

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

PRINTED: 03/05/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155826		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/07/2024	
NAME OF PROVIDER OR SUPPLIER  EVERGREEN CROSSING AND THE LOFTS				STREET ADDRESS, CITY, STATE, ZIP COD 5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00427346, IN00427434, and IN00427605.</p> <p>Complaint IN00427346 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00427434 - No deficiencies related to the allegations are cited.</p> <p>Compalint IN00427605 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: February 6 and 7, 2024.</p> <p>Facility number: 013280 Provider number: 155826 AIM number: 201270670</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicare: 5 Medicaid: 73 Other: 7 Total: 85</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 15, 2024.</p>			F 0000			
F 0585 SS=D	483.10(j)(1)-(4) Grievances						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stacy Cromer

Administrator

02/27/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Bldg. 00	<p>§483.10(j) Grievances.</p> <p>§483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a</p>						

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	<p>written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to</p>						

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	<p>whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>Based on observation, interview, and record review, the facility failed to ensure grievances that had been filed on behalf of a resident were documented, followed up with, and resolved for 1 of 1 resident reviewed for grievances (Resident D).</p> <p>Findings include:</p> <p>During a confidential interview, it was indicated, Resident D's family had voiced their concerns related to Resident D's care many times and to many staff members.</p> <p>On 2/6/24 at 10:35 a.m., Resident D's medical record was reviewed.</p> <p>The record lacked documentation of Grievance Forms being filed regarding the resident.</p> <p>On 2/7/24 at 8:13 a.m., grievances related to Resident D were requested.</p>			F 0585	<p><b>Requesting Desk Review for this one citation please</b></p> <p><b>F-585</b></p> <p><b>What corrective actions will be accomplished for those residents found to have been affected? Resident D no longer at resides at the facility and was not harmed by the alleged deficient practice.</b></p> <p><b>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? The facility completed interviews on all residents/representatives to ensure no current grievances were outstanding. No other grievances were found to be unresolved.</b></p>		02/28/2024

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	<p>On 2/7/24 at 12:05 p.m., the Executive Director (ED) provided 1 Grievance Form dated 1/5/24. The ED indicated the Director of Nursing kept separate documentation in nurses' notes related to her direct follow up with Resident D and his family.</p> <p>The family provided a copy of a grievance filed on 11/7/23 which indicated, "...[Resident D] was found in the bed completely saturated in urine up to the middle of his back (t-shirt) as well as stool (loose) throughout diaper. He was put to bed in his shirt and not a gown ... it is apparent he was not changed by the night shift this morning based on the condition of his diaper and bed sheets ... [Resident D] should be checked every two hours while in bed as well as sitting in his broad chair to help prevent future bladder infections (UTIs) ...."</p> <p>Resident D's record lacked documentation of follow up or resolution for the grievance filed on 11/7/23.</p> <p>On 2/7/24 at 12:05 p.m., the ED provided a copy of current facility policy titled, "Resident Grievance Indiana," reviewed 5/30/19. The policy indicated, "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical, and emotional needs and concerns of the resident. This facility will provide a venue for residents, and others involved in patient care, to voice concerns, complaints, or grievances to facility leadership and external parties ... the facility will make available to all resident posting in a prominent location in the facility information of the right to file grievances orally or in writing; the right to file grievances anonymously; contact information for the grievance official; a reasonable time from for completing the review of the grievance; the right</p>				<p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Staff were educated on Grievance policy and procedure. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? ED designee to audit all grievances 4x's weekly x's 4 weeks. 4xs monthly x's 5 months to ensure all grievances are resolved. Grievances added to QAPI meeting.</b></p>		

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	to obtain a written decision regarding the grievance. And contact information of independent entities with whom grievances may be filed ... upon receipt of an oral, written or anonymous grievance submitted by a resident, the grievance official will take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated, if indicated ...."  3.1-7(a)(2) 3.1-7(b)						