

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

|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                                                                                                     |                                                                 |                                                 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTIONS                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                  |                                                                                                                                                                     | (X2) MULTIPLE<br>CONSTRUCTION<br><br>A. BUILDING<br><br>B. WING | (X3) DATE SURVEY<br>COMPLETED<br><br>11/17/2023 |
| NAME OF PROVIDER OR SUPPLIER<br><br>NORTH WOODS VILLAGE AT EDISON<br>LAKES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP<br>CODE<br><br>1409 E DAY ROAD, MISHAWAKA, ,<br>46545 |                                                                                                                                                                     |                                                                 |                                                 |
| (X4) ID<br>PREFIX TAG                                                      | SUMMARY STATEMENT OF<br>DEFICIENCIES...                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION...                                                                                                                                    | (X5)<br>COMPLETION<br>DATE                                      |                                                 |
| R 0000                                                                     | <p>INITIAL COMMENTS</p> <p>This visit was for the<br/>Investigation of Complaint<br/>IN00421068.</p> <p>Complaint IN00421068 - State<br/>deficiencies related to the<br/>allegations are cited at R0090.</p> <p>Survey date: November 16 &amp;17,<br/>2023</p> <p>Facility number: 013236</p> <p>Residential Census: 43</p> <p>These State Residential<br/>Findings are cited in accordance<br/>with 410 IAC 16.2-5.</p> <p>Quality review completed<br/>11/17/2023.</p> | R 0000                                                                                 |                                                                                                                                                                     |                                                                 |                                                 |
| R 0090                                                                     | <p>Administration and Management -<br/>Deficiency</p> <p>410 IAC 16.2-5-1.3(g)(1-6)</p> <p>(g) The administrator is responsible<br/>for the overall management of the<br/>facility. The responsibilities of the</p>                                                                                                                                                                                                                                                      | R 0090                                                                                 | <p>Administration/Management -<br/>Deficiency1</p> <p>Element One: This resident was<br/>last observed in the living room<br/>by staff. Shortly after that, the</p> | 11/18/2023                                                      |                                                 |

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

administrator shall include, but are 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:

emergency exit alarm sounded. Staff responded immediately by going to the exit door. Per video surveillance, the nurse is observed to be at the door and based upon windows, able to observe resident had left the building and was not in the back of the property. The staff alerted all building personnel on the internal communication system that resident was outside. The concierge staff located at the front entrance exited the front doors and returned resident to the building. All of this transpired within 2-3 minutes which is the approximate time it takes to walk from the back of the building to the front of the building. Upon further review and investigation, no residents were found to be harmed by the alleged noncompliance.

Element Two: All other residents were reviewed and found to be unharmed and accounted for within the building. North Woods Village will conduct annual elopement training with all staff as well as with new staff during orientation.

Element Three: The facility protocol for elopements was executed correctly. The alarm sounded, staff responded immediately and the resident was returned into the facility within 2-3 minutes as staff communicated with each other on his whereabouts. As an

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

(A) employee's full name; and

(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 observation, interview, and record review the facility failed to report an unusual occurrence for one of one resident reviewed for elopement. (Resident B)

Finding Includes:

A record review was completed for Resident B on 11/17/2023 at 12:10 P.M. Diagnoses included, but were not limited to: dementia Alzheimer's related, anxiety disorder, agitation, and insomnia.

A Progress Note dated, 11/11/2023 at 2:02 P.M., indicated "Staff heard the door alarm in the Glades dining room going off and noted resident

additional measure, the community will continue to provide staff training on procedures and policies for elopement/unusual occurrences during an annual elopement training for existing staff and during orientation with new staff. The training will include notification to the Executive Director for state reporting as applicable.

Element Four: The Executive Director/designee reviewed the reporting policy with the surveyor at the time of the survey. Although the resident was outside, he was returned inside within minutes by staff who responded and executed the elopement protocols. The executive director will continue to review the state guidelines and report to the state as appropriate when elopements meeting the state requirements occur.

Date of Compliance: 11/18/2023

IDR Response:

North Woods Village followed the protocol and policy for a resident who has attempted elopement out of the community. We were aware of the residents location due to the alarm sounding in a specific area. The resident was then returned into the community by a staff member after the correct

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

was not in day room and had been there just a few minutes prior. Staff began to search and found resident inside the front door in the front of the facility. Upon assessment, no injuries were noted Resident's spouse Kathy was present when the resident was found. ED and DON and POA notified of situation."

