STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155848		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 04/12/2023	
	NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE		1	000 E N	DDRESS, CITY, STATE, ZIP COD MAIN STREET LE, IN 46122		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
F 0000 Bldg. 00 F 0550 SS=D	Licensure Survey. Survey dates: Apri Facility number: 0 Provider number: 1 AIM number: 3000 Census Bed Type: SNF/NF: 8 Total: 8 Census Payor Type Medicare: 4 Other: 4 Total: 8 These deficiencies accordance with 41 Quality review was	reflect State Findings cited in 10 IAC 16.2-3.1.	F 0000		Preparation or execution of thi plan of correction does not constitute admission or agreer of provider of the truth of the fa alleged or set forth on the Statement of Deficiencies. The Plan of Correction is prepared executed solely because it is required by the position of Fed and State Law. The Plan of Correction is submitted in orderespond to allegation of noncompliance cited during the annual Recertification and State Licensure Survey completed of April 10, 11 and 12, 2023. Ple accept this plan of correction at the provider's credible allegatic compliance. The provider respectfully required desk review with paper compliance to be considered in establishing that the provider i substantial compliance.	ment acts e and deral er to e te te on case as on of ests	
Bldg. 00	§483.10(a) Resid The resident has existence, self-de communication w and services insid including those sp	ent Rights. a right to a dignified					

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

(X6) DATE

TITLE

Lisa Imlay Administrator 04/30/2023

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155848	B. WI	NG		04/12/	/2023
NAME OF P	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
					MAIN STREET _LE, IN 46122		
	ON RECOVERY C	ANE		DANVIL	_LC, IN 40 IZZ		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
	each resident in a manner and in an environment that promotes maintenance or						
		promotes maintenance or his or her quality of life,					
		· · · · · · · · · · · · · · · · · · ·					
	recognizing each resident's individuality. The facility must protect and promote the rights of the resident.						
	the resident.						
	§483.10(a)(2) The	e facility must provide equal					
	- ' ' ' '	care regardless of					
	1	ry of condition, or payment					
	source. A facility	must establish and					
	maintain identical policies and practices						
	regarding transfer, discharge, and the						
	provision of servi	ces under the State plan for					
	all residents rega	rdless of payment source.					
	\$492 10/b) Evere	ico of Dighto					
	§483.10(b) Exerc	the right to exercise his or					
		sident of the facility and as					
	_	ent of the United States.					
	a dilizeri di reside	on the office offices.					
	§483.10(b)(1) The	e facility must ensure that					
		exercise his or her rights					
	without interferen	ce, coercion, discrimination,					
	or reprisal from th	ne facility.					
	\$402.40/5\/0\ TE	o rooidont had the winkt to be					
	1 - ' ' ' '	e resident has the right to be					
		ce, coercion, discrimination,					
		the facility in exercising his to be supported by the					
	_	cise of his or her rights as					
	1	•					
	required under this subpart. Based on observation, interview and record review, the facility failed to ensure a resident		F 05	550	I. Steps taken to		04/20/2023
					ensure deficiency involving	•	0 1/20/2023
	(Resident 162) had the right to be treated with				resident being treated with dig	gnity	
	dignity when bed and chair alarms were placed to ensure she was unable to get up without				and privacy protected		
					a. DON and clinical		
	permission, and the facility failed to ensure she				coordinator reviewed resident		
		vacy when her door was			medical record and plan of ca	re.	
	required to remain	open so staff could			Resident had a chair and/or b		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00			COMPLETED	
		155848	B. W	NG		04/12/	
				_			
NAME OF I	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD		
					MAIN STREET		
ENMOTI	ENMOTION RECOVERY CARE			DANVII	LE, IN 46122		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	continuously observ	ved her so she did not get out			alarm in place for her safety d	ue to	
	of bed without pern	nission. Using the reasonable			impulsiveness and getting up	on	
	person concept, it is	person concept, it is likely that this would lead to			her own. At the time of the		
	an increase of frustration and agitation and				survey there was a 1:1 direct s	sitter	
	expressions of anger, for 1 of 8 residents reviewed				observing patient who did not	turn	
	for resident's rights.				off the bed alarm.		
					b. DON provided staff		
	Findings include:				education that when there is a	1:1	
					sitter with patient, they are not		
	On 4/10/23 at 11:15 a.m., Resident 162 was initially				permitted to have a bed or cha	air	
	observed. The head of her bed (HOB) was				alarm in use at that time		
	elevated so she sat at an approximate 60-degree				(education evidence uploaded	into	
	angle, so she sat upright. Her legs were extended				Gateway).		
	out straight, and a blanket was over her lap. She				c. Instituted a new practice	•	
	played a game of so	olitaire on a hand-held tablet. In			that all patients with dementia		
	conversation, she w	vas unable to recall when, why,			diagnosis will have person		
	or how she ended u	p in the facility. She was			centered interventions and		
	pleasantly confused	l. There was a staff member in			activities discussed at clinical		
	the room who sat in	a visitor chair and identified			meeting Monday- Friday and		
	herself as a "safety	sitter."			instituted as part of their plan	of	
					care.		
	During an interview	y, on 4/10/23 at 11:20 a.m., the			d. Instituted a change to		
	Safety Sitter indica	ted she was a Registered Nurse			expand the SNF activity progra	am	
	(RN) who worked i	n the pediatric unit of the			flowsheet to include an		
	_	d asked to come with Resident			assessment at time of admiss	ion	
	162 to keep her from	m getting up without			if the resident preferred their re	oom	
	assistance.				door open or closed.		
					e. Evaluated patient		
		p.m., Resident 162 remained in			preference form in electronic		
	her bed as she playe	ed games on her tablet.			medical record for door open	or	
					closed, and work order placed	with	
		a.m., Resident 162 was			Information Systems departme	ent	
		3 was elevated to a 90-degree			to modify the SNF activity prog	gram	
		ight and ate her breakfast.			flowsheet to include asking all		
	1	leasantly confused and asked			residents if they preferred thei	r	
	what buildings outside her window were and why				door to be open or closed.		
	she was in the facility. A different Safety Sitter				f. In-serviced activities		
	was observed as she	e sat in a chair directly outside			coordinator of new process to	ask	
	of Resident 162's ro	oom within line of sight.			all patients at time of admission	n if	
					they prefer their room door to	be	

