STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND BROOK MEMORY CARE OF FISHERS	9796 EAST 131ST STREET, FISHERS, , 46038

(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 a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00434534, IN00430196, and IN00426917. Complaint IN00434534 - No deficiencies related to the allegations are cited. Complaint IN00430196 - No deficiencies related to the allegations are cited. Complaint IN00426917 - No deficiencies related to the allegations are cited. Survey dates: July 16 and 17, 2024 Facility number: 014253 Residential Census: 32 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July	R 0000	Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

	19, 2024.			
R 0042	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(p) (p) Residents have the right to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. Based on observation and interview, the facility failed to ensure the most recent survey results were readily available for residents and resident representatives. Findings include: During an observation, on 7/16/24 at 9:45 a.m., of the main entryway and front lobby, the following were visible: resident rights, community resources contact information, The Indiana Department of Health contact information, and the Ombudsman contact information. The previous annual survey information was not visible. During an observation, on 7/16/24 at 11:15 a.m., of the front lobby and hallway leading to the Cabin side, the following were visible: resident rights, Ombudsman contact information and a typed sign	R 0042	Request for IDR on the following basis: 1. Survey binder was readily available to any residents and visitors 24/7, and was secured for the sole purpose of preventing residents from taking it and misplacing it. 2. Survey binder's location prior to this POC (employee work room, along with a sign indicating its location and how to access it in a public area) was implemented on the suggestion of a State surveyor in one of our Indiana sister communities; thus the expectation of the regulation is inconsistent in surveys. WRITTEN POC R042: Describe what the facility did to correct the deficient practice for each client cited in the deficiency. a**All residents had the potential to be affected by the alleged deficient practice. No residents experienced adverse reactions or distress from the deficient practices. Survey binder was relocated to an accessible cabinet in community bistro along with a label for**	07/31/2024

	that indicated "Survey binder is in the work room. If you would like to view the binder, please ask a staff member for assistance" During an observation, on 7/16/24 at 11:24 a.m., of the facility work room, the door was locked. The Dietary Manager was present inside the room. He opened the door and searched the cabinets to locate the survey binder. He located the binder on a nearby desk. During an interview, on 7/17/24 at 1:08 p.m., the Community Relations Director, indicated the previous survey binder results used to be in the lobby, but had gone missing several times.		**identification of location.** 2 Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. a**All residents had the potential** **to be affected by the alleged deficient practice. No residents** **experienced adverse reactions or distress from the deficient practices. Survey binder was relocated to an accessible** **cabinet in community bistro along with a label for identification of location.** 3 Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system	

	During an interview, on 7/17/24 at 1:10 p.m., the Administrator indicated the previous survey binder results were kept in the lobby, but after several incidents of resident's moving the binder or taking it with them as they returned to their rooms, it was decided to have the results in a staff office or room. However, due to the resident population, all of the staff or employee rooms are locked. She indicated a resident or resident representative would have to ask an employee for assistance to be able to review this information. She was able to retrieve the survey binder from the work room. Based on observation and interview, the facility failed to ensure the most recent survey results were readily available for residents and resident representatives. Findings include: During an observation, on 7/16/24 at 9:45 a.m., of the main entryway and front lobby, the following were visible: resident rights, community resources contact information, The Indiana Department of Health contact information, and the Ombudsman contact information. The previous annual survey information was not visible.		changes you made. a**Administrator or designee will** **audit survey binder's location to confirm that the binder has not been moved a** **minimum of 2x/week for one (1) month, then 1x/week for two (2) months, then** **1x/month for three months, then as needed.** **All staff will be in-serviced on the location of the binder no later** **than 8/31/24, and in new hire orientation moving forward.** 4 Describe how the corrective actions(s) will be monitored to ensure the deficient practice will not recur (i.e. what quality assurance program will be put into place). a**Administrator or designee will** **audit survey binder's location to confirm that the binder has not been moved a** **minimum of 2x/week for one (1) month, then 1x/week for two (2) months, then** **1x/month for three months, then as needed.** **All staff will be in-serviced on**	

	During an observation, on 7/16/24 at 11:15 a.m., of the front lobby and hallway leading to the Cabin side, the following were visible: resident rights, Ombudsman contact information and a typed sign that indicated "Survey binder is in the work room. If you would like to view the binder, please ask a staff member for assistance" During an observation, on 7/16/24 at 11:24 a.m., of the facility work room, the door was locked. The Dietary Manager was present inside the room. He opened the door and searched the cabinets to locate the survey binder. He located the binder on a nearby desk. During an interview, on 7/17/24 at 1:08 p.m., the Community Relations Director, indicated the previous survey binder results used to be in the lobby, but had gone missing several times. During an interview, on 7/17/24 at 1:10 p.m., the Administrator indicated the previous survey binder results were kept in the lobby, but after several incidents of resident's moving the binder or taking it with them as they returned to their rooms, it was decided to have the results in a staff office or room. However, due to the resident population, all of the staff or employee rooms are locked. She indicated		**the location of the binder no later than 8/31/24, and in new hire orientation moving forward.**	

	a resident or resident representative would have to ask an employee for assistance to be able to review this information. She was able to retrieve the survey binder from the work room.			

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