Where tile is present, clean grout. Report any grout that doesn't come clean/may require re-sealing. Windows/Blinds: Clean inside of windows, blinds, mirrors. Refresh: Spray Bio-Enzymatic odor eliminator into the air or on porous surfaces only when odors are present...."

This State Residential finding relates to Complaints IN00382576 and IN00371793.

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