A Service Plan dated 5/11/2023 and 11/12/2022, indicated, "Resident wanders outside and leave immediate area. Has history of leaving immediate area, getting lost, or being combative about returning. Requires supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention. May have behavior management plan in place."

During an interview on 11/16/2023 at 11:03 A.M., the Executive Director indicated that the alarm went off in the Glades dining room and the staff went outside and found him by the front door. The staff did not visualize the Resident leave the building. She did not report it to Indiana Department of Health because he did not leave the grounds of the community. The 3 dining rooms have fire doors and only alarm when open they do not have a keypad.

procedures were in place. The entire event happened in less than 2 minutes from the time the alarm sounded meaning someone had went out that specific door.

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

During an interview on 11/16/2023 at 11:36 A.M. the Director of Life Enrichment indicated she heard a commotion and a Certified Nurse Aid asked where Resident B is. She heard the door alarming in the Glades dining room she disarmed it and walked to the back of the building where the pond is located and did not see him. She turned to go to the front of the building and then heard on (the cell phone) that he was found.

During an interview on 11/17/2023 at 9:26 A.M., the Licensed Practical Nurse 2 indicated that he was doing a lot of wandering Saturday and when the door alarm went off, they knew it was Resident B. They looked both ways and did not see him. The receptionist announced that he was found. He was outside for at least 2 minutes.

On 11/16/2023 at 1:11 P.M., the Executive Director provided a policy titled, "Unusual Occurrences/Reportable Events", undated, and indicated the policy was the one currently used by the facility. The policy indicated "...The community will investigate all allegations of abuse, neglect, misappropriation of property and unusual occurrences. All unusual occurrences will be

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

reported in accordance with  
current state laws...."

This Residential tag relates to  
complaint IN00421068.

.

Based on observation,  
interview, and record review the  
facility failed to report an  
unusual occurrence for one of  
one resident reviewed for  
elopement. (Resident B)

Finding Includes:

A record review was completed  
for Resident B on 11/17/2023 at  
12:10 P.M. Diagnoses included,  
but were not limited to:  
dementia Alzheimer's related,  
anxiety disorder, agitation, and  
insomnia.

A Progress Note dated,  
11/11/2023 at 2:02 P.M.,  
indicated "Staff heard the door  
alarm in the Glades dining room  
going off and noted resident  
was not in day room and had  
been there just a few minutes  
prior. Staff began to search and  
found resident inside the front  
door in the front of the facility.  
Upon assessment, no injuries  
were noted Resident's spouse  
Kathy was present when the  
resident was found. ED and  
DON and POA notified of  
situation."

A Service Plan dated 5/11/2023  
and 11/12/2022, indicated,

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

"Resident wanders outside and leave immediate area. Has history of leaving immediate area, getting lost, or being combative about returning. Requires supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention. May have behavior management plan in place."

During an interview on 11/16/2023 at 11:03 A.M., the Executive Director indicated that the alarm went off in the Glades dining room and the staff went outside and found him by the front door. The staff did not visualize the Resident leave the building. She did not report it to Indiana Department of Health because he did not leave the grounds of the community. The 3 dining rooms have fire doors and only alarm when open they do not have a keypad.

During an interview on 11/16/2023 at 11:36 A.M. the Director of Life Enrichment indicated she heard a commotion and a Certified Nurse Aid asked where Resident B is. She heard the door alarming in the Glades dining room she disarmed it and walked to the back of the building where the pond is located and did not see him. She turned to go to the front of the building and then heard on

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

(the cell phone) that he was found.

During an interview on 11/17/2023 at 9:26 A.M., the Licensed Practical Nurse 2 indicated that he was doing a lot of wandering Saturday and when the door alarm went off, they knew it was Resident B. They looked both ways and did not see him. The receptionist announced that he was found. He was outside for at least 2 minutes.

On 11/16/2023 at 1:11 P.M., the Executive Director provided a policy titled, "Unusual Occurrences/Reportable Events", undated, and indicated the policy was the one currently used by the facility. The policy indicated "...The community will investigate all allegations of abuse, neglect, misappropriation of property and unusual occurrences. All unusual occurrences will be reported in accordance with current state laws...."

This Residential tag relates to complaint IN00421068.

.

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<br>PROVIDER/SUPPLIER REPRESENTATIVE'S<br>SIGNATURE | TITLE | (X6) DATE |
|-----------------------------------------------------------------------------|-------|-----------|