

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

PRINTED: 11/18/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155386		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/21/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF DEKALB				STREET ADDRESS, CITY, STATE, ZIP COD 520 W LIBERTY ST BUTLER, IN 46721			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 17, 18, 19, 20, and 21, 2022</p> <p>Facility number: 000574 Provider number: 155386 AIM number: 100266430</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 18 Medicaid: 44 Other: 9 Total: 73</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 27, 2022</p>			F 0000	<p>The Laurels of DeKalb wishes to have this submitted plan of correction stand as its allegation of compliance. The date of alleged compliance is 11/23/22. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.</p> <p>The Laurels of DeKalb respectfully requests a desk review for these deficiencies.</p>		
F 0561 SS=D Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and</p>						

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

TITLE

(X6) DATE

Emily Nelson

Administrator

11/11/2022

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 30 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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	<p>providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident choice was observed for 1 of 1 resident reviewed. (Resident 10).</p> <p>Findings include:</p> <p>During an interview on 10/17/22 at 1:20 PM, Resident 10 indicated he had not been out of bed for eight weeks and he wanted to get up in his broda chair. The resident indicated the facility would not get him up due to the wound on his left hip.</p> <p>During an observation on 10/20/22 at 11:15 AM, the resident was lying in bed asleep with heel protector on right foot, foot elevated on pillow and heel floating.</p> <p>During an interview on 10/21/22 at 9:53 AM, Resident 10 was lying in bed. The resident</p>			F 0561	<p>F561 Choices</p> <p>On 10/21/22 RN interviewed resident #10 regarding getting out of bed per resident choice. Resident assisted per request at this time. Registered Nurse reviewed and updated plan of care for resident #10 on 10/21/22. On 11/4/22, DON assessed and interviewed resident # 10 regarding satisfaction with choices, resident #10 satisfied and no negative effects.</p> <p>Facility department leadership will review resident's preferences for choices and ensure their choices are honored; any new preferences will be added to plan of care. Current staff will be educated by Admin/designee on the resident's right for choices and honoring</p>		11/23/2022

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	<p>indicated he would prefer being up in his broda chair.</p> <p>On 10/20/22 at 9:11 AM, Resident 10's record was reviewed. Diagnoses included paraplegia, muscle weakness, lack of coordination, need for assistance with personal care, pressure ulcer, and Covid19.</p> <p>Resident 10's quarterly Minimum Data Set (MDS) assessment, dated 7/17/22, was reviewed. The MDS indicated the resident's Brief Interview for Mental Status (BIMS) score was 13; he was alert, oriented and interviewable. The MDS assessment indicated the resident required a two-person physical assist to transfer from his bed to broda chair.</p> <p>In an interview on 10/20/22 at 11:20 AM, LPN 10 and LPN 11 indicated the resident's physician recommended the resident remain in bed due to his wound and pressure ulcer issues. LPN 10 indicated the resident had been educated concerning the physician's recommendation for him to stay in bed. No orders could be located by LPN 11 indicating resident should remain in bed to prevent further skin complications and/or promote wound healing.</p> <p>A review of Resident 10's progress notes indicated CNP 12 did not recommend the resident stay in bed to prevent further skin complications/promote wound healing.</p> <p>In an interview on 10/20/22 at 1:26 PM, the Director of Nursing (DON) indicated she reviewed the physician notes and found no recommendation from the resident's physician the resident should stay in bed to prevent further skin complications/promote wound healing. She</p>				<p>resident choice per the plan of care and resident preference. Facility leadership will review/interview newly admitted residents for preferences related to choices and update plan of care weekly times 4 weeks and then monthly for 6 months. Facility leadership will review/audit five random residents to ensure their identified preference/choices are honored; any discrepancies will be immediately addressed. All audit findings will be submitted to QA committee for review and further recommendation, QA meets monthly and as needed.</p>		

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F 0814 SS=D Bldg. 00	<p>indicated she spoke to LPN 10 and LPN 11 that Resident 10 could get up in his broda chair. The DON indicated Resident 10 should be asked during morning care if he would like to get up in his broda chair every morning.</p> <p>On 10/20/22 at 1:48 AM, a current policy titled "Routine Guest/Resident Care," revised 6/26/21, provided by the DON, was provided morning care. The policy did not address offering residents help who require physical assistance to get up during or after morning care. No further policies were provided concerning assisting residents up in the morning during or after morning care by the survey exit.</p> <p>3.1-3(u)(1)</p> <p>483.60(i)(4) Dispose Garbage and Refuse Properly §483.60(i)(4)- Dispose of garbage and refuse properly. Based on observation, interview, and record review the facility failed to ensure the area surrounding the outdoor dumpsters was free from debris in 2 of 2 observations.</p> <p>Findings include:</p> <p>During a tour with the Assistant Dietary Manager on 10/17/22 at 9:35 am the ground surrounding the dumpster area was observed to be littered with a soiled adult brief. She indicated it was not the dietary department's responsibility to remove debris from the ground. She indicated she believed the responsibility belonged to Maintenance or Housekeeping.</p> <p>During an observation on 10/18/22 at 9:10 am the ground surrounding the outdoor dumpster was</p>			F 0814	<p>F814 DISPOSE OF GARBAGE AND REFUSE PROPERLY</p> <p>On 10/18/2022, facility Maintenance Director cleaned the area surrounding dumpsters and ensured the area was free of debris.</p> <p>The QA Committee met to review facility Housekeeping Services Policy – facility policy was revised to indicate the need for staff to ensure that the area surrounding the dumpster is to be free and clear of debris. Facility staff to be in-serviced on the revised Housekeeping Services Policy.</p>		11/23/2022

