

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

PRINTED: 03/12/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155744		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/27/2024	
NAME OF PROVIDER OR SUPPLIER  LUTHERAN LIFE VILLAGES				STREET ADDRESS, CITY, STATE, ZIP CODE 351 N ALLEN CHAPEL RD KENDALLVILLE, IN 46755			
(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
F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 21, 22, 23, 26 and 27, 2024.</p> <p>Facility number: 000570 Provider number: 155744 AIM number: 100275010</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 8 Medicaid: 34 Other: 30 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 29, 2024</p>			F 0000	<p>Please accept this as our credible allegation of compliance for our recent ISDH Annual Recertification and State Licensure Survey that was completed on February 27, 2024. Submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of facts alleged or the corrections set forth on the statement of deficiencies. Please also consider this Plan of Correction for paper compliance.</p> <p><u>Supportive Documents Uploaded:</u> Resident 5- Updated Care Plan In-Service Training Agenda Audit Forms</p>		
F 0699 SS=D Bldg. 00	<p>483.25(m) Trauma Informed Care §483.25(m) Trauma-informed care The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p>			F 0699	1. Resident 5: DON/Social Worker		03/08/2024

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

TITLE

(X6) DATE

Sadie Fenstermaker

Administrator

03/12/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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>Based on observation, interview and record review the facility failed to recognize and identify triggers for a resident with a history of trauma for 1 of 6 residents reviewed. (Resident 5)</p> <p>Findings include:</p> <p>On 2/21/24 at 10:45 A.M. Resident 5 was observed to be tearful while sitting in a common area in a reclining chair.</p> <p>In an attempted interview on 2/21/24 at 12:06 P.M. Resident 5 responded with brief answers then looked away.</p> <p>Resident 5's record was reviewed on 2/22/24 at 1:58 P.M. Diagnoses included recurrent depressive disorder and anxiety disorder.</p> <p>Resident 5's current quarterly Minimum Data Set (MDS) dated 1/26/24 indicated their Basic Interview for Mental Status (BIMS) score was 11 (moderate cognitive impairment). The MDS indicated Resident 5 did not exhibit any behaviors.</p> <p>Resident 5's current Care Plan dated 10/25/23 for mood indicated the resident had mood changes related to anxiety. The target goal was for Resident 5 to display sadness or depression less than daily through 1/24/24. Interventions included identification of strengths, medication as ordered and documentation of mood or behavior changes. The Care Plan indicated the resident was at risk for episodes of crying, being withdrawn and not eating. Interventions included medication as ordered, documentation of withdrawal from usual activity, documentation of tearfulness, sadness, insomnia, negative statements and one on one support.</p>				<p>reviewed trauma informed care plan for Resident 5 on 3/8/2024 and added the appropriate triggers to resident's care plan. (See attached care plan)</p> <p>2. Other Residents: DON/Social Worker reviewed all residents with trauma informed care plans throughout the building on 3/8/2024. No concerns or changes were identified.</p> <p>3. Education: Trauma Informed Care policy reviewed on 2/28/2024 and no changes necessary. DON provided in-service education to nursing staff and social worker on 3/8/2024 regarding correct trigger identification and documentation. (See attached In-Service Agenda)</p> <p>4. Quality: Audit tool was developed by DON to monitor residents with trauma informed care plans. Audit will be completed by the DON/designee weekly for 4 weeks and then monthly for a total of 6 months. Audit results will be reported monthly during the QAA meeting by the DON/designee. (See attached audit tool)</p>		

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	<p>Resident 5's current Care Plan dated 10/25/23 indicated the resident had a history of trauma related to violence and sexual abuse. The Care Plan Indicated Resident 5 was unaware of their current triggers. The Care Plan Indicated Resident 5 often wept, cried and became overwhelmed with emotions. The target goals were to engage in meaningful social situations, enable staff assistance with moving past triggers and staff assistance with avoidance of triggers by the next review date. Interventions included staff assistance with recovery and avoidance of re-traumatization by medication as ordered, allowance of independence, awareness of triggers to reactions, respect of personal space, the provision of meaningful activities, the monitoring of physical health and keeping the resident informed of possible changes.</p> <p>A progress note dated 8/10/23 at 12:20 P.M. indicated Resident 5 had displayed increased tearfulness due to memories of sexual abuse.</p> <p>A progress note dated 8/13/23 at 2:11 P.M. indicated Resident 5 was tearful due to fear of a necklace they had received as a gift.</p> <p>A progress note dated 9/11/23 at 12:15 P.M. indicated Resident 5 preferred female caregivers due to a history of sexual abuse. The progress note indicated Resident 5 became tearful when they felt others were upset with them.</p> <p>A progress note dated 10/24/23 at 4:50 P.M. indicated Resident 5 had been crying due to memories of past sexual abuse.</p> <p>In an interview on 2/26/24 at 2:31 P.M. the Director of Nursing (DON) indicated Resident 5 was</p>						

