

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

PRINTED: 04/21/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155718		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/03/2023	
NAME OF PROVIDER OR SUPPLIER  NORTHVIEW HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1235 W CROSS ST ANDERSON, IN 46011			
(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 Complaint IN00404640.</p> <p>Complaint IN00404640 - Federal/state deficiencies related to the allegations are cited at F584.</p> <p>Survey date: April 3, 2023.</p> <p>Facility number: 000562 Provider number: 155718 AIM number: 100267150</p> <p>Census Bed Type: SNF/NF: 69 SNF: 4 Total: 73</p> <p>Census Payor Type: Medicare: 15 Medicaid: 41 Other: 17 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 6, 2023.</p>			F 0000	<p>This Plan of Correction constitutes the written allegation of compliance for deficiency cited 4/3/2023. The submission of this Plan of Correction is not an admission that a deficiency exists or that it was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. Due to the low scope &amp; severity of tag, the facility respectfully requests paper compliance.</p>		
F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p>						

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

TITLE

(X6) DATE

Kimberley Carlson

HFA

04/19/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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: 04/21/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155718		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/03/2023	
NAME OF PROVIDER OR SUPPLIER  NORTHVIEW HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1235 W CROSS ST ANDERSON, IN 46011			
(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>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, interview and record review, the facility failed to maintain water temperatures at a comfortable level for 2 of 4 residents reviewed for safe and comfortable water temperatures (Residents B and C).</p>			F 0584	<p><b>F584 (SS D) What Corrective Action will be accomplished for those residents found to have</b></p>		04/10/2023

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

PRINTED: 04/21/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155718		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/03/2023	
NAME OF PROVIDER OR SUPPLIER  NORTHVIEW HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1235 W CROSS ST ANDERSON, IN 46011			
(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>Findings include:</p> <p>1. During an interview, on 4/3/23 at 9:31 a.m., Resident B indicated the water from the sink in her bathroom was cold, and she hadn't been able to get hot water in her room for at least a month.</p> <p>During an observation on 4/3/23 at 9:33 a.m., the hot water in Resident B's bathroom sink was turned on, and after the water had ran for three minutes, the water was lukewarm to touch.</p> <p>During an interview, on 4/3/23 at 9:44 a.m., Housekeeper 3 indicated the water from the bathroom sink didn't always get hot.</p> <p>Resident B's clinical record was reviewed on 4/3/23 at 12:20 p.m. A review of the type of bath the resident had received between 3/5/23 through 4/1/23 indicated she had received three showers and zero bed baths.</p> <p>2. During an interview, on 4/3/23 at 12:49 p.m., Resident C indicated she hadn't had hot water for a couple of months. She got washed up with cold water and hadn't been able to take a shower because there wasn't any hot water.</p> <p>During an observation on 4/3/23 at 12:51 p.m., the hot water in Resident C's bathroom sink was turned on, and after the water had ran for four minutes, the water was lukewarm to touch.</p> <p>During an interview, on 4/3/23 at 12:53 p.m., RN 5 indicated indicated it was common that older people wanted the water to be hotter.</p> <p>Resident C's clinical record was reviewed on 4/3/23 at 1:05 p.m. A review of the type of bath</p>				<p><b>been affected by this deficient Practice:</b></p> <p>The Corrective Action process included finalizing purchase of 100-gallon water heater to replace the one that was defective. New 100-gallon water was installed on 4/10/2023. Water temperatures of the west side of the building increased within a short period of time after installation of water heater.</p> <p><b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken:</b></p> <p>The new water heater assists in maintaining water temperatures at state required temps on the west side of the building. Weekly water temps are taken throughout the building to ensure the entire facility has the desired temperatures of hot water. East side of building did not have a hot water issue; however, temps are taken weekly to ensure water temps are in compliance.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not occur:</b></p> <p>Will reach out to multiple vendors to establish faster turn around on service needed.</p> <p><b>How will the corrective action be monitored to ensure the deficient practice will not</b></p>		

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

PRINTED: 04/21/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155718		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/03/2023	
NAME OF PROVIDER OR SUPPLIER  NORTHVIEW HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1235 W CROSS ST ANDERSON, IN 46011			
(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>the resident had received between 3/5/23 through 4/1/23 indicated she had received four bed baths and zero showers.</p> <p>During an interview, on 4/3/23 at 9:47 a.m., the Maintenance Director indicated the water heaters for Dogwood Court hadn't been working right for 30-40 days.</p> <p>An observation, on 4/3/23 beginning at 10:26 a.m. and ending at 10:48 a.m., accompanied by the Maintenance Director, indicated the following hot water temperatures:</p> <p>a. The hot water running through the shower-head for Dogwood Court reached a temperature of 75 degrees Fahrenheit (F) after it ran for six minutes.</p> <p>b. The hot water running through the shower-head for Rosewood Court reached a temperature of 103 degrees F after it ran for seven minutes.</p> <p>c. The hot water in room 202's bathroom sink reached a temperature of 97 degrees F after it ran for two minutes.</p> <p>During an interview, on 4/3/23 at 2:04 p.m., CNA 7 indicated the water had been running colder in some rooms on Dogwood Court.</p> <p>During an interview, on 4/3/23 at 12:46 p.m., the Administrator indicated she had started working on getting new hot water heaters to replace the two not functioning properly on 3/8/23. The only rooms affected without hot water were 202 and 204, and the showers continued to have hot water and had not been affected.</p>				<p><b>recur:</b> Request multiple bids from vendors and evaluate timely turnaround of service when making decision for repairs.</p>		

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

PRINTED: 04/21/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155718		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/03/2023	
NAME OF PROVIDER OR SUPPLIER  NORTHVIEW HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1235 W CROSS ST ANDERSON, IN 46011			
(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>Review of an undated, current facility policy, titled "Know Your Rights under Federal Nursing Home Regulations," provided by the Administrator on 4/3/23 at 3:35 p.m., indicated "...You have the right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely...."</p> <p>This Federal tag relates to complaint IN00404640.</p> <p>3.1-19(r)(1)(2)</p>						