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F 0921 SS=E Bldg. 00	<p>littered with a soiled adult brief.</p> <p>In an interview, the Director of Nursing (DON) on 10/18/22 at 9:50 am indicated she was unaware of which department was responsible for cleaning the outdoor dumpster area.</p> <p>In an interview, the Maintenance Director on 10/20/22 at 11:15 am indicated he was not aware of which department was responsible for cleaning the area surrounding the outdoor dumpster. He indicated he saw the soiled adult brief and removed it the next day.</p> <p>A current policy titled "Regulated Medical Waste Management" was provided by the Administrator on 10/20/22 at 2:07 pm. The policy indicated final disposal on non-regulated waste was to be disposed of according to local, state, and federal regulations.</p> <p>3.1-21(i)(5)</p> <p>483.90(i)</p> <p>Safe/Functional/Sanitary/Comfortable Environ</p> <p>§483.90(i) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure maintained environment affecting 12 of 12 residents.</p> <p>Findings include:</p> <p>During an observation on 10/17/22 at 10:16 AM room 104 had several large chips in the windowsill, exposing a chipped, flaking particle board. The chips were about 3 inches by 2 inches</p>			F 0921	<p>Facility maintenance and/or designee will monitor the area surrounding the dumpsters weekly x4, monthly x6 and results reported to the facility QA committee for further review and recommendation.</p> <p>Administrator to be responsible for continued compliance.</p> <p>POC 11/23/2022</p> <p>F921 SAFE, FUNCTIONAL, SANITARY, COMFORTABLE ENVIRONMENT</p> <p>The windowsill and drywall repairs to be completed by maintenance director in rooms: 103, 104, 107, 109, 111, and 113.</p> <p>Residents residing within the facility have the potential to be affected by this citation. Facility management team has completed</p>		11/23/2022

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	<p>and 2 inches by 6 inches in size. A large tear in the drywall on the wall near the window was about 4 inches by 4 inches in size with chalky drywall plaster chipped and exposed. An additional chipped area that was about 6 inches by ½ inch was observed on the side of the window. Two residents resided in the room.</p> <p>An observation conducted on 10/19/22 at 10:28 AM indicated the following</p> <p>In room 103, chipped paint and windowsill damage was about 1 inch by 1 inch. two people resided in this room.</p> <p>In room 104, chipped paint was observed on the windowsill. Two people resided in this room.</p> <p>In room 107, the windowsill was chipped in the wood. Two people resided in this room.</p> <p>In room 109, the windowsill was chipped into the wood. Two people resided in this room.</p> <p>In room 111, the windowsill was chipped down to the wood. Two people resided in this room.</p> <p>In room 113, the windowsill was chipped down to the wood. Two residents resided in this room.</p> <p>In an interview, Resident 46 on 10/19/22 at 10:29 AM indicated she disliked having to look at the unsightly wall and windowsill damage.</p> <p>During a record review conducted on 10/19/22 at 11:28 AM, a Minimum Data Set (MDS) dated 8/26/22 indicated Resident 46 had diagnoses including anemia, hypothyroidism, and weakness. The MDS indicated she was alert and oriented.</p> <p>In an interview on 10/20/22 at 11:05 AM, the Maintenance man indicated he noted any damage to doors, walls, or window areas during daily rounds. He indicated he was unable to see the wall damage in Resident 46's room because the privacy curtain in the middle of the room blocked</p>				<p>an audit of resident rooms to identify additional concerns. Concerns entered in the facility TELS system to alert maintenance staff of needed repairs.</p> <p>The QA committee has reviewed the facility Maintenance Department Policy and deemed it appropriate. Ongoing monitoring of damaged drywall and chipped window sills will occur during weekly CARE rounds and addressed in facility Morning Stand-Up Meeting by facility Administrator.</p> <p>The administrator or designee will randomly audit resident rooms for damaged drywall and/or chipped windowsills weekly x4, monthly x 6, with results reported to QA committee for review and further recommendations.</p> <p>Administrator is responsible for continued compliance.</p>		

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	<p>his view. He indicated direct care staff should notify him of such damage. He indicated that he had not received any work orders pertaining to wall or windowsill damage.</p> <p>A policy titled Maintenance Department indicated the department will do on-going monitoring for facility areas needing repair and, if needed, will report to the supervisor for approval of the repairs needed.</p> <p>3.1-19(f)</p>						