

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 08/22/2024
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT DEER CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30, SCHERERVILLE, , 46375			
(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 IN00441295. Complaint IN00441295 - State deficiency related to the allegation is cited at R0090. Survey date: August 22, 2024 Facility number: 013069 Residential Census: 106 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 8/26/24.	R 0000			
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are	R 0090	Residences at Deer Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged	09/04/2024	

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not limited to, the following:

(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:

- (A) epidemic outbreaks;
- (B) poisonings;
- (C) fires; or
- (D) major accidents.

If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.

(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:

- (A) employee's full name; and

deficiency cited.

The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.

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(B) dates and hours worked during the past twelve (12) months.

(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.

(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request

Based on record observation, record review, and interview, the facility failed to ensure the Indiana Department of Health (IDOH) had been notified of an unusual occurrence, related to unexplained bruising of a cognitively impaired resident's eye, for 1 of 1 resident reviewed for an unusual occurrence.
(Resident B)

Finding includes:

During an interview on 8/22/24 at 8:28 a.m., the Director of Nursing (DON) indicated she had been informed on the morning of 8/17/24 that Resident B had a discoloration and puffiness under her right eye. An investigation of the cause of the discoloration was

We are requesting paper compliance for this survey.

The resident was not affected by this finding since ongoing care and services had been provided and the citation only pertains to reporting the discoloration to the State Department of Health.

On the date the discoloration was noted, the nurse notified the Director of Nursing who immediately reviewed the discoloration per policy due to a change in condition.

Per the nurse's assessment the resident showed no signs or symptoms of distress or discomfort. The reddened area measured 2.5 x 2.5 cm approximately the size of a dime. She is administered Aspirin medication daily which is known to cause bruising easily with the slightest of bumps. This resident does ambulate independently at times both in her apartment and in common areas. It was also documented by the nurse that the resident was ambulating in her room and in the hallway without assistance on the

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FORM APPROVED

OMB NO. 0938-0391

initiated at that time. The Administrator indicated the discoloration under the right eye had not been reported to the IDOH because it was still under investigation.

Resident B was observed on 8/22/24 at 9:23 a.m. She was sitting in a recliner in her room. There was a purple bruise with puffiness under her right eye.

During interviews on 8/22/24 at 10:11 a.m., the DON indicated the bruise was being investigated as an injury of unknown origin. The Administrator indicated she had investigated it as a concern, since the police came to the facility for a wellness check.

Resident B's record was reviewed on 8/22/24 at 10:52 a.m. The diagnoses included, but were not limited to, dementia.

A Mental Status Assessment, dated 7/1/24, indicated a the resident was severely confused.

A Skin Progress Note, dated 8/17/24 at 6:13 a.m., indicated a purple discoloration was observed under the right eye. The bruise measured 2.5 centimeters (cm) by 2.5 cm.

During an interview on 8/22/24 at 11:45 a.m., the Administrator indicated the facility followed the IDOH guidelines for reporting

evening prior to the discoloration being noted. On the date of this survey the discoloration was reported to the Indiana Department of Health.

A complete review of all resident's medical records and observation was completed by the Executive Director and Director of Nursing. There were no other residents meeting the reporting requirements per the Indiana Department of Health "Incident and Reporting Policy."

Inservices have been completed with resident services staff related to the facility's Change of Condition policy. The Director of Nursing and Executive Director reviewed the Unusual Occurrence/Reportable Event Policy along with the Indiana Department of Health Incident Reporting Policy.

A review of the nursing notes for all residents will be conducted by the Director of Nursing and Executive Director to identify any situations meeting the Indiana Department of Health "Incident Reporting policy."

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unusual occurrence incidents.

The IDOH "Long-Term Care Abuse and Incident Reporting Policy, dated 12/6/22, indicated, "... LICENSED RESIDENTIAL CARE FACILITIES B. Rules Related to Abuse and Incident Reporting ... C. Types of Incidents reportable under state rules: Any occurrence that directly threatens the welfare, safety, or health of a resident, such as ... 8. Injuries of unknown source: Required to report examples include but are not limited to the following: a. Injuries whose origin is unobserved/unexplained ... f. Facial injuries, including facial fractures, black eye(s), bruising, or bleeding or swelling of the mouth or cheeks with or without broken or missing teeth"

The facility unusual occurrence policy, dated 1/1/2013 and received from the Administrator as current, indicated, all unusual occurrences will be reported in accordance with current state laws. The reportable events were to be immediately reported to the Administrator and the IDOH within 24 hours.

This citation relates to Complaint IN00441295.

Based on record observation, record review, and interview, the facility failed to ensure the Indiana Department of Health

This review will be done 5 days a week for one month or until 100% compliance is achieved.

(IDOH) had been notified of an unusual occurrence, related to unexplained bruising of a cognitively impaired resident's eye, for 1 of 1 resident reviewed for an unusual occurrence. (Resident B)

Finding includes:

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Resident B was observed on 8/22/24 at 9:23 a.m. She was sitting in a recliner in her room. There was a purple bruise with puffiness under her right eye.

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During an interview on 8/22/24 at 11:45 a.m., the Administrator indicated the facility followed the IDOH guidelines for reporting unusual occurrence incidents.

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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