TAG

PRINTED: 05/12/2023

DEPARTMENT	OF HEALTH AND HUN		FORM APPROVED				
ENTERS FOR	MEDICARE & MEDIC	AID SERVICES				OM	B NO. 0938-039
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION				(X3) DATE	SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00			COMPL	ETED
		155848	B. WING	ì		04/12/	/2023
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE			1	1000 E	ADDRESS, CITY, STATE, ZIP COD MAIN STREET LE, IN 46122		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	1	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE During an interview, on 4/11/23 at 9:15 a.m., the open or closed. Safety Sitter indicated she was a Unit Clinical DON educated all Assistant (UCA) who worked in the Childbirth interdisciplinary team members to unit of the hospital but had been asked to come knock or ask permission prior to sit with Resident 162 as a fall precaution. UCA 18 all patient rooms out of respect for indicated she had moved to a chair outside of the their privacy (education document resident's room as Resident 162 had become upset uploaded in Gateway). with someone being in her room, and it made her DON or clinical coordinator frustrated, so she moved out of the room to give will round on all dementia patients her more space but still needed to be able to see a minimum of three times weekly her to ensure she did not get out of bed without until 100% compliant for 3 weeks assistance. to ensure appropriate person-centered interventions are On 4/11/23 at 11:04 a.m., Resident 162 was in place, alarms are not in place if observed as she remained seated upright in her a sitter is being utilized to keep bed. Although there was a puzzle and some other patient safe and to observe that all word game books, Resident 162 indicated she staff are knocking or asking didn't want to do them because she had already permission before entering a looked at them all. She preferred to just play on resident's room (see her tablet. dignity/privacy audit tool attached). On 4/11/23 at 11:13 a.m., a Physical Therapist (PT) Administrator and DON 20 entered Resident 162's room, (without evaluated staff annual dementia knocking) and asked the resident if she was ready education program and additional for therapy. Resident 162 indicated she did not dementia training courses know where she was supposed to go, but PT 20 available. DON informed assured her it was time to go to therapy and do education department to add two some exercises. When PT 20 assisted her to stand dementia education courses to all up from the bed with her walker, a long, loud, and enMotion staff members annually high-pitched alarm sounded, the box at the end of including: her bed began to blink red, and call light bell chimed and blinked. Resident 162 immediately Dementia Care 1, Mental Decline and Caregiving

began to smack at the head of her bed and pillow, and she moved the pillow to look under it. With a tone of annoyance and frustration, she grumbled, "oh that darn thing!" PT 20 moved to the end of the bed and pushed a button to turn the bed alarm off, and several other nursing staff entered the room to check and turn off the call light.

> D9KJ11 Facility ID: 013667

Dementia Care III,

Understanding and Managing

Difficult Behavior (see email

department uploaded in Gateway).

instruction to education

Challenged

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155848		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 04/12/2023	
	ROVIDER OR SUPPLIER		1000 E	ADDRESS, CITY, STATE, ZIP COD EMAIN STREET LLE, IN