

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 04/22/2025	
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF GATEWAY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 6338 WEST QUIET ROAD, GREENFIELD, , 46140					
(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 IN00453808. Complaint IN00453808 -- Residential deficiency related to the allegations is cited at R0217. Survey dates: April 21 and 22, 2025 Facility number: 015521 Residential Census: 33 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-5. Quality review completed on April 23, 2025.	R 0000					
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff	R 0217	<u>R 217 Evaluation:</u> <u>Service Plans</u> - <i>What corrective actions will be accomplished for those residents found to have</i>			05/15/2025	

members, shall identify and document the services to be provided by the facility, as follows:

(1) The services offered to the individual resident shall be appropriate to the:

(A) scope;

(B) frequency;

(C) need; and

(D) preference;

of the resident.

(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.

(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.

(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.

(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

been affected by the deficient practice?

Please describe what immediate corrective actions were put in place related to the residents pertaining to accuracy of service plans and family involvement in service plan reviews.

Residents identified will have service plans updated with appropriate interventions completed and reviewed with the responsible parties/ families as appropriate. Fall mat is beside bed, a body pillow is now in place for resident to use while in bed, resident is being transferred with a two person assist,

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How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Please describe what actions were put into place to identify potential residents who could be affected by the same deficient practice related to accuracy of service plans and

Based on interview and record review, the facility failed to develop specific care interventions for 2 of 3 residents reviewed for falls. (Resident C and Resident D)

Findings include:

1. The clinical record of Resident C was reviewed on 4-21-25 at 1:15 p.m. Her diagnoses included, but were not limited to, dementia with behavioral disturbance, depression and anxiety. Her most recent MMSE (mini-mental state examination), dated 3-2-25, indicated she was moderately cognitively impaired. It indicated she resided on the facility's secured memory care unit. It reflected four falls without injuries within the last two months.

A review of Resident C's most recent assessment and evaluation, dated 2-25-25, indicated she was alert to person and place, was unable to move independently, required the use of a wheelchair for mobility, required staff assistance for wheelchair movement, and was dependent on staff for any transfers. It indicated she was a high fall risk, identified as having two or more falls in the last 90 days with or without injury. Specific fall risks were not listed. "Requires direct interventions

family involvement in service plan reviews.

HWD
or designee to complete evaluation/ISP on all residents to ensure service plans are accurate and personalized by 05/15/2025.
Care Plan meetings will be scheduled to review service plans and obtain signatures. This is required with the new implementation of the Electronic Health Record.

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What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Please describe how all staff were educated on the procedure for accuracy of service plans and family involvement in service plan reviews.

Compliance with the assessments/ service plans and signatures is tracked by the electronic health record. The Health and Wellness Director will review

that are customized to the identified risk factors." It indicated, "Resident requests safety checks 4 or more times each shift."

A review of Resident C's associated "Individual Service Plan," dated 2-25-25, indicated she required the use of a wheelchair and was non-ambulatory. Under the concern for "Fall Risk Intervention" it indicated the goal was to "Promote safe mobility while being able to maintain independence." The "Intervention," for this concern listed only one intervention of, "Uses wheelchair." It listed the frequency of this intervention as daily on all three shifts. For the concern identified as, "Safety Checks," it listed the goal was, "Resident will remain safe in the community," and the only intervention to achieve this was listed as, "Resident requests status checks 4 times per shift."

During an interview with the Director of Nursing (DON) on 4-21-25 at 1:15 p.m., she indicated she began employment with the new/current company, effective 4-1-25, as the DON. However, she indicated she was the original DON, but left some time ago, under the previous ownership. She indicated she was unable to locate additional information, specifically to

resident evaluations/ISP's accuracy and need for interventions at least monthly during Collaborative Care Review. Any inaccuracies will be updated and reported to Executive Director. Staff trained to always have fall preventions in place.

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How the corrective actions will be monitored to ensure the deficient practice will not recur? Who is responsible to monitor the systemic changes related to accuracy of service plans and family involvement in service plan reviews. If monitoring is for six months or less, please explain the criteria will be used to determine whether further monitoring is necessary or if the monitoring can be stopped.

Compliance with the assessments/ service plans and signatures is tracked by the electronic health record. The Health and Wellness Director or designee will be responsible for overseeing compliance. HWD to

Resident C's fall risk interventions. She indicated she was aware this resident required two persons for transfers, has a fall mat beside her bed, and for the bed to be in a low position. The DON indicated she will need to confer with staff to address all the current interventions that were being used for fall risk management.

