STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING VIEW NURSING AND REHABILITATION CENTER	475 NORTH NILES AVENUE, SOUTH BEND, , 46617

(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 IN00362527. This visit was in conjunction with a Post Survey Revisit (PSR) to the Residential COVID-19 Quality Assurance Walk Through Survey completed on August 25, 2021. Complaint IN00362527 - Substantiated. State deficiencies related to the allegations are cited at R0144. Survey date: September 21, 2021 Facility number: 013149 Residential Census: 54 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality Review was completed on September 29, 2021.	R 0000		

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 and interview, the facility failed to ensure the elevator was in good working order/state of repair, for 1 of 1 randomly observed elevators. Findings include:	R 0144	*This plan of Correction is the facility's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* *This facility respectfully request paper compliance for this citation.* **What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice**: No residents were identified in this alleged deficient practice. **How other residents having the potential to be**	10/08/2021

On 9/21/21 at 10:39 A.M., an ambulatory resident was observed to get onto the elevator and the doors close. A minute passed and the elevator doors opened and the resident was observed still standing in the elevator, pushing buttons, and indicated the elevator wouldn't go to the 2nd floor. The resident pushed the elevator button again for both the 2nd and 3rd floors. When the elevator got to the 2nd floor, it stopped, however the doors would not open. The elevator then went up to the 3rd floor where it stopped however, the doors would not open. The elevator then descended to the 1st floor where the doors opened.

At 10:41 A.M., Employee 3 got onto the elevator and pushed the 2nd floor button for the resident. The elevator ascended to the 2nd floor but the doors would not open. Employee 3 then pushed the button for the 3rd floor. When the elevator got to the 3rd floor, again, the doors would not open. Employee 3 hit the "open door" button multiple times before the doors finally opened onto the 3rd floor. Employee 3 indicated the elevator "frequently" acted up and many times wouldn't work. It was the only elevator in the entire facility and was used by residents, staff, and visitors.

affected by the same deficient practice will be identified and what corrective actions(s) will be taken: All residents have the potential to be affected by this alleged deficient practice. Elevator repair vendor was immediately contacted, and repairs were made. Elevator is working properly.

What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Staff, residents and families continue to identify any issues with the elevator. Service contract is in good standing with vendor and continue to supply service when they are contacted with an issue. As elevator is older, occasional repairs will continue to be required. When repairs are identified, contractor will come in to make repairs. Elevator inspection renewal date is March 14, 2022.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance

	At 11:04 A.M., the Executive Director (ED) was interviewed. She indicated the elevator was serviced monthly and hadn't been made aware that the elevator was not working properly. At 11:16 A.M., the ED provided an email which contained the 2021 list of service calls and preventative maintenance that had been completed by a contracted elevator service. The list indicated the elevator had preventative maintenance last completed on 4/27/21. Service calls were completed on 6/10, 7/2, 7/6, 7/26, and 8/13/21. The service calls indicated problems with the elevator skipping floors. The ED indicated she had just spoken with the contracted elevator service and reported the issue with the elevator doors not opening on floors 2 and 3. At 11:30 A.M., the ED indicated there were 4 residents in the facility who were non-ambulatory and unable to go down the stairs in case of an emergency. The 4 residents, 2 on the 2nd floor and 2 on the 3rd floor, were clearly identified and known to staff should an emergency occur and the elevator not work. This State Residential finding relates to Complaint IN00362527.		**program will be put into place:** Facility will track repair orders for elevator and review with vendor for recommendation if repair orders are above anticipated normal for this model of elevator. **By what date the systemic changes will be completed:** 10/08/2021	

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Findings include:

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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