

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2023
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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 616 GREEN HOUSE WAY CARMEL, IN 46032
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00413720.</p> <p>Complaint IN00413720 - Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: August 2 and 3, 2023</p> <p>Facility number: 013753 Provider number: 155846 AIM number: 201362150</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 5 Medicaid: 29 Other: 36 Total: 70</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on August 9, 2023.</p>	F 0000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>The facility would like to request a desk review for compliance for this single citation.</p> <p>Thank you</p>	
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Ryan Levensgood	TITLE Administrator	(X6) DATE 08/30/2023
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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>adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to ensure a proper transfer technique was used during a transfer, resulting in an injury to 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Finding includes:</p> <p>During an interview, on 08/02/23 at 11:18 a.m., Resident B indicated the CNA was very strong, "I don't think she realized how strong she was". She picked me up under my arms and pressed me to her very hard and "plunked" me down in the chair. This was all discolored and swollen (motioned to her left arm and shoulder). The resident then displayed her left arm, which was observed to have a red discolored area above her left elbow and under the upper left arm. There were red and purple discolorations with a yellow discoloration around the area.</p> <p>The record for Resident B was reviewed on 08/02/23 at 10:15 a.m. Diagnoses included, but were not limited to, unspecified fall, displaced trimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with routine healing, unspecified fracture of right femur, and difficulty in walking.</p> <p>The resident's Basic Interview for Mental Status was scored at 15 per the admission assessment, dated 06/08/2023, which meant she was cognitively intact.</p> <p>The care plan for Resident B was reviewed and had been updated to the current lift/transfer technique to be used.</p>	F 0689	<p>Alleged deficiency: The facility failed to ensure a proper transfer technique was used during a transfer resulting in an injury.</p> <p>Corrective Action for resident(s) found to have deficient: Medical Director and family were made aware of the injury and staff member was educated, prior to entrance of survey.</p> <p>Identify other residents having the same potential deficiency: Any resident who requires transfer by nursing staff.</p> <p>Measures put into place or systemic changes: The Director of Nursing, Assistant Director of Nursing or designee will provide education to all nursing staff regarding safe transferring with gait belt, prior to date of compliance. PRN nursing staff will receive education prior to their first scheduled shift.</p> <p>Plan to monitor performance to maintain compliance: The Director of Nursing, Assistant Director of Nursing or designee will perform random transfer audits 5 per week x 8 weeks, 3 per week x 8 weeks, 1 per week x 8 weeks. If any compliance trends are</p>	09/05/2023

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	<p>A nursing note, dated 07/21/2023, indicated "...Res (resident) noted with purple bruising to L (left) upper arm/ anterior axillary. Limited ROM (range of motion). Area noted with swelling and firmness to L upper chest...."</p> <p>A nursing note written by the Social Worker, dated 07/22/2023, indicated "...resident reported being afraid of the CNA providing care for her. She began to tear up as she reported her concern. Resident was reassured that CNA was reeducated on proper lifting and reassigned to another home. Resident was pleased with this solution...."</p> <p>During a telephone interview, on 08/03/2023 at 10:07 a.m., Therapist 3 indicated Resident B was to be transferred using a squat-pivot technique and a gait belt, by one (1) person. The resident was now a maximum assist with two (2) people using a gait belt related to a fear of being transferred.</p> <p>During a telephone interview, on 08/03/23 at 10:50 a.m., CNA 2 indicated when she transferred Resident B she grabbed the resident around the waist, grabbed her pants, and then lifted the resident. She should have used a gait belt. She had never worked with the resident before. How to transfer a resident can be found in the Kardex (record). She indicated CNA 1 did come to her and ask for assistance with the transfer and indicated she transferred the resident alone because the other CNA would have caused injury to her (CNA 2) and it would have been like performing the transfer alone so she did it alone.</p> <p>During an interview, on 08/02/23 at 11:58 a.m., the Director of Nursing indicated gait belts were to be used for transfers.</p> <p>A facility document, titled "INDIANA STATE</p>		<p>identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 9/5/23</p>	

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

PRINTED: 09/08/2023

FORM APPROVED

OMB NO. 0938-039

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	<p>DEPARTMENT OF HEALTH SURVEY REPORT SYSTEM," with an incident date of 07/21/2023, indicated "...07/21/23 Resident noted with swelling to front of left shoulder and bruising to left axilla...Resident voiced during a transfer on 07/19, CNA was rough and just does not know her own strength...Follow up added...another aide had asked CNA 2 to help her and instead of waiting for her help, felt comfortable that she could transfer her alone...."</p> <p>A facility policy, titled "Safe Lifting and Movement of Residents," undated and received from the Director of Nursing on 08/03/2023 at 12:21 p.m., indicated "...Resident safety...and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents...."</p> <p>This Federal tag relates to Complaint IN00413720.</p> <p>3.1-45(a)(2)</p>				