

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

PRINTED: 11/01/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155674		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2023	
NAME OF PROVIDER OR SUPPLIER ST CHARLES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 3150 ST CHARLES ST JASPER, IN 47546			
(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 the Investigation of Complaint IN00418639.</p> <p>Complaint IN00418639: Federal/State deficiencies related to the allegations are cited at F656.</p> <p>Survey date: October 4, 2023</p> <p>Facility number: 002628 Provider number: 155674 AIM number: 200299110</p> <p>Census Bed Type: SNF: 14 SNF/NF:37 Residential: 35 Total: 86</p> <p>Census Payor Type: Medicare: 14 Medicaid: 23 Other: 14 Total: 61</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 19, 2023.</p>			F 0000			
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable</p>						

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

TITLE

(X6) DATE

Jon Howard

Executive Director

10/30/2023

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>objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p>						

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	<p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the plan of care was implemented and interventions were in place for 1 of 3 residents reviewed for accidents. A resident's fall intervention was not in place during 1 of 1 observations of the resident in bed. (Resident C)</p> <p>Finding includes:</p> <p>During record review on 10/4/23 at 10:30 A.M., Resident C's diagnoses included, but were not limited to dementia with behavioral disturbance, altered mental status, unsteadiness on feet and disorientation.</p> <p>Resident C's most recent quarterly Minimum Data Set (MDS) assessment, dated 9/8/23, indicated the resident had severe cognitive impairment.</p> <p>Resident C's physician orders included but were not limited to; lay resident down after lunch and dinner, and Low bed with extended bed surface when in bed (started 6/11/22).</p> <p>Resident C's care plan included but was not limited to; Resident is at risk for falls due to history of falls, medication use, incontinence, and Parkinson's Disease. Interventions included but were not limited to; extended bed surface (started 6/13/22).</p> <p>During an observation and interview on 10/4/23 at 2:00 P.M., CNA 3 and CNA 5 assisted Resident C to bed. Resident C's bed was put into low position and fall mats (approximately 2 inches thick) were placed on the floor aside the bed. CNA 3 indicated the mats were to prevent injury from the resident</p>			F 0656	<p>The submission of this plan of correction does not indicate an admission by St. Charles Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of St. Charles Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>Deficiency ID: F656 Completion Date: 11/1/23 Plan of Correction Text: 1 Resident C was affected. Resident C's extended bed surface was immediately placed. Staff were immediately educated</p>		11/01/2023

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	<p>rolling or crawling out of bed. CNA 3 indicated she often sees the resident on the mats when she starts her shift in the morning.</p> <p>During an interview on 10/4/23 at 2:40 P.M., QMA 4 indicated that Resident C had changed rooms from another hall recently and that he used to have a mattress that bumped up level to his bed mattress, but fall mats are being used in his current room. QMA 4 did not know why the bed extender mattress was not being used.</p> <p>During an interview on 10/4/23 at 2:30 P.M., PT 7 (Physical Therapist) indicated that an extended bed surface should be an extension of the mattress surface and would be placed at an even height next to the original mattress to allow a resident to roll onto the extended bed surface, preventing a fall. If a resident rolls off a mattress to a lower surface, that would be a change of plain and should be considered a fall.</p> <p>On 10/4/23 at 3:15 P.M., the facility administrator supplied a facility policy titled, Comprehensive Care Plan Guideline, and dated 12/31/22. The policy includes, "Purpose ...To ensure appropriateness of services and communication that will meet the resident's needs... 4. Pertinent care plan approaches are communicated to the nursing staff... 6. Comprehensive care plans need to remain accurate and current."</p> <p>This Federal tag relates to complaint IN00418639.</p> <p>3.1-35(g)(2)</p>				<p>on following the care plan.</p> <p>2 All residents have the potential to be affected. Staff educated on following care plan interventions ie. Extended bed surface. Clinical staff educated on the care plan policy and following the plan of care.</p> <p>3 As a measure of ongoing compliance, the DHS or designee will monitor 5 residents for fall interventions in place weekly x4 weeks, then every other week for 2 months, then monthly for 3 months.</p> <p>4 As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		