STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155840	A. BUILDING 00 B. WING	11/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF DYER	1532 CALUMET AVENUE DYER, IN 46311

(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	This visit was for the Investigation of Complaint IN00394614. Complaint IN00394614 - Substantiated. Federal/state deficiencies related to the allegations are cited at F689 and F919. Survey date: 11/17/22 Facility number: 013462 Provider number: 155840 AIM number: 201330210 Census Bed Type: SNF/NF: 6 SNF: 61 Residential: 26 Total: 93 Census Payor Type: Medicare: 28 Medicaid: 6 Other: 33 Total: 67 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 11/18/22.	F 0000	Symphony of Dyer Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. This facility respectfully requests a desk review for the given citations in this survey. Please see all attached documentation for your consideration.	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is			

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

Megan Matula | Administrator | 11/25/2022

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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	possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure a resident had assistive devices in place to prevent accidents and injuries, related to fall risk interventions not in place for 1 of 3 residents reviewed for falls/accidents. (Resident D) Finding includes: During an observation on 11/17/22 at 10:15 a.m., Resident D was lying in bed. The bed was not in the lowest position and was approximately three feet from the floor. The head of the bed was elevated. There were no mats on the floor next to the bed. During an observation on 11/17/22 at 11:05 a.m., Resident D remained in bed, the bed remained elevated and there were no mats on the floor During an observation on 11/17/22 at 1:16 p.m., the Director of Nursing (DON) indicated the bed was not in the lowest position and then lowered the bed. He indicated there were no mats on the floor. Resident D's record was reviewed on 11/17/22 at 10:46 a.m. The diagnoses included, but were not limited to, falls and hypertension. An Admission Minimum Data Set assessment, dated 9/19/22, indicated a moderately impaired cognitive status, had no behaviors, required extensive assistance of two for bed mobility and transfers, had not ambulated, required staff	F 0689	**F 689 Free of Accident Hazards/Supervision/Devices** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · Residents bed was immediately lowered to lowest position and fall mat was put in place. · No harm came to Resident D due to bed not being in lowest position and floor mat not being at bedside. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.** · All residents have the potential to be affected by this alleged deficient practice. · House sweep was completed with no further interventions not in place. **What measures will be put into place or what systemic changes you will make to**	11/29/2022

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	assistance for stabilization with standing, positioning and transfers, and had no falls. A Care Plan, dated 10/23/22, indicated an actual fall had occurred and on 11/14/22. An intervention was initiated to place floor mats at the bedside when the resident was in bed. The Fall Risk Assessments, dated 9/12/22 and 10/23/22, indicated a high risk for falls. A Fall Event, dated 11/14/22 at 9:36 p.m., indicated a fall in the resident's room. He was unable to recall what had happened and there were no injuries. The added Care Plan interventions were to place the bed in the lowest position when he was in bed and encourage him to ask for assistance. An Interdisciplinary Team Fall Progress Note, dated 11/15/22 at 10:59 a.m., indicated the resident had been observed on the floor next to the bed and was yelling "help". He was assessed and no injuries were found. The intervention of a floor mat to be placed at bedside while he is in bed to prevent injury from falls was initiated and the Care Plan was updated. This Federal tag relates to Complaint IN00394614. 3.1-(a)(2)		**ensure that the deficient practice does not recur?** · Nursing staff were educated on ensuring fall interventions are in place. **How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** · DON/designee will audit 10 residents weekly on alternating shifts to ensure fall interventions are in place. · The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue. **Date of compliance: 11/29/2022**	
F 0919 SS=D	483.90(g)(1)(2) Resident Call System			

