

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

PRINTED: 01/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/28/2023	
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00421645.</p> <p>Complaint IN00421645 - No deficiencies related to the allegation is cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey date: December 28, 2023</p> <p>Facility number: 011509 Provider number: 155770 AIM number: 200909280</p> <p>Census Bed Type: SNF/NF: 62 Residential: 6 Total: 68</p> <p>Census Payor Type: Medicare: 13 Medicaid: 30 Other: 19 Total: 62</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 2, 2024.</p>			F 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because the Villas of Guerin Woods agrees with the allegations and citations listed. The Villas of Geurin Woods maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review for this plan of correction.</p>		
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;						

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

TITLE

(X6) DATE

Eric Will

Will

01/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed days 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.

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

PRINTED: 01/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/28/2023	
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Based on interview and record review, the facility failed to ensure residents (Residents D, E and F) were provided appropriate care for 3 of 5 residents reviewed for Activities of Daily Living.</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 12/28/23 at 1:11 p.m. The diagnoses included, but were not limited to, diabetes, cognitive communication deficit and depression. The quarterly MDS (Minimum Data Set) assessment, dated 11/29/23, indicated the resident's cognition was intact. She required partial to moderate assistance with bed mobility and substantial/maximal assistance with bed mobility.</p> <p>The care plan, dated 4/17/23, indicated a self-care deficit and required staff assistance with personal hygiene, bed mobility and up to total assistance with transfers.</p> <p>The written statement for Resident D, dated 12/7/23, indicated CNA (Certified Nurse Aide) 6 was mean and plopped her in the bed and would not check on her during the night. He squeezed her arms tight when he helped her up and it hurt. He seemed miserable to have to help her and did not appear to like his job.</p> <p>During an interview on 12/28/23 at 1:44 p.m., Resident D indicated she had never been abused, however, there was a male staff member, CNA 6, that was rough with her. He was very condescending, held her arms tight when he would get her up and plopped her in the bed when he put her to bed. There were times he would not check on her all night long. She did not feel he was abusive, just rough with care.</p>			F 0677	<p><i>F 677 ADL Care Provided for Dependent Residents</i></p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The physician and responsible parties were notified of Residents D, E, and F's concerns r/t allegation of not receiving appropriate assistance with ADLs from the same associate.</p> <p>The Administrator immediately suspended the associate upon the allegation being reported to the Administrator. Associate was terminated upon conclusion of the investigation.</p> <p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All residents who require assistance with ADLs have the potential to be affected.</p> <p>The Administrator/designee will complete facility wide resident interviews to determine if any other resident has a similar concern of not receiving assistance with ADLs. Any findings will immediately be addressed.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p>		01/19/2024

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

PRINTED: 01/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/28/2023	
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>2. The clinical record for Resident E was reviewed on 12/28/23 at 1:20 p.m. The diagnoses included, but were not limited to, left sided hemiplegia, right had contracture and neuromuscular dysfunction of the bladder. The quarterly MDS assessment, dated 11/27/23, indicated the resident's cognition was intact. She required partial to moderate staff assistance with upper body dressing.</p> <p>The care plan, dated 10/12/21, indicated the resident had a self-care deficit and required staff assistance of one for dressing and personal hygiene.</p> <p>The written statement from Resident E, dated 12/7/23, indicated CNA 6 might need help. He would put his hands on his head and mumble to himself. He seemed to get aggravated easily and did not always help her with wiping and putting on her underwear and bra when she asked him.</p> <p>During an interview on 12/28/23 at 2:32 p.m., Resident E indicated CNA 6 would not help her get dressed, put a clean brief on her or help her wipe. She would ask him to help her put deodorant on and he would intertwine his hands together, put them on the back of his head and act like he did not know what she was talking about. There were times he would not come in during the night and change her.</p> <p>3. The clinical record for Resident F was reviewed on 12/28/23 at 2:08 p.m. The diagnoses included, but were not limited to, left sided hemiplegia, insomnia and restless leg syndrome. The quarterly MDS (Minimum Data Set) assessment, dated 11/23/23, indicated the resident's cognition was moderately impaired.</p> <p>The care plan, dated 3/30/23, indicated the</p>				<p>The Administrator/designee will provide education to associates in all disciplines on customer service, and the requirement to provide appropriate ADL assistance per residents need/request.</p> <p>The Administrator/designee will complete resident interviews as noted below to ensure ADL assistance is being provided as indicated.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Administrator/designee will interview residents to ensure ADL assistance is being provided per resident need/request. Interviews to be conducted: 5 random residents from each of the 8 villas (total of 40 residents) to be interviewed weekly x's 4 weeks then 5 random residents from each of the 8 villas (total of 40 residents) monthly x's 4 months of interviews for a total of 6 months of monitoring. Any findings will be immediately addressed.</p> <p>The results of these reviews will be immediately reported if concerns exist and will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly thereafter once full compliance has been achieved</p>		

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

PRINTED: 01/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/28/2023	
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>resident had a self-care deficit and staff were to praise all efforts of self-care.</p> <p>Review of a statement from Resident F, dated 12/7/23, indicated CNA 6 would not help when she asked. The CNA told the resident if she could see better, she could do more for herself. She tried to do as much as she could by herself, but sometimes she just needed help from the staff.</p> <p>On 12/28/23 at 2:57 p.m., the Director of Nursing provided a current copy of the document titled "Activities of Daily Living, Supporting" dated March 2018. It included, but was not limited to, "Policy Statement...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good...personal...hygiene...."</p> <p>On 12/28/23 at 2:57 p.m., the Director of Nursing provided a current copy of the document titled "Resident Rights" dated October 2022. It included, but was not limited to, "Policy Statement...Employees shall treat all residents with kindness, respect, and dignity...Federal and state laws guarantee certain basic rights to all residents of this facility. These rights included the resident's right to...a dignified existence...be treated with respect, kindness, and dignity...."</p> <p>3.1-38(a)(2)(A) 3.1-38(a)(2)(B) 3.1-38(a)(2)(C)</p>				<p>for a total of 6 months of monitoring. Re-education, frequency and/or duration of reviews will be increased as needed, if areas of noncompliance are identified through the interview process.</p>		