STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	12/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WALNUT CREEK ALZHEIMER'S	525 BENTEE WES COURT EVANSVILLE, IN 47715

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00418657, IN00421796, IN00421963, IN00422605, and IN00423436 Complaint IN00418657- No deficiencies related to the allegations are cited. Complaint IN00421796- No deficiencies related to the allegations are cited. Complaint IN00421963- State deficiencies related to the allegations are cited at R0214. Complaint IN00422605- No deficiencies related to the allegations are cited. Complaint IN00423436- No deficiencies related to the allegations are cited. Survey dates: December 27, 28 29, 2023. Facility number: 013642 Residential Census: 40 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on January 9, 2024	R 0000		
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and			

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

Kelli Walters | Administrator | 01/19/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

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	unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure one awake staff member with current CPR (cardiopulmonary resuscitation) and First Aid certifications remained on site for 7 of 14 shifts reviewed during a 7 day lookback period. Findings include: On 12/28/23 at P.M., the facility schedule, as worked, for dates 12/17/23 through 12/23/23, and the license binder containing current CPR and First Aid certifications, were reviewed. The following dates and shifts lacked a staff member on site with current CPR certification: 12/17/23 6 P.M. to 6 A.M. 12/18/23 6 P.M. to 6 A.M. 12/19/23 6 P.M. to 6 A.M. 12/20/23 6 P.M. to 6 A.M.	R 0117	Corrective action included reviewing CPR and First Aid records for current employees and those found to be lapsed were renewed. Each employee that was found to be out of compliance completed CPR and first aid training and all nurses and QMA's had active certification as of 1/3/2024. To ensure that the same deficient practice does not reoccur, all certifications and expiration dates have been added into our EHR system and alerts set to notify Administrator, Health Service Director, and Business Office Manager prior to expiration. Corrective action will be monitored	01/03/2024

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	12/21/23 6 P.M. to 6 A.M. 12/22/23 6 P.M. to 6 A.M. 12/23/23 6 P.M. to 6 A.M. The following dates and shifts lacked a staff member on site with current First Aid certification: 12/19/23 6 P.M. to 6 A.M. 12/20/23 6 P.M. to 6 A.M. 12/21/23 6 P.M. to 6 A.M. On 12/29/23 at 11:03 A.M., a policy regarding staff with current CPR and First Aid certification was requested; the administrator indicated she had contacted the corporate office and did not have a policy with this information but there should be staff with current CPR and First Aid in the building at all times.		by Employee File Audit tool quarterly by Business office Manager or designee and reviewed by the QAPI committee.	
R 0123 Bldg. 00	410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance (h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable. (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills. (8) Signed acknowledgement of orientation to residents' rights. (9) Performance evaluations in accordance			

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	with facility policy. (10) Date and reason for separation. Based on interview and record review the facility failed to maintain current and accurate personnel records for all employees. The facility failed to have an updated license for 1 of 5 licensed nurses reviewed. (LPN 3) Findings include: On 12/28/23 at 1:30 P.M., review of Employee Records indicated LPN 3's license expired on 10/31/22. On 12/28/23 at 1:53 P.M., review of the Indiana Professional Licensing Agency online indicated LPN 3's license expired on 10/31/22. During an interview on 12/29/23 at 12:50 P.M., the Administrator indicated she did not have a current license for LPN 3, had called LPN 3 to get a copy of her current license, but LPN 3 did not have a copy of her current license at this time. On 12/29/23 at 11:27 A.M., the Administrator indicated there was no policy available for licensed staffing.	R 0123	Corrective action included affected staff member contacted Indiana PLA and immediately was able to get license reinstated. To ensure that the same deficient practice does not reoccur, licenses will be reviewed monthly by the Business office manager/Designee. Corrective action will be monitored by Employee File Audit tool quarterly by Business Office Manager/Designee and reviewed by the QAPI committee.	12/30/2023
R 0214 Bldg. 00	410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on interview and record review, the facility failed to update a resident's evaluation of needs	R 0214	As all residents have potential to be affected by deficient practice,	01/24/2024

