

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00401954.</p> <p>Complaint IN00401954 - Federal/State deficiency related to the allegation is cited at F744.</p> <p>Survey date: March 13, 2023.</p> <p>Facility number: 000277 Provider number: 155611 AIM number: 100290530</p> <p>Census Bed Type: SNF/NF: 82 SNF: 9 Total: 91</p> <p>Census Payor Type: Medicare: 7 Medicaid: 68 Other: 16 Total: 91</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 000			
F 744 SS=D	<p>Quality review completed on March 14, 2023.</p> <p>Treatment/Service for Dementia CFR(s): 483.40(b)(3)</p> <p>§483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by:</p>			F 744			

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

TITLE

(X6) DATE

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 90 days 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 14 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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F 744	<p>Continued From page 1</p> <p>Based on record review, observation, and interview, the facility failed to provide dementia services for 1 of 2 residents reviewed for dementia care. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 03/13/23 at 11:14 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 02/15/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, anemia, hypertension, renal insufficiency, and non-Alzheimer's dementia.</p> <p>The Complete Care Plan was provided by the Administrator on 03/13/23 at 3:24 P.M. The Care Plan included the following:</p> <ul style="list-style-type: none"> - The resident had impaired cognitive function/dementia related to dementia. An intervention included, but was not limited to, requires approaches that maximize involvement in daily decision making and activity limit choices, use cuing, task segmentation, written list and instructions. - The resident was to carry out activities individually with the help of staff or on own. The interventions included, but were not limited to, ask resident how they are doing? If the resident was upset, listen, and reassure them, and report to the Social Services after the visit. Greet the resident and introduce self. <p>A facility reported incident, dated 02/16/23, indicated that staff members had reported to the charge nurse that Activity Aide 2 was overheard being argumentative with Resident C.</p>	F 744	Past noncompliance: no plan of correction required.		

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F 744	<p>Continued From page 2</p> <p>During an observation on 03/13/23 at 11:31 A.M., CNA (Certified Nurse Aide)/Activity Aide 2 was sitting in the Main Dining Room with other staff assisting a resident with their meal. She was conversing pleasantly with the resident.</p> <p>During an interview on 03/13/23 at 2:13 P.M., CNA (Certified Nurse Aide) 3 indicated on 02/16/23, she was in a resident room when she heard Resident C and CNA/Activity Aide 2 in the day room. She had gone out and caught the end of the situation and believed Resident C had a maraca that she sat down on the table and was picking it back up when CNA/Activity Aide 2 tried to take it out of her hands. Resident C indicated "get off me you B****, I am going to hit you if you don't get off me. The CNA/Activity Aide 2 indicated "If you do, I am going to knock you on your butt. She reported it to the charge nurse.</p> <p>During an interview on 03/13/23 at 2:15 P.M., the Social Service Director indicated after the incident on 02/16/23, the staff had gone to the charge nurse, and they alerted her. She had told CNA/Activity Aide 2 she had to go home related to an incident and that the Administrator would be in contact with her. CNA 3 was in a resident's room and only heard the last of the incident. She went and interviewed all the staff working on the unit and other residents that lived on that unit, as that was CNA/Activity Aide 2's primary work area.</p> <p>During an interview on 03/13/23 at 2:22 P.M., CNA 5 indicated on 02/16/23, Resident C was in the day room at the activity counter when CNA/Activity Aide 2 got upset and told her to leave. Resident C didn't like the tone of CNA/Activity Aide 2 and told her she was going to</p>	F 744			

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F 744	<p>Continued From page 3</p> <p>knock her out to which CNA/Activity Aide 2 responded back "No you won't I will throw you to the ground." The resident didn't know what she was saying half of the time. The CNA/Activity Aide 2 was angry, but she didn't believe she would harm the resident and thinks everyone has bad days. She reported the incident to the charge nurse.</p> <p>During an interview on 03/13/23 at 2:26 P.M., CNA/Activity Aide 2 indicated on 02/16/23 the resident was at the activity counter. She liked to hoard things. She had gone up behind the resident and asked her if she needed something. The resident had coloring supplies in her hands and asked her to leave them there. The resident told her no they are mine and had said something about backing up. She had told the resident if she backed up, they would both end up on the floor on their butts. She wasn't mad at the resident. When the Social Service Director came and talked to her, she was confused. Her schedule was reassigned to where she doesn't work on the dementia unit, and she had to complete education related to communication with dementia, resident rights, and abuse. She had completed all the training the was required after the incident.</p> <p>During an interview on 03/13/23 at 2:35 P.M., the Administrator indicated after the incident was reported and completed staff and resident interviews. She told CNA/Activity Aide 2 tones can be interrupted different by other bystanders. She was remorseful and the staff didn't feel that she would have acted upon anything. CNA/Activity Aide 2 was reassigned to a different area in the building and had to complete additional training. She was also educated on joking with residents</p>	F 744			

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F 744	<p>Continued From page 4 and what is not appropriate.</p> <p>The current facility policy titled, "Skilled Memory Care Neighborhood" with an effective date of February 11, 2021, and provided by the Administrator on 03/13/23 at 3:46 P.M. The policy indicated, "...our goal is to fight stigma and support quality of life for person's living with dementia..."</p> <p>The current facility policy titled, "Resident Rights" with an effective date of December 17, 2020, and provided by the Administrator on 03/13/23 at 3:24 P.M. The policy indicated, "...Respect and dignity. The resident has a right to be treated with respect and dignity...Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely..."</p> <p>The deficient practice was corrected prior to the start of the survey, therefore was considered past noncompliance. The facility had completed staff education, in-servicing, and monitoring.</p> <p>This Federal tag relates to Complaint IN00401954.</p> <p>3.1-37(a)</p>	F 744			