

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

PRINTED: 03/03/2025

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 02/18/2025	
NAME OF PROVIDER OR SUPPLIER  LUTHERAN LIFE VILLAGES				STREET ADDRESS, CITY, STATE, ZIP COD 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 12, 13, 14, 17 and 18, 2025.</p> <p>Facility number: 000570 Provider number: 155744 AIM number: 100275010</p> <p>Census Bed Type: SNF/NF: 75 Total: 75</p> <p>Census Payor Type: Medicare: 0 Medicaid: 45 Other: 30 Total: 75</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 19, 2025</p>			F 0000	<p>Please accept this as our credible allegation of compliance for our recent IDOH Annual Recertification and State Licensure Survey that was completed on February 18, 2025. 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> In-Service Training Agenda &amp; Sign-In Sheets Audit Tool Completed Audit Forms</p>		
F 0583 SS=D Bldg. 00	<p>483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records</p> <p>Based on observation, interview, and record review the facility failed to ensure privacy of medical records for 2 of 8 residents reviewed (Resident 50, and Resident 123).</p> <p>Findings include:</p> <p>1. During an observation on 2/12/25 at 11:40 AM,</p>			F 0583	<p>1. Residents #50 and #123: DON observed nurses during medication pass for both residents on 2/19/25, 2/20/25, and 2/21/2025 with no concerns noted and all screens/documents kept locked or out of view and all items physically placed out of view of passersby.</p> <p>2. Other Residents: DON audited</p>		02/26/2025

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

TITLE

(X6) DATE

Sadie Fenstermaker

Administrator

02/28/2025

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>a computer screen on top of the medication cart on the dementia unit contained a picture of Resident 123, her name, medications and other care related physician's orders. A worksheet containing a list of the residents on the dementia unit with notes pertaining to their personal care was lying on top of the cart, visible to passersby. No staff member was observed attending to the cart. Two unidentified ambulatory residents, a dietary staff member and two Certified Nurse Aides were walking in the area. Licensed Practical Nurse (LPN) 2 was observed seated in a nurse's station across the hall from the medication cart. On 2/12/25 at 11:45 AM, LPN 2 returned to the cart and closed the screen.</p> <p>Resident 123's record was reviewed on 2/14/25 at 9:55 AM. Diagnoses included vascular dementia and cerebral infarction.</p> <p>Resident 123's current Basic Interview for Mental Status (BIMS) score, dated 2/11/25, was 10 (cognitively impaired).</p> <p>2. During an observation on 2/14/25 at 8:52 AM, a computer screen on top of the medication cart on the dementia unit was observed open to a page listing Resident 50's medications. A worksheet listing the names and care needs of the residents residing on the dementia unit was lying on top of the cart visible to any passerby. No staff member was present at the cart. Two unidentified staff and two unidentified residents passed the cart before Licensed Practical Nurse (LPN) 2 returned to the cart.</p> <p>Resident 50's record was reviewed on 2/14/25 at 9:03 AM. Diagnoses included Alzheimer's disease and hypertension.</p>				<p>staff on other resident neighborhoods at various times on 2/19/2025 – 2/26/2025 to ensure privacy and confidentiality was maintained. No concerns or changes were identified.</p> <p>3. Education: EMR Physical Safeguards and Privacy and Confidentiality policies were reviewed on 2/19/2025 and no changes were necessary. DON provided in-service education to nursing staff on 2/24/25 regarding proper computer screen locking, safeguarding resident protected health information both printed and electronic, and physically placing medication carts, computer screens, and printed documentation/worksheets out of the view of passersby. (See attached In-Service Agenda &amp; Sign-In Sheets)</p> <p>4. Quality: Audit tool was developed by HFA to monitor staff to ensure proper precautions are taken to protect resident privacy and confidentiality. 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 50's current Minimum Data Set (MDS), dated 2/7/25, indicated his BIMS score was 5 (cognitively impaired).</p> <p>During an interview on 2/14/25 at 9:03 AM, LPN 2 indicated he should have closed the screen on the computer and covered or turned over the worksheet with resident information prior to leaving the cart.</p> <p>In an interview, on 2/14/25 at 9:54 AM, the Administrator indicated private resident health information should not be visible on unattended medication carts and computer screens.</p> <p>A current policy titled Privacy and Confidentiality, dated 11/21/16, provided by the Administrator on 2/14/25 at 10:13 AM, indicated residents had the right to secure and confidential personal and medical records. The policy indicated the facility was responsible for safeguarding the personal and medical records from unauthorized access.</p> <p>A current policy titled Electronic Medical Records-Physical Safeguards, dated 12/21/16, provided by the Administrator on 2/14/25 at 10:13 AM, indicated display screens and keyboard devices should be placed in such a way that access was limited to those employees with a demonstrated need to know.</p> <p>3-1(p)(5)</p>						