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Bldg. 00	§483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. Based on observation, record review, and interview, the facility failed to ensure residents' call lights were functioning for the residents to call for staff assistance when needed for 2 of 21 resident rooms observed for call light availability and functioning. (Residents E and D) Findings include: 1. During an observation on 11/17/22 at 8:56 a.m., Resident E was lying in bed. The call light was within reach. She indicated the call light was not working due to a broke wire. The call light cord was observed with clear tape around an area where the wire inside the cord could be seen, due to a break in the protective cover, where the cord goes into the call button. At the time of the observation, an attempt to activate the call light was made and the call light was unable to be activated. The resident indicated she was admitted into the facility the past evening and if she needed something, she would yell at them if she saw them in the hall. She indicated the staff checked on her frequently and the nurse informed her she would would write a work order up for Maintenance to fix the call light. During an interview on 11/17/22 at 9:17 a.m., the Maintenance Director produced an unsigned work order, which was dated 11/16/22. He indicated he was unsure who had written the work order. He	F 0919	**F 919 Resident Call System** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · Resident D's call light adapter was pushed all the way into the wall attachment and was checked for proper function immediately upon discovery that resident had dislodged adapter. · Resident E's call light was replaced and checked for proper function immediately upon identification of tear in the protective sheath. · No harm came to either resident related to call light not functioning properly. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.** · All residents have the	11/29/2022

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	indicated a new cord was given to the resident and the call light was now working. During an observation on 11/17/22 at 9:21 a.m., Resident E indicated the call light cord had been replaced and the call light was now working. The call light was tested and was now functional. Resident E's record was reviewed on 11/17/22 at 1:55 p.m. The diagnoses included diabetes mellitus. An Admission Evaluation, dated 11/16/22, indicated limited assistance of one was required for bed mobility. A Fall Risk Assessment, dated 11/16/22, indicated a moderate risk for falls A Call Light Evaluation, dated 11/16/22, indicated she was able to use and demonstrated the call light usage. A Nurse's Admission Progress Note, dated 11/16/22 at 6:29 p.m., indicated there were no cognitive impairments and she was oriented on call light usage and how to use the call light. The next Nurse's Progress Note, dated 11/17/22 at 1:53 a.m., indicated the call light was in reach and she was made comfortable in the bed. 2. During an observation on 11/17/22 at 10:15 a.m., the resident was lying in bed, the call light was tied to the bed rail and was in reach of the resident. The resident indicated he was able to use his call light, then stated, "they aren't home". An attempt was made to activate the call light and the call light would not activate. The call light plug in the wall was not all the way inserted. The		potential to be affected by this alleged deficient practice. · House sweep was completed showing all call lights are in working order. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** · Housekeeping and Hospitality aides were in-serviced on ensuring call lights are functioning properly when cleaning rooms and when setting up for new admissions. · Nursing department in-serviced on placement of call lights and interventions should a call light stop functioning after hours. **How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** · Maintenance Director/designee will audit 15 call	

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	plug was then inserted all the way into the wall outlet and the call light was able to be be activated. Resident D's record was reviewed on 11/17/22 at 10:46 a.m. The diagnoses included, but were not limited to falls and hypertension. An Admission Minimum Data Set assessment, dated 9/19/22, indicated a moderately impaired cognitive status, had no behaviors, required extensive assistance of two for bed mobility and transfers, had not ambulated, required staff assistance for stabilization with standing, positioning and transfers, and had no falls. The Fall Risk Assessments, dated 9/12/22 and 10/23/22, indicated a high risk for falls. During an interview on 11/17/22 at 1:35 p.m., the Maintenance Director indicated every call light and the call light system was audited every month. If a call light was not functional, the staff were to fill out a work order and/or could text him and he would come in to fix. He indicated the call light was to be clipped to the resident and not wrapped around the rail of the bed and the staff had been inserviced on this. There were emergency bells at the Nurses' Station which were to be used if the call light was not functioning and there were also extra cords in the garage and the staff had access to the garage if the call light cord required changing. The Unit Managers were to check the system when the resident was admitted. There were also Hospitality Aides who were to check the room prior to the arrival of a resident. Housekeeping were to check the call light function when they cleaned the room. During an interview on 11/17/22 at 1:45 p.m., the		lights weekly on alternating shifts to ensure all are in working order. · The Maintenance Director/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue. **Date of compliance: 11/29/2022**	

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	Administrator indicated the resident rooms were checked prior to admission into the facility by the Hospitality Aides and the function of the call lights were part of the room check. This Federal tag relates to Complaint IN00394614. 3.1-19(u)			