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	after the resident had a change in condition and was sent to the hospital the next evening for a fractured hip. The facility failed to evaluate the resident for a change in condition in 1 of 5 residents whose clinical records were reviewed. (Resident D) Findings indclude: On 12/27/23 at 12:30 P.M., the clinical record was reviewed for Resident D. The resident moved into the facility on 8/23/23. The diagnosis included, but was not limited to, dementia with behaviors, myelodsplastic syndrome and anemia. The facility lacked documentation that Resident D had an evaluation by a nurse and the service plan was updated after the resident had a change in condition on 11/12/23. A Progress Note dated 11/12/23 at 10:30 P.M., indicated "staff was trying to assist resident for routine incontinence check but resident was resisting care. Resident was kicking staff and swinging his fists at them. Unable to provide care d/t {due to} uncooperative/aggressive behavior. Advised my staff to reapproach the resident at a later time. Will continue to monitor." A Progress Note dated 11/13/23 at 4:27 A.M., indicated "Resident has continued to resist care and remains aggressive towards staff stating "I don't want to be bothered. [sic] Res {Resident} noted to have been incontinent of urine and Res continues to kick and swing fists at staff. Res has been approached freq {frequently} throughout the night with staff remaining unable to provide care. Will continue to monitor." A Progress Note dated 11/13/23 at 5:48 P.M.,		corrective action included in-service by Administrator and Health Service Director to all staff regarding the need for timely assessment by licensed staff member and timely documentation of assessment, outcome, and any necessary notifications. To ensure that the same deficient practice does not reoccur, health records will be audited for compliance by the Health Service Director. Corrective action will be monitored by Resident Health File Audit tool quarterly by the Health Service Director and reviewed by the QAPI committee.	

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	indicated the caregiver reports indicated the resident had a poor appetite today... Caregiver reported the resident complained of pain and required staff assist of 3 for A.M. transfer... Before supper meal, the caregiver reported to charge nurse that the resident was complaining of pain and that his hip was hurting. Resident was non-weight bearing all day. Charge nurse sent caregiver to get QMA (Qualified Medication Aide) on duty. QMA suggested getting an x-ray. Caregiver reported to HSD (Health Services Director) that the resident's leg looked twisted. HSD assessed resident and notified PCP (Primary Care Provider). An order was received to send resident to ER (Emergency Room), POA (Power of Attorney) notified to meet resident at ER and transportation was notified of need to transport resident... A Progress Note dated 11/13/23 at 11:59 P.M., indicated ... a hospital nurse called indicating the resident had been admitted for surgery the next day. The resident had a fracture in the neck of right hip. A Progress Note dated 11/15/23 at 6:51 P.M., indicated "Addendum to entry of 11/13/5:48 PM. [sic] Clarification: During a discussion with residents [sic] caregivers of this date, this nurse was advised that upon getting resident up 11/13/23 AM [sic], the resident did repeat "ouch", "ouch", "ouch" several times and getting this resident up for breakfast did require the assistance of three as resident was non weight bareing [sic]. and stating "ouch" on severaloccasions [sic]. Resident did present to the dining room for breakfast however, he did not touch his meal, he appeared very tired and drowsy. Resident was later placed in a recliner to await lunch. Upon alerting resident to it being			

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	lunch, resident again refused to eat stating he was tired and couldn't eat. Resident did not eat lunch. Caregived stated residents [sic] son visited during lunch at which time she discussed resident not feeling well and refusing to eat. Son advised we allow resident to rest, he will eat when he is hungry. Resident was assisted to the dining room for the evening meal at which time he stated he was having some pain in the bend of his right hip. This nurse observed area and noted no swelling or bruiising to that area however, right leg appeared shorter than left and did turn out to the side. This nurse felt this rotation might indicate a hip fracture. This nurse requested our DHS (Director of Health Services) please evaluate as well. Within moments it was advised that resident was being sent out. This information was not discussed with this nurse at any time that date. Please see ER documentation to this ER [sic] for any further information." On 12/27/23 at 12:35 P.M., the Incident Report from 11/13/23 was reviewed. The description added on 11/14/23 indicated "During the night of 11/12/23 Res {Resident} was resistive to care/ aggressive with kicking legs and swinging fists. Res refused to use rollater in AM of the 13th. Denied pain/disc {discomfort}. Up in WC {wheelchair} throughout the day on the 13th with no c/o {complaint of} pain/ disc. Appetite was good with food/fluid consumption as per norm. After supper Res was unable to bare [sic] weight for transfer and c/o Right Hip pain. Call placed to PCP {Primary Care Provider} with order obtained to send to ER {Emergency Room}. POA {Power of Attorney} and EMS {Emergency Medical Services} notified. Res transferred to {Name of Hospital} with Transfer papers, bed hold policy Etc {et cetera}."			

