

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

PRINTED: 08/03/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155287		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2023	
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1309 E GRACE ST RENSSELAER, IN 47978			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 Complaint IN00412405.</p> <p>Complaint IN00412405 - Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Survey dates: July 13 & 14, 2023</p> <p>Facility number: 000185 Provider number: 155287 AIM number: 100290840</p> <p>Census Bed Type: SNF/NF: 66 Total: 66</p> <p>Census Payor Type: Medicare: 8 Medicaid: 49 Other: 9 Total: 66</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/17/23.</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 Rensselaer Care Center agrees with the allegations and citations listed. Rensselaer Care Center 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.</p>		
F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure the residents' environment was clean and in good repair related to water stains in</p>			F 0921	<p>F 921- <u>Safe/Functional/Sanitary/Comfortable Environment</u> <i>What Corrective Action will be</i></p>		08/11/2023

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

TITLE

(X6) DATE

Brandi Costello

Executive Director

07/28/2023

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 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.

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

PRINTED: 08/03/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155287		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2023	
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1309 E GRACE ST RENSSELAER, IN 47978			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>a light fixture and on the ceilings, cracks in the ceiling, several bugs in a light cover, cracked light covers, dark spots on the ceiling, dust on the air vent, gouged and scraped walls, and holes in the wall for the Core Dining Rooms which serves 3 of 4 units in the facility (East, South, and West), as well as a bathroom cabinet with peeling paint, a loose base board around the bottom of the cabinet, and loose and cracked wall tile in 1 of 4 shower rooms observed (200 Unit).</p> <p>Findings include:</p> <p>During an environment observation on 7/14/23 from 1:39 p.m. through 2:10 p.m. with the Administrator, the following was observed:</p> <p>1. A ceiling light outside of the Assisted Dining room had a water stain on the inside of the cover and there were water spots on the ceiling around the light.</p> <p>2. There were water spots with ceiling cracks on the ceiling in the hallway entrance to the Assisted Dining room.</p> <p>The Administrator indicated at the time of the observation the observation of the lights and ceiling should have been part of preventative maintenance.</p> <p>3. An air vent in the Assistive Dining Room was dusty and there were dark spots, which were darker than the white paint on the ceiling.</p> <p>4. In the Main Dining Room, there were water spots on the corner and cracks on the ceiling. The Administrator indicated new dry wall had just been completed in the area of the water spots. The east wall was gouged and scraped and there were</p>				<p>accomplished for those residents found to have been affected by this deficient practice:</p> <p>1. Assisted Dining Room: Ceiling light outside of dining room stained, and water spots present on ceiling. To be painted by date of compliance.</p> <p>2. Assisted Dining Room Entrance: Water spots and ceiling cracks present. To be fixed/painted by date of compliance.</p> <p>3. Assisted Dining Room: Dark spots present on ceiling. To be painted by date of compliance.</p> <p>4. Main Dining Room: water spots and cracks present in corner of the room. To be fixed/painted by date of compliance.</p> <p>5. Main Dining Room East Wall: gouges and scrapes present, hole by air conditioner. To be fixed by date of compliance.</p> <p>6. Main Dining Room: Light covers cracked and bugs present. To be cleaned/replaced by date of compliance.</p> <p>7. Room 206: Water stain and crack to be repaired and painted by date of compliance.</p> <p>8. The Vanity in 200 Unit Shower Room peeling and shower tile needs replaced. Vanity replaced on 7/17/23 and shower tiles to be replaced by date of compliance.</p>		

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

PRINTED: 08/03/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155287		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2023	
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1309 E GRACE ST RENSSELAER, IN 47978			
(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>holes in the wall above 1 of 4 air units. There were dark spots on the ceiling near the front entry door and serving area. There were multiple bugs in a light cover and several light covers were cracked.</p> <p>5. Room 206 where two residents reside, there were two water stains with a crack in the ceiling near the window bed.</p> <p>6. The Shower Room on the 200 Unit had a sink cabinet with peeling paint and a loose baseboard covering the bottom of the cabinet. There was a crack in a wall tile and a loose tile in the shower areas.</p> <p>The Administrator acknowledged the above at the time of the observations.</p> <p>This Federal tag relates to Complaint IN00412405.</p> <p>3.1-19(f)</p>				<p>9. Air Vent in Assisted Dining Room needs cleaned. Cleaned 7/15/23 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>1. Other residents had the potential to be affected by this deficient practice. What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</p> <p>1. Environmental rounds have been completed by maintenance department and plan has been put into place to address scratched/gouged walls, cracked/stained light fixtures, water stains/cracks on ceiling, dusty air vent, peeling bathroom vanity, and cracked shower wall tile on or prior to 8/11/23.</p> <p>2. The Maintenance Director and/or designee will include identified areas in the current preventive maintenance program and conduct routine rounds according to the facility policy. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>1. Maintenance Director and/or designee to conduct observations 5x weekly</p>		

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

PRINTED: 08/03/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2023
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 1309 E GRACE ST RENSSELAER, IN 47978		
(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	
			for next 6 months to ensure the resident's environment is in good repair from scratched/gouged walls, cracked/stained light fixtures, water stains/cracks on ceiling, dusty air vent, peeling bathroom vanity, and cracked shower wall tile. Any concerns identified will be addressed immediately. Audits will be presented to QAPI x 6 months then QAPI will determine the need for further audits. 2. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 8.11.23. The Administrator at Rensselaer Care Center is responsible in ensuring compliance in this Plan of Correction.		