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	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MUNCIE ESTATES SENIOR LIVING	1601 N MORRISON RD MUNCIE, IN 47304

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R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00434037. Complaint IN00434037- State deficiencies related to the allegations are cited at R0217. Survey date: July 19, 2024 Facility number: 010886 Residential Census: 54 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 26, 2024.	R 0000	This plan of correction is not to be interpreted as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies dated 7/19/24. It is a submission of our ongoing efforts to comply with regulatory requirements. We have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health care services and will continue to make changes and improvements in line with that objective.	
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dawn Beeman	Health Facility Administrator	08/08/2024

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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	signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on observation, record review, and interview, the facility failed to implement identified care plan interventions to prevent falls for 2 of 3 residents reviewed for falls. (Resident B and Resident C) Findings include: 1. Resident B's clinical record was reviewed on 7/19/24 at 11:01 a.m. Diagnoses included memory loss, diabetes mellitus type 2, and macular degeneration. A care plan, dated 5/3/24, indicated the resident had the following fall interventions: Nonslip mat to recliner. Resident to be assisted to the bathroom every 2 hours from 7 a.m. to 9 a.m. Staff to increase observation of resident during waking hours. Call don't fall sign placed in resident's view. A Saint Louis University Mental Status (SLUMS) assessment, dated 3/5/24, indicated the resident was severely cognitively impaired. A SLUMS assessment, dated 6/23/24, indicated the resident was severely cognitively impaired. A fall risk assessment, dated 3/5/24, indicated the	R 0217	R217 - Evaluations Deficiency Health Facility Administrator (ED) and Director of Nursing (HSD) reviewed and updated Resident B's care plan on 8/7/24. Health Facility Administrator (ED) and Director of Nursing (HSD) reviewed and updated Resident C's care plan on 8/7/24. ED/HSD printed care plans/service plans for staff, placed in binders on each unit by 8/9/24. ED/HSD will conduct a training in-service by 8/9/24 with all clinical staff on how to properly document care needs in care tracker and educate all staff on review of service plans and location of care plans in binders on unit. HSD/Designee will review each resident's care plan after a fall and update the care plan and care tracker with any changes,	08/07/2024

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	resident was at moderate risk for falls. A Change of Condition evaluation, dated 3/5/24, indicated the resident required physical assistance of 1 staff member for transfers. She required staff assistance with toileting one to six times daily. A Care Tracking Sheet for July 2024 lacked initials indicating care completion on 7/1/24, 7/2/24, 7/3/24, 7/6/24, 7/7/24, 7/8/24, 7/10/24, 7/11/24, 7/15/24, 7/16/24, 7/17/24, and 7/18/24 on shift one and 7/6/24, 7/10/24, 7/12/24, and 7/18/24 on shift two for the following fall interventions: nonslip material to recliner and resident to be assisted to bathroom every 2 hours from 7 a.m. to 9 p.m. The Care Tracking Sheet lacked a place to sign for a "Call don't fall" sign. An Observation Note, dated 4/13/24 at 1:58 p.m., indicated the resident slid out of her reclining chair and was found in front of the recliner on the floor. A small area to her right forehead was bruised. An Observation Note, dated 4/21/24 at 11:34 a.m., indicated the resident was found on the floor in front of her recliner. The foot of the recliner was raised. The resident got out of the recliner to go to the bathroom and ended up on the floor. An Observation Note, dated 4/29/24 at 10:00 a.m., indicated the resident was observed sitting on the floor in her bedroom with her legs outstretched in front of her. Her walker was in the bathroom in front of her. An Observation Note, dated 5/3/24 at 4:00 a.m., indicated the resident was found on the floor and was lying between the bed and the bathroom		ongoing. Results of care plan reviews will be discussed at monthly CQI meetings.	

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	walkway. Her feet were under the bed. An Observation Note, dated 5/26/24 at 10:36 p.m., indicated the resident fell in her room. The nurse was in the hallway, heard the resident fall, and heard the resident calling out for help. The resident was found lying on the floor. The resident complained of pain to her right knee and had light blue bruising to the area. An Observation Note, dated 6/10/24 at 10:55 p.m., indicated the resident was found sitting upright in the doorway on the floor of her room. She was uncertain of what had happened. She complained of soreness to her right hip. No injuries were identified. An Observation Note, dated 6/12/24 at 10:53 p.m., indicated the resident was found on the floor in the hallway. She indicated she had lost her balance and fell. An Observation Note, dated 6/22/24 at 2:03 p.m., indicated the resident was found on the floor outside of her room in a sitting position. Her walker was inside her room a couple feet away. She could not remember what happened. During an interview, on 7/19/24 at 1:22 p.m., CNA 3 indicated Resident B fell sometimes. She thought the resident had something on her couch that was nonslip. The nonslip mat on her recliner had gotten dirty and was removed to be washed. She was uncertain if the nonslip mat had been put back on the recliner. During an observation, on 7/19/24 at 1:35 p.m., Resident B sat on her couch on a towel. She indicated she did not need help getting up or walking. The recliner lacked a nonslip mat. No			

