

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 10/28/2022	
NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF LAFAYETTE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 208 BECK LANE, LAFAYETTE, , 47909					
(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 IN00393077. Complaint IN00393077 - Substantiated. State deficiencies related to the allegations are cited at R0052. Survey dates: October 27 and 28, 2022. Facility number: 014148 Residential Census: 133 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on November 2, 2022.	R 0000	Request desk compliance				
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse;	R 0052	1.The facility will ensure that all residents will be free from neglect. Resident B has been placed on increased monitoring while he resides at this facility. Family contact was			11/13/2022	

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- (2) physical abuse;
- (3) mental abuse;
- (4) corporal punishment;
- (5) neglect; and
- (6) involuntary seclusion.

Based on interview and record review, the facility failed to ensure a resident with a diagnosis of dementia, was free from neglect, when the resident exited the facility through an non-alarmed exit door and was outside in the late night hours for an undetermined amount of time, for 1 of 5 residents reviewed for neglect. (Resident B) Resident B ambulated with his walker outside the facility grounds, for an undetermined amount of time, without staffs knowledge.

Finding includes:

A document, titled "Indiana State Department of Health Survey Report System," dated 10/22/2022 at 8:50 p.m., provided by the AIT (Administrator in Training) on 10/27/2022 at 4:50 p.m., indicated Resident B was returned to the facility on 10/22/2022 at 8:50 p.m., by the local police department. Resident B indicated he left the facility to go to a Purdue University game. The resident

immediately made, alternate placement was started.

2. DON/designee will audit every resident chart for the SLUM score and diagnosis as appropriate related to the SLUM score. For residents missing a diagnosis, MD notified to obtain diagnosis and care plan updated as related to diagnosis. Any resident identified to be at risk will have increased monitoring and review of appropriate placement. Completed 11.8.2022

3.
Weekly
Audit of new admission assessments including SLUM score, and appropriate diagnosis related to SLUM Score for 4 weeks; audit biweekly for 4 weeks, then monthly for 4 months until no further missing diagnosis. DON/designee to complete

had no injury and was placed on frequent checks.

The record for Resident B was reviewed on 10/28/2022 at 12:17 p.m. Diagnoses included, but were not limited to, anemia, insomnia, chronic atrial fibrillation, gastro-esophageal reflux disease, arthritis and benign prostatic hyperplasia.

A dementia diagnosis was received on 8/26/2022 via fax from the PCP (Primary Care Physician). The diagnosis was never added to the residents record until 10/28/2022.

A progress note, dated 8/25/2022 at 4:16 p.m., indicated the resident, at 11:00 a.m., approached a visitor at the reception area and asked for a ride to the dentist. The visitor reported to the receptionist the resident was agitated. The receptionist saw the resident leave the facility and walk with his walker across the street from the facility and solicit a ride from a passing driver. The facility staff stopped the resident and returned him to the facility. The family and PCP were notified.

A progress note, dated 08/26/2022 at 12:50 p.m., indicated the PCP ordered a diagnosis of dementia be added to the resident's diagnoses.

A progress note, dated 10/22/2022 at 9:11 p.m.,

4.

The Administrator and DON will review audit weekly and report findings at monthly Quality Assurance meeting for review.

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indicated the resident was returned to the facility by the local police. The resident was found off the facility property approximately 4 blocks away (1/2 mile). The resident was wearing a coat and was using his walker. The resident was unharmed. The family and PCP were notified.

A progress note, dated 10/22/2022 at 9:29 p.m., indicated the resident said he was going to the Purdue game and he got lost. The resident was placed on 30 minute checks.

A progress note, dated 10/23/2022 at 4:12 p.m., indicated a SLUMS (Saint Louis University Mental Status) examination was completed. The resident's score was 15 which was an indication of dementia. The resident had the same score when he was admitted to the facility on 11/24/2022 (date of examination was 12/22/2021).

A service plan, dated 12/08/2021, did not indicate a need for a health condition - monitor for cognition.

A service plan, dated 10/23/2022, did indicate a need for a health condition- monitor for cognition.

During an interview, on 10/27/2022 at 4:50 p.m., the AIT

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indicated the facility had no locked doors and the residents were free to leave the facility. The residents were to sign in and out if they left the facility grounds, in the log book, at the reception desk. Resident B did go out on excursions with his family and he was aware of the procedure for signing in and out with his departures. The staff were not aware the resident had left the facility on 10/22/2022. She was not aware of the time the resident had departed the facility on 10/22/2022. The resident had left the facility one time and had crossed the street from the facility in August. The resident was redirected by the staff and returned to the facility. The resident was watched while he was off site in August by the staff. The resident did not sign out in the log book on 10/22/2022. She indicated the facility did not have a written procedure for the log book sign in and sign out when departing the facility.

During an interview, on 10/28/2022 at 12:05 p.m., CNA 3 indicated the police called the facility on 10/22/2022 at 8:45 p.m., inquiring about a resident. She confirmed the resident's name and Resident B was returned to the facility. The last time she saw the resident was in the dining room about 5:30 p.m. The residents were supposed to sign in and out, in

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FORM APPROVED

OMB NO. 0938-0391

the log book, if they left the facility. Resident B did not sign the log book and she was not aware he had left the building.

During an interview, on 10/28/2022 at 12:30 p.m., the Director of Nursing (DON) indicated the diagnosis of dementia was never added to the resident notes and he was not given a SLUM examination assessment. The resident did not have a new service plan created and signed with the change in condition, on 8/25/2022. The family and PCP were aware of the incident and change in condition for the resident behavior. The resident's notes should have been updated with the change in condition, his new diagnosis of dementia and a new service plan should have been created to address cognition issues.

During an interview, on 10/28/2022 at 1:39 p.m., Resident B indicated he was aware of the log book sign in and out procedure and sometimes he did not sign the book. He had been returned to the facility a few times. Once by the staff and the other time recently by the police. He recently walked 7 miles and got turned around and that was when the police returned him to the facility. The resident knew where he lived. He was not sure of the date or the day of the

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week.

During an interview, on 10/28/2022 at 1:53 p.m., CNA 2 indicated she saw the resident on 10/22/2022 at 5:30 p.m., in the dining room, the resident indicated he was going to his room. She was aware he was brought back to the facility by the police, at 9:00 p.m. The event occurred on a Saturday night and there was no receptionist at the front lobby area. The residents were supposed to sign in and out, in the log book, if they left the facility. Resident B did not sign the log book and she was not aware he had left the building.

A current facility policy, titled "Daily Wellness Check," dated as revised on 07/2019 and provided by the AIT on 10/27/2022 at 5:15 p.m., indicated "...A. It is the responsibility of the C.N.A. to check on each Resident, by visually laying eye on them at least once daily.... "

This State finding relates to Complaint IN00393077.

Based on interview and record review, the facility failed to ensure a resident with a diagnosis of dementia, was free from neglect, when the resident exited the facility through an non-alarmed exit door and was outside in the late night hours

for an undetermined amount of time, for 1 of 5 residents reviewed for neglect. (Resident B) Resident B ambulated with his walker outside the facility grounds, for an undetermined amount of time, without staffs knowledge.

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This State finding relates to Complaint IN00393077.

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
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