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	During an interview on 12/29/23 at 8:38 A.M., while Resident D was observed sitting at a table in the back dining room with an aide beside him, assisting him to eat, the DON (Director of Nursing) indicated Resident D did not have anyone assist him to bed from a fall the night before he went to the Emergency Room (ER) on 11/13/23. She indicated he had a motion sensor in his room and they would have known if he had fallen. The DON indicated he resisted care during the night and was swinging his legs and arms around which was very unusual for him. She indicated he didn't complain of pain until the next evening but didn't want to eat during the day which was not unusual for him. When he complained of pain in his hip, they got the order to have him sent to ER for evaluation, and he was admitted for hip fracture requiring surgery. During an interview on 12/29/23 at 12:30 P.M., the DON indicated she should have done an evaluation earlier in the day on 11/13/23 on Resident D after he had a change in condition during the night on 11/12/23. A Resident Evaluation and Service Plan Policy, dated as revised on 3/10/23, was provided on 12/29/23 at 12:27 P.M., included, but was not limited to, "Following the initial evaluation period, routine reevaluations will be conducted ... when a change of condition has been identified, resulting in a change of care needs." This citation relates to Complaint IN00421963.			
R 0246 Bldg. 00	410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or			

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	physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact. Based on interview and record review, the facility failed to obtain authorization from a licensed nurse prior to a Qualified Medication Aide (QMA) administering as needed (prn) controlled narcotic medications for 2 of 5 resident records reviewed. (Resident 2, Resident 5) Findings include: 1. On 12/27/23 at 10:33 A.M., Resident 2's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's and depression. Resident 2 was admitted on 2/9/19. Current physician orders included, but were not limited to: ABH gel 2-2.5 MG/ML two times a day as needed, dated 6/13/23. Resident 2's Medication Administration Record (MAR) from 12/1/23 through current included the following as needed medication administered by QMA 5: ABH gel 2-2.5 MG/ML administered on 12/19/23 at 9:02 A.M. Resident 2's clinical record lacked documentation that authorization was given by a licensed nurse prior to the QMA administering prn medication to the resident. 2. On 12/28/23 at 10:50 A.M., Resident 5's clinical record was reviewed. Diagnoses included, but	R 0246	Corrective action included in-service to QMA's on requirement to document in Resident Health Record the approval of the nurse that gave them prior authorization to administer a PRN medication. In-service was conducted by Health Service Director and completed on 1/18/24. To ensure that the same deficient practice does not reoccur, health records will be audited for compliance by the Health Service Director quarterly. Corrective action will be monitored quarterly with Resident Health Records Audit and reviewed by the QAPI committee.	01/18/2024

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	were not limited to, dementia with behaviors. Resident 5 was admitted on 8/31/23. Current physician orders included, but were not limited to: lorazepam tab 0.5 MG every 30 minutes as needed, dated 12/1/23. morphine concentrate 20 MG/ML every 30 minutes as needed, dated 12/1/23. Resident 5's Medication Administration Record (MAR) from 12/1/23 through current included the following as needed medications administered by QMA 7: lorazepam tab 0.5 MG administered on 12/27/23 at 4:10 A.M. morphine concentrate 20 MG/ML administered on 12/27/23 at 3:10 A.M. Resident 5's clinical record lacked documentation that authorization was given by a licensed nurse prior to the QMA administering prn medication to the resident. During an interview on 12/29/23 at 12:49 P.M., the administrator indicated a QMA administering prn medications should get authorization from a nurse, and the authorization should be documented in the clinical record. On 12/29/23 at 12:46 P.M., a policy titled Managing Controlled Medications was provided but did not directly address QMA's receiving authorization prior to prn medication administration.			