

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

PRINTED: 07/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155814		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/18/2023	
NAME OF PROVIDER OR SUPPLIER  BROOKE KNOLL VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 1108 KINGWOOD DRIVE AVON, IN 46123			
(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 IN00408662.</p> <p>Complaint IN00408662- Federal/state deficiencies related to the allegations are cited at F641.</p> <p>Survey dates: May 18, 2023</p> <p>Facility number: 012901 Provider number: 155814 AIM number: 201215100</p> <p>Census Bed Type: SNF/NF: 59 SNF: 8 Total: 67</p> <p>Census Payor Type: Medicare: 10 Medicaid: 51 Other: 6 Total: 67</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 30, 2023.</p>			F 0000	<p><b>Submission of this plan of correction does not constitute an admission or an agreement of the truth of the facts alleged or correction set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted in accordance with requirements under state and federal law.</b></p> <p><i>Please accept this plan of correction as our credible allegation of compliance as of May 19th, 2023.</i></p>		
F 0641 SS=A Bldg. 00	<p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>Based on interview and record review, the facility failed to accurately code a resident's Minimum Data Set (MDS) assessment for bed mobility for 1 of 3 residents reviewed for MDS accuracy</p>			F 0641	<p>="" span=""&gt;</p> <p><i>All residents who utilize siderails to enhance bed mobility have the potential to be affected by this</i></p>		05/19/2023

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

TITLE

(X6) DATE

Megan Mille

HFA

06/12/2023

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 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>(Resident C).</p> <p>Findings include:</p> <p>Resident C had the following diagnoses but not limited to atrial fibrillation, hypertension, chronic pain, constipation, chronic obstructive pulmonary disease, vitamin deficiency, and dementia.</p> <p>Resident C's Minimum Data Set (MDS) assessment, dated 4/10/23, indicated Resident C was totally dependent on two persons with bed mobility during the assessment period. The assessment period was from 4/4/23 through 4/10/23 and included documentation of her ability to perform bed mobility over 3 shifts every day for 7 days looking back.</p> <p>Resident C had a side rail assessment dated 4/10/23. It indicated she was able to use her siderail as an enabler to help move herself in bed.</p> <p>During an interview on 5/18/23 at 1:22 p.m., the Nurse Practitioner (NP) indicated it was an MDS accuracy error regarding Resident C being dependent with mobility. Resident C could grab the rail for mobility. He indicated he was very familiar with the resident, and she was able to hold onto the rail.</p> <p>During an interview with the MDS Coordinator on 5/18/23 at 2:32 p.m., she indicated she coded the MDS according to the documentation of the Resident C's ability to move around in the bed. She indicated that every shift over the past 7 days Resident C was totally dependent on two staff for bed mobility. She indicated she didn't code the side rails under restraint because the rails were not a restraint. They were being used for mobility. The MDS Coordinator referenced the RAI manual</p>				<p><i>alleged deficient practice.="&gt;span="&gt;Upon immediate notification of this alleged deficiency, the facility initiated education related to the intended use of siderails as a means to enhance/assist with bed mobility and appropriate bed mobility coding based on the facility's policy and procedure and CMS RAI manual. Additionally, the facility conducted a house-wide audit to ensure no similar inaccuracies were identified. No other concerns were noted.</i></p> <p><i>To ensure ongoing compliance, the Director of Nursing/Designee is responsible for conducting audits of the bed mobility coding to ensure the direct care staff accurately reflect each resident's need for assistance and side rails to enhance/assist with bed mobility. Twice weekly and for a period of one month, the Director of Nursing shall conduct these random audits of four residents' MDS coding. The Director of Nursing/Designee shall continue these audits once weekly for a period of three months. Then, the Director of Nursing/Designee shall continue these audits for a period of one a month for a week of two months. The Quality Assurance Committee shall review the results of these observations and any corrective action taken during its monthly meetings for a period of</i></p>		

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	<p>related to the coding of bed mobility and side rails usage. A copy of what was referenced was not provided at the end of the survey.</p> <p>CMS RAI manual dated October 2019, section G indicated, " ...Code 4, total dependence if there was full staff performance of an activity with no participation by resident for any aspect of ADLs (Activities of Daily Living). The resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.</p> <p>A policy titled, "Bed Rail Usage," with a date of 9/2017, indicated, " ...Bed rail area used as indicated or per physician's order, as needed to enable the resident to turn and reposition in bed, review the risks and benefits of the bed rails with the resident or resident representative and obtain informed consent prior to installation...."</p> <p>This Federal tag relates to Complaint IN00408662.</p>				<p><i>no less than six months.</i></p> <p><i>Monitoring shall be reviewed/revised, as warranted, based on compliance.</i></p>		