STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155510	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(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
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00418739. Complaint IN00418739 - Federal/State deficiencies related to the allegations are cited at F689. Survey date: October 11, 2023 Facility number: 000549 Provider number: 155510 AIM number: 100267470 Census bed type: SNF: 6 SNF/NF: 62 Residential: 41 Total: 109 Census payor type: Medicare: 2 Medicaid: 39 Other: 27 Total: 68 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on October 17, 2023.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155510	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(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
F 689	Continued From page 1 §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident with a diagnosis of Alzheimer's disease who was a known risk for an elopement was kept safe from eloping from the facility property for 1 of 1 resident being reviewed for elopement. (Resident B) The deficient practice was corrected on 9/30/23, prior to the start of the survey, and was therefore past noncompliance. Finding includes: An incident report to the Indiana Department of Health (IDOH), dated 10/2/23, indicated an elopement event involving a resident occurred on 9/29/23 at 5:55 p.m. A staff member returning to the facility, on 9/29/23 at 5:55 p.m., observed Resident B at the edge of the property by a mailbox of the neighboring property. She stopped and brought the resident back into the facility, then reported the incident. The root cause of the elopement was while a visiting family member came in and out of the facility, the resident followed the family member out of the facility. The resident thought she was going home. The temperature that day was 73 degrees Fahrenheit, and it was sunny outside. The resident was fully clothed at the time of the incident. On 10/11/23 at 11:23 a.m., Physical Therapist 1 was observed using a rolling measuring wheel (used to measure steps or feet while walking) from the middle of the main dining room and	F 689	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155510	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(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
F 689	Continued From page 2	F 689		

walking to the mailbox at the house across the street from the facility. The resident propelled herself 537 feet from the main dining room to the mailbox. The Executive Director (ED) indicated the elopement incident occurred at dinnertime, approximately at 5:45 p.m. She had been in the dining room eating and left the dining room, but a staff member had redirected her to her room and the staff member thought she went back to her room. She was an elopement risk prior to eloping. The facility did not have a wanderguard door system to prevent residents who were diagnosed with Alzheimer's from leaving the facility. They thought the resident got out of the facility because a 12-13-year-old girl was running in and out of the facility. The girl would go out to her car, then run back into the facility to visit her grandma, then go back out the front doors. She did this at least three times. The thought was when the girl ran back inside, the resident was sitting in the lobby, waited for the door to open, then propelled herself out the front door and down the road towards town. The ED indicated Resident M can propel herself at a fast pace in her wheelchair, as if she was walking with her feet, in the wheelchair.

The record for Resident M was reviewed on 10/11/23 at 2:15 p.m. Diagnoses included, but were not limited to, cerebral infarction, Alzheimer's disease, and chronic obstructive pulmonary disease.

The resident's admission Minimum Data Set (MDS) assessment, dated 8/18/23, indicated her Brief Interview for Mental Status was a three, which indicated she was severely cognitively impaired. Her functional status indicated her locomotion on and off the unit was a setup help only with the assistance of one person.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155510	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(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
F 689	Continued From page 3	F 689		

A progress note, dated 9/29/23 at 6:00 p.m., indicated the resident was found by QMA 4 outside in front of the facility "right by the road at 5:55 p.m." The resident was looking for her kids and she decided if they were not coming to the facility, then she would go home. Two CNAs observed her leaving the dining room indicating she was looking for her children. Both CNAs suggested for her to go to the 100 or 400 hallways. She started to go down the 400-hallway, so both CNAs went back to the dining room. The only way the resident got out without setting off an alarm was if she turned around and headed to the front of the facility as the two CNAs went to the dining room to finish meal prep. The young girl with the family repeatedly went in and out the sliding glass front door. Most likely, she followed the young girl out the front door.

The resident had a care plan, dated 8/15/23, which addressed the problem she had impaired cognitive function/dementia or impaired thought processes related to dementia. Approaches included, but were not limited to, 8/15/23, cue, reorient and supervise as needed.

During an interview, on 10/11/23 at 12:00 p.m., QMA (Qualified Medication Aide) 4 indicated she was on her way back to the facility to work on an art project when she saw Resident M propelling herself down the side of the road, across the street from the facility in the gravel part of the side of the road. She knew who the resident was because she had taken care of her before. When QMA 4 asked her what she was doing, she indicated she was looking for her kids. She got the resident to get into her vehicle, then brought

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155510	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(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
F 689	Continued From page 4	F 689		

her back to the facility. The resident did have dementia.

During an interview, on 10/11/23 at 1:51 p.m., RN 5 indicated, on 9/23/22, she had tried to get the resident to go to the dining room, but she did not want to go in there. Approximately 10 minutes after RN 5 was in the dining room, QMA 4 brought the resident in from her vehicle.

A current policy, titled "Emergency Procedure-Missing Resident," dated August 2018 and provided by the Director of Nursing on 10/11/23 at 11:40 a.m., indicated "Resident elopement resulting in a missing resident is considered a facility emergency. Policy Interpretation and implementation: 1. Residents at risk for wandering and/or elopement will be monitored, and staff will take necessary precautions to ensure their safety. 2. Staff will implement the protocol for missing resident immediately upon discovering that a resident cannot be located...."

The deficient practice was corrected by 9/30/23, after the facility implemented a systemic plan that included the following actions: The facility investigated the incident involving Resident M. The Executive Director notified the required state agencies. The Maintenance Director checked the function of all exit doors. Current residents in the facility were assessed for elopement risk and care plans for residents identified as being at risk for were reviewed and updated. Elopement books were reviewed. An elopement drill was completed. Education was initiated for staff and an AD Hoc Quality Assurance Performance Improvement meeting was held with the Medical Director by phone.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155510	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(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
F 689	Continued From page 5 This Federal tag relates to Complaint IN00418739. 3.1-45(a)(2)	F 689		