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F 0758 SS=D Bldg. 00	<p>extremely easily moved to tears. The DON indicated facility staff were unaware of specific triggers and had not tracked to be able to identify specific triggers related to the resident's tearfulness. The DON voiced understanding related to the need for the facility staff to identify specific triggers. The DON indicated they were aware of Resident 5's preference for female staff. The DON indicated the preference for female staff should be included as an intervention and all staff should be made aware of the preference for female staff.</p> <p>A current policy dated 9/20/19, provided by the Administrator, indicated the facility would account for resident specific experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization.</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and</p>						

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	<p>documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>Based on interview and record review the facility failed to ensure behaviors were documented prior to the administration of an as needed medication for 1 of 5 residents reviewed (Resident 31).</p> <p>Findings include:</p> <p>Resident 31's record was reviewed on 2/23/24 at 9:13 AM. Diagnoses included dementia in other</p>			F 0758	<p>1. Resident 31: On 3/8/2024 staff began correctly documenting behavior notes and three non-pharmacological interventions attempted prior to PRN psychotropic medication administration.</p> <p>2. Other residents: DON audited other residents with PRN psychotropic medication orders on 2/28/2024. No concerns were</p>		03/08/2024

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	<p>diseases classified elsewhere with anxiety, psychotic disorder with delusions, and delusional disorder.</p> <p>A review of Resident 31's current significant change Minimum Data Set (MDS), dated 1/18/24 indicated her Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated Resident 31 had verbal behaviors directed at others 4 to 6 days weekly and behaviors had worsened since the last assessment period.</p> <p>A review of Resident 31's current care plan, dated 1/23/24, titled I have a diagnosis of dementia with anxiety disorder indicated the resident had a problem of anxiety with a goal date of 4/19/24. Interventions included signs of anxiety should be observed, recorded, and reported.</p> <p>A review of physician orders, dated 1/15/24, indicated diazepam intensol oral concentrate (an antianxiety medication) 5 milligrams (mg) per milliliter (ml), at a dosage of 0.5 ml was ordered to be given every four hours as needed for anxiety.</p> <p>A review of progress notes dated 1/17/24 at 12:00 AM indicated Registered Nurse (RN) 2 had given Qualified Medicine Aide (QMA) 3 permission to administer an as needed dose of diazepam. A description of the behavior requiring the use of the medication was not available for review in the medical record.</p> <p>A review of a Medication Administration Record dated 1/17/24 indicated diazepam intensol 5 mg/ml 0.5ml was administered by QMA 3 at 12:32 AM.</p> <p>In an interview on 2/23/24 at 2:30 PM, the Administrator indicated a new staff member was</p>				<p>identified.</p> <p>3. Education: Psychotropic Medication policy was reviewed on 2/28/2024 with no identified changes. On 3/8/2024 DON in-serviced nursing staff on the psychotropic medication policy, reviewed behavior documentation requirements, and proper documentation of three non-pharmacological interventions. (See attached In-Service Agenda)</p> <p>4. Quality: Audit tool was developed by DON to monitor residents with a PRN psychotropic medication order. Audit will be completed by the DON/designee weekly for 4 weeks and then monthly for a total of 6 months. Audit results will be reported monthly during the QAA meeting by the DON/designee. (See attached audit tool)</p>		

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	<p>assigned to the unit and needed more training at that time on behavior documentation. She indicated documentation should have included a description of the behavior, interventions provided and whether they were successful prior to administering an as needed psychotropic medication.</p> <p>A current policy titled Psychotropic Medication policy, dated 4/28/17 provided by the DON at 2/26/24 at 8:50 AM indicated a psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. The policy indicated anti-anxiety medications were an example of psychotropic medications. The policy indicated as needed orders for a psychotropic drug should be used only to treat a specific condition documented in the medical record.</p> <p>3.1-48(a)(4)</p>						