STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT SCHERERVILLE	7770 BURR STREET, 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 Complaints IN00363655 and IN00367323. Complaint IN00363655 - Substantiated. State deficiencies related to the allegations are cited at R0041. Complaint IN00367323 - Unsubstantiated due to lack of evidence. Survey date: January 24, 2022. Facility number: 013825 Residential Census: 71 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 1/27/22.	R 0000		
R 0041	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(o)(4)	R 0041	R-0041 Clarendale of Schererville failed to complete a grievance form with follow up regarding a resident/family concern on	02/28/2022

	(4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals. Based on record review and interview, the facility failed to act upon and thoroughly investigate family concerns for 1 of 3 residents reviewed for grievances. (Resident C) Finding includes: The record for Resident C was reviewed on 1/24/22 at 11:10 a.m. Diagnoses included, but were not limited to, dementia and depression. The resident resided on the memory care unit. A Housekeeping Care Plan, dated 9/22/21, indicated all housekeeping tasks were completed by staff. A Grooming and Hygiene Care Plan, dated 9/22/21, indicated the resident required extensive assistance for personal hygiene. The Nursing Progress Notes		12/17/21. To correct this action immediately, a grievance form was initiated with all steps taken by staff on 12/16/21 to correct the concern. Resident/POA were notified of corrections to concern on 1/29/22. To prevent future occurrence, all management staff will be in-serviced by 2-8-2022 on the grievance policy. Grievance forms have been printed and placed in a centralized location at the concierge desk for utilization by staff members. The Executive Director and/or Director of Nursing will review new grievance forms daily to initiate any investigations and follow up. A binder was created to store grievance forms with monthly dividers and grievance step logs to ensure proper completion and follow up of grievances made within the community. To ensure completion of grievances, the Executive Director, Director of Nursing, or designee will monitor the binder daily x30 days effective 2/8/22 to ensure all investigations and steps are being completed. Upon completion of 30 days, the Executive Director, Director of Nursing, or designee will review logs weekly for 5 months to ensure all investigations and steps are being completed.	

were reviewed from 9/1/21 through 1/24/21. There was no documentation regarding family concerns.

The Grievance Log for the previous 120 days did not contain any grievances involving the resident or family members.

Phone interview with the resident's family member on 1/24/22 at 11:42 a.m., indicated she had complained about care issues to management several times by e-mail. She was told they would investigate, but had never received any follow up. She indicated she had last sent an e-mail on 12/17/21, regarding urine odor and dirty laundry in the resident's room.

Interview with Marketing Director on 1/24/22 at 12:56 p.m., indicated family members would frequently approach her with concerns. She would verbally notify the department involved. She indicated she did not complete a grievance form unless they indicated they wanted to make a formal complaint.

Interview with the Assistant Director of Nursing (ADON) on 1/24/22 at 1:03 p.m., indicated when a family member voiced a concern, some staff members would complete a grievance form, and others would take care of the concern and

document in the resident's record.

Phone interview with the Director of Nursing (DON) on 1/24/22 at 1:11 p.m., indicated a grievance form should be completed if there was a concern about care not being completed or someone with continuous care concerns. She indicated she had not received any e-mails from the resident's family except the POA, and all e-mails were shared with the Executive Director (ED) and vice-versa.

During an interview with the ED on 1/24/22 at 1:45 p.m., she provided an e-mail from the resident's family member dated 12/17/21. The e-mail indicated the previous day there had been soiled laundry and an overwhelming urine odor in the resident's room. The e-mail also indicated she had not had a response from previous concerns, including another incident with soiled clothes and strong urine odor on 9/26/21.

There was no documentation that concerns had been voiced or acted upon in the resident's record.

The current policy, "Grievances, Requests and Concerns", was provided by the ED on 1/24/22 at 12:35 p.m. The policy indicated, "...Purpose: To

encourage an open communication of requests and/or concerns by employees and family members regarding services provided...." and "...The Grievance-Request-Concern Description and Follow Up form shall be utilized for the purpose of timely resolution for requests or concerns...noted by family members...."

This state residential finding relates to complaint IN00363655.

Based on record review and interview, the facility failed to act upon and thoroughly investigate family concerns for 1 of 3 residents reviewed for grievances. (Resident C)

Finding includes:

The record for Resident C was reviewed on 1/24/22 at 11:10 a.m. Diagnoses included, but were not limited to, dementia and depression. The resident resided on the memory care unit.

A Housekeeping Care Plan, dated 9/22/21, indicated all housekeeping tasks were completed by staff.

A Grooming and Hygiene Care Plan, dated 9/22/21, indicated the resident required extensive assistance for personal hygiene.

The Nursing Progress Notes

were reviewed from 9/1/21 through 1/24/21. There was no documentation regarding family concerns.

The Grievance Log for the previous 120 days did not contain any grievances involving the resident or family members.

Phone interview with the resident's family member on 1/24/22 at 11:42 a.m., indicated she had complained about care issues to management several times by e-mail. She was told they would investigate, but had never received any follow up. She indicated she had last sent an e-mail on 12/17/21, regarding urine odor and dirty laundry in the resident's room.

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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