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	"Call don't fall" sign was observed in the room. During an interview, on 7/19/24 at 1:38 p.m., Home Health Aide (HHA) 4 indicated she had worked at the facility less than a week and was uncertain of what fall interventions the residents required. She did not know of anything on the computer or on paper she could check, but she was still learning. She indicated Resident B was taken to the bathroom before and after meals and when she called for assistance. During an interview, on 7/19/24 at 1:44 p.m., CNA 3 indicated the resident' interventions were clicked off on the computer. She pointed to Resident B's interventions which included assist to the bathroom every 2 hours from 7 a.m. to 9 p.m. and nonslip mat to the recliner. During an interview, on 7/19/24 at 1:52 p.m., the Interim Health Services Director (HSD) indicated the resident was very confused. The facility had implemented several different fall interventions to prevent falls. During an observation, on 7/19/24 at 2:00 p.m., Resident B's room lacked a "Call don't fall" sign and a nonslip mat to her recliner. At the same time, the Interim HSD indicated resident had a "Call don't fall" sign on her wall in her room at one time. He was unable to locate the sign or a nonslip mat to the resident's recliner. During an interview, on 7/19/24 at 2:15 p.m., the Administrator indicated the care plans tied into the service plan and told what services were needed. 2. Resident C's clinical record was reviewed on 7/19/24 at 12:09 p.m. Diagnoses included			

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	osteoporosis, congestive heart failure, coronary artery disease, and anxiety. A care plan, dated 6/16/24, indicated the resident had the following fall interventions: Nonslip mat to recliner and increase observation during waking hours. A SLUMS assessment, dated 4/24/24, indicated the resident was severely cognitively impaired. A SLUMS assessment, dated 6/23/24, indicated the resident was severely cognitively impaired. A fall risk assessment, dated 4/24/24, indicated the resident was at moderate risk for falls. A fall risk assessment, dated 6/15/24, indicated the resident was at moderate risk for falls. A Change of Condition evaluation, dated 6/15/24, indicated the resident required escort to meals, staff assistance with toileting, and staff standby assistance with transfers. A Care Tracking sheet for July 2024 lacked initials indicating care completion on 7/1/24, 7/2/24, 7/3/24, 7/6/24, 7/7/24, 7/8/24, 7/10/24, 7/11/24, 7/15/24, 7/16/24, 7/17/24, and 7/18/24 on shift one and 7/6/24, 7/10/24, 7/12/24, and 7/18/24 on shift two for the following fall interventions: Nonslip mat to recliner and increase observation during waking hours. An Observation Note, dated 4/5/24 at 10:09 p.m., indicated the resident was found sitting on the floor right inside the doorway. An Observation Note, dated 4/20/24 at 12:16 p.m., indicated the resident was found sitting in front of			

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	her chair with her legs outstretched in front of her. An Observation Note, dated 5/7/24 at 8:11 a.m., indicated the resident had used the call light for assistance and was found sitting on the floor against her closet door. She complained of severe pain to her right hip. She had a small skin tear on her right elbow. She was transported by emergency medical services to the hospital An Observation Note, dated 5/7/24 at 11:25 a.m., indicated the resident's representative called and indicated the resident had a right hip fracture. An Observation Note, dated 6/15/24 at 11:15 a.m., indicated the resident returned to the facility. She was able to stand and pivot for transfers. An Observation Note, date 7/4/24 at 1:06 p.m., indicated the resident reached for her walker after she completed lunch in the dining room and fell onto her left side. She received a small skin tear to her left shin. During an observation, on 7/19/24 at 10:11 a.m., Resident C sat in her wheelchair in her room. She indicated she pushed her pendant for assistance to the bathroom as needed. The recliner lacked a nonslip mat. During an interview, on 7/19/24 at 1:22 p.m., CNA 3 indicated the resident would push her button for assistance. She did not remember the resident having a nonslip mat on her recliner. During an interview, on 7/19/24 at 1:52 p.m., the Interim HSD indicated the resident was not as mobile as she had previously been prior to her fracture. She required standby assistance with toileting.			

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	During an observation, on 7/19/24 at 1:58 p.m., the resident was sitting in her recliner. The recliner lacked a nonslip mat. At the same time, the Interim HSD indicated the resident's care plan needed updated as she probably no longer needed the nonslip mat and was unable to locate a nonslip mat on the recliner. During an interview, on 7/19/24 at 3:33 p.m., LPN 5 indicated the aides were supposed to document completion of their tasks on the tablet. During an interview, on 7/19/24 at 3:39 p.m., CNA 6 indicated the interventions and care tasks were on the residents' electronic clinical record. The aides were to click the completed box, then click on submit to document completion. During an interview, on 7/19/24 at 3:45 p.m., the Administrator indicated the aides' tasks were driven by the service plan and were to be clicked off to complete their documentation. A facility policy, dated 5/15/23, provided by the Administrator on 7/19/24 at 3:41 p.m., titled " Fall Management and Post Fall Investigations," indicated the following: " ...Sinceri Senior Living utilizes all reasonable efforts to provide a system to review residents' potential risk for falls and provide a proactive program of supervision, assistive devices, and interventions to manage and minimize falls and identify residents continued needs ...Communication is provided to residents, responsible parties, and team members on fall interventions ... Fall interventions are documented in the resident individualized service/care plan ...Changes in fall interventions will be communicated to all appropriate community team members, resident, and resident			

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	responsible party ...." This citation is related to complaint IN00434037			