2. The clinical record of Resident D was reviewed on 4-22-25 at 10:35 a.m. It indicated his diagnoses included, but were not limited to, Parkinson's disease, moderate to major neurocognitive disorder due to vascular dementia and unsteady gait. His most recent MMSE (mini-mental state examination), dated 3-5-25, indicated he was moderately cognitively impaired. It indicated he resided on the facility's secured memory care unit. It reflected one fall within the last two months, resulting in a minor injury of skin tears to his right hand.

A review of Resident D's most recent assessment and evaluation, dated 2-24-25, indicated he was alert to person and place and was ambulatory with the use of a walker. It indicated he was a moderate fall risk, identified as having two or more falls in last year with or without injury. "Resident has experienced more than two falls

monitor at least monthly during Collaborative care review. The Executive Director and Health and Wellness Director will be educated on the policy and process in the EHR. Compliance will be tracked in the monthly Quality Committee.

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By what date the systemic changes will be completed?
05/15/2025.

in the past year with injuries requiring medical intervention and one or more falls risk factors are present: fear of falling, poor balance, poor vision, cognitive impairment, use multiple medications and/or the use of psychotropic medications, or incontinence. Requires direct interventions that are customized to the identified risk factors." The specific fall risks were not identified. It indicated, "Resident requests safety checks 4 or more times each shift."

A review of Resident D's associated "Individual Service Plan", dated 2-24-25, indicated he was ambulatory with the use of a walker. Under the concern for, "Fall Risk Intervention," it indicated the goal was, "Promote safe mobility while being able to maintain independence." The "Intervention," for this concern listed only one intervention of, "Assure appropriate footwear." It listed the frequency of this intervention as daily on all three shifts. For the concern identified as, "Safety Checks," it listed the goal as, "Resident will remain safe in the community," and the only intervention to achieve this was listed as, "Resident requests status checks 4 times per shift."

On 4-21-25 at 1:58 p.m., the DON provided a copy of a

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policy, dated 2-2025, entitled "Assessment and Service Plans-Indiana Only." This policy indicated, "It is the policy of the Community to assess its residents according to State regulations or according to the procedures of this policy, whichever is considered more stringent. Resident assessments and service plans will be completed as per regulatory guidelines and/or as set forth by Charter Senior Living...A comprehensive plan of care will be created, per regulatory guidelines, for each resident no later than day move-in and will be updated 30 days after move-in, with change of condition and at least every 6 months per regulatory requirements. The comprehensive plan of care for each resident will be formulated with input and participation from the resident or the resident's legal representatives, treating physician or entity delivering patient services..."

On 4-21-25 at 1:10 p.m., the DON provided a copy of a policy, dated 10-2021, entitled "Fall Prevention." This policy indicated, "Each associate will assist with creating a culture of safety. Potential for fall hazards need to be identified, reported and managed...Residents are screened for mobility risk within 72 hours of admission or re-admission, quarterly, with a

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change of condition that may affect the risk of falling, and/or as required by regulatory standard. The Fall Risk Assessment Tool is used for this screening. Appropriate mobility interventions identified will be discussed with the resident and/or responsible party. This discussion is to be documented in the resident record (if applicable)....Appropriate interventions identified will be documented in the Resident Individual Service Plan. Potential Strategies to Prevent Falls: Fall Risk Assessment/Interventions Tool. Assessment [for] fall history, balance, gait, medical history, assistive devices, pain. Providing schedules and routines [for] toileting schedules, shower schedules. Anticipate needs [for] thirst, hunger, pain, toileting. Equipment [for] hearing aide, glasses in place. Medications [for] medication review, new medications, assess for adverse side effects. Observation for changes in condition [such as] medical/mental changes. Appropriate mobility devices [which are in] good working order. Therapy Service Evaluation and Treatment. Meaningful and purposeful life enrichment activities based on resident preferences. Keeping the resident apartment door open except during times of care. Assisting the resident with			
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ambulation outside of the apartment or as needed. Environmental review of the apartment [to include, but not limited to] looking for items that could be a trip hazard such as a phone or electric cords, small rugs, foot stools, low tables, improper lighting especially at night. Observation areas during waking hours for increased supervision. Provide diversional activities for those with dementia or wandering behaviors. Physician involvement for orders as indicated."

This Residential tag relates to Complaint IN00453808.

