

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

PRINTED: 05/08/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155667		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/17/2024	
NAME OF PROVIDER OR SUPPLIER  OAK GROVE CHRISTIAN RETIREMENT VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 221 W DIVISION ST DEMOTTE, IN 46310			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Complaints IN00430687 and IN00431990.</p> <p>Complaint IN00430687 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431990 - Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: April 16 &amp; 17, 2024</p> <p>Facility number: 010823 Provider number: 155667 AIM number: 200236630</p> <p>Census Bed Type: SNF/NF: 18 SNF: 31 Residential: 28 Total: 77</p> <p>Census Payor Type: Medicare: 10 Medicaid: 26 Other: 13 Total: 49</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 4/22/24.</p>			F 0000			
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to						

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

TITLE

(X6) DATE

Donna Jones

Administrator

05/02/2024

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>facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure a resident received the necessary treatment and services related to the lack of a thorough and timely assessment completed after a resident had fallen for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 4/16/24 at 10:50 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, fracture around the internal prostheses of the left knee, and pathological fracture of the right ankle.</p> <p>A Nurse's Progress Note, dated 3/29/24 at 7:44 p.m., indicated the resident was being assisted with transferring by Agency CNA 1 and was lowered to floor in the bathroom. There were no injuries observed. The family, Nurse Practitioner, and the Director of Nursing (DON) were notified. The vital signs were within normal limits.</p> <p>The after-fall assessment on 3/29/24 at 7:44 p.m., was not thorough and had not included the presence or absence of significant findings, nor the actual vital signs.</p> <p>There were no other assessments completed after the fall on 3/29/24 at 7:44 p.m., until 3/30/24 at 6:28 a.m.</p> <p>A Nurse's Progress Note, dated 3/30/24 at 6:28</p>			F 0684	<p>F684</p> <p>The community was alleged to be out of compliance by failing to ensure a resident received the necessary treatment and services related to the lack of a thorough assessment completed after resident B was lowered to the floor on 3/29/2024.</p> <p>I. Specific Corrective Actions: Resident B was transported to the hospital. The nurse responsible was educated and coached on post fall assessments.</p> <p>II. Identification and correction of others: All residents who had falls in the last 30 days were reviewed to ensure follow up assessments were completed for each fall.</p> <p>III. Systemic Changes: All nursing staff were educated regarding the required documentation and assessment of a resident after a fall. In addition, all falls will be included in daily CQI</p> <p>IV. Monitoring: An audit of fall documentation assessments will be completed by the DON/designee weekly for 4 weeks, then monthly for at least 5 months or until substantial compliance. The DON/designee will report findings to QAPI</p>		05/10/2024

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	<p>a.m., indicated RN 1 was asked to assess the resident's right ankle. The right lower leg and ankle had 3+ edema, bruising, and appeared deformed. Both lower extremities had pulses present. The Nurse Practitioner and the DON were notified.</p> <p>A Nurse's Progress Note, dated 3/30/24 at 12:58 p.m., indicated the resident had been transferred to the Hospital on 3/30/24 at 7:10 a.m.</p> <p>A Nurse's Progress Note, dated 3/30/24 at 9:07 p.m., indicated the resident returned from the hospital with a diagnosis of right tibia/fibula fracture.</p> <p>A X-ray result, dated 3/30/24, indicated a comminuted fracture of the distal tibia and fibula.</p> <p>A telephone interview, received from the Administrator, dated 4/1/24 at 8:26 a.m., indicated RN 1 was interviewed and reported the resident had not been yelling, "any more than usual" and RN 1 had been in the room two to three times the night of 3/29/24 - 3/30/24 and "all was good."</p> <p>During an interview on 4/16/24 at 1:11 p.m., the DON indicated there should have been post-fall assessments for 72 hours after the fall. She was unable to find any assessments completed after the fall until that morning on 3/30/24.</p> <p>A facility policy, titled, "Post Fall Assessment Policy", dated 10/7/23 and received as current from the DON, indicated the resident would be observed for delayed complications of a fall for approximately forty-eight hours after an observed or suspected fall, and the findings would be documented in the medical record. The documentation would include signs or symptoms</p>			committee monthly for review, recommendations, and tracking.			

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	of pain, swelling, bruising, deformity, and/or decreased mobility, and any changes in level of responsiveness/consciousness and overall function. The presence or absence of significant findings were to be documented.  This citation relates to Complaint IN00431990.  3.1-37(a)						