Based on interview and record review, the facility failed to develop specific care interventions for 2 of 3 residents reviewed for falls. (Resident C and Resident D)

Findings include:

1. The clinical record of Resident C was reviewed on 4-21-25 at 1:15 p.m. Her diagnoses included, but were not limited to, dementia with behavioral disturbance, depression and anxiety. Her most recent MMSE (mini-mental state examination), dated 3-2-25, indicated she was moderately cognitively impaired. It indicated she resided on the facility's secured memory care

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unit. It reflected four falls without injuries within the last two months.

A review of Resident C's most recent assessment and evaluation, dated 2-25-25, indicated she was alert to person and place, was unable to move independently, required the use of a wheelchair for mobility, required staff assistance for wheelchair movement, and was dependent on staff for any transfers. It indicated she was a high fall risk, identified as having two or more falls in the last 90 days with or without injury. Specific fall risks were not listed. "Requires direct interventions that are customized to the identified risk factors." It indicated, "Resident requests safety checks 4 or more times each shift."

A review of Resident C's associated "Individual Service Plan," dated 2-25-25, indicated she required the use of a wheelchair and was non-ambulatory. Under the concern for "Fall Risk Intervention" it indicated the goal was to "Promote safe mobility while being able to maintain independence." The "Intervention," for this concern listed only one intervention of, "Uses wheelchair." It listed the frequency of this intervention as daily on all three shifts. For the

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concern identified as, "Safety Checks," it listed the goal was, "Resident will remain safe in the community," and the only intervention to achieve this was listed as, "Resident requests status checks 4 times per shift."

During an interview with the Director of Nursing (DON) on 4-21-25 at 1:15 p.m., she indicated she began employment with the new/current company, effective 4-1-25, as the DON. However, she indicated she was the original DON, but left some time ago, under the previous ownership. She indicated she was unable to locate additional information, specifically to Resident C's fall risk interventions. She indicated she was aware this resident required two persons for transfers, has a fall mat beside her bed, and for the bed to be in a low position. The DON indicated she will need to confer with staff to address all the current interventions that were being used for fall risk management.

2. The clinical record of Resident D was reviewed on 4-22-25 at 10:35 a.m. It indicated his diagnoses included, but were not limited to, Parkinson's disease, moderate to major neurocognitive disorder due to vascular dementia and unsteady gait. His most recent MMSE (mini-mental state

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examination), dated 3-5-25, indicated he was moderately cognitively impaired. It indicated he resided on the facility's secured memory care unit. It reflected one fall within the last two months, resulting in a minor injury of skin tears to his right hand.

A review of Resident D's most recent assessment and evaluation, dated 2-24-25, indicated he was alert to person and place and was ambulatory with the use of a walker. It indicated he was a moderate fall risk, identified as having two or more falls in last year with or without injury. "Resident has experienced more than two falls in the past year with injuries requiring medical intervention and one or more falls risk factors are present: fear of falling, poor balance, poor vision, cognitive impairment, use multiple medications and/or the use of psychotropic medications, or incontinence. Requires direct interventions that are customized to the identified risk factors." The specific fall risks were not identified. It indicated, "Resident requests safety checks 4 or more times each shift."

A review of Resident D's associated "Individual Service Plan", dated 2-24-25, indicated he was ambulatory with the use of a walker. Under the concern

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for, "Fall Risk Intervention," it indicated the goal was, "Promote safe mobility while being able to maintain independence." The "Intervention," for this concern listed only one intervention of, "Assure appropriate footwear." It listed the frequency of this intervention as daily on all three shifts. For the concern identified as, "Safety Checks," it listed the goal as, "Resident will remain safe in the community," and the only intervention to achieve this was listed as, "Resident requests status checks 4 times per shift."

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requirements. The comprehensive plan of care for each resident will be formulated with input and participation from the resident or the resident's legal representatives, treating physician or entity delivering patient services..."

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routines [for] toileting schedules, shower schedules. Anticipate needs [for] thirst, hunger, pain, toileting. Equipment [for] hearing aide, glasses in place. Medications [for] medication review, new medications, assess for adverse side effects. Observation for changes in condition [such as] medical/mental changes. Appropriate mobility devices [which are in] good working order. Therapy Service Evaluation and Treatment. Meaningful and purposeful life enrichment activities based on resident preferences. Keeping the resident apartment door open except during times of care. Assisting the resident with ambulation outside of the apartment or as needed. Environmental review of the apartment [to include, but not limited to] looking for items that could be a trip hazard such as a phone or electric cords, small rugs, foot stools, low tables, improper lighting especially at night. Observation areas during waking hours for increased supervision. Provide diversional activities for those with dementia or wandering behaviors. Physician involvement for orders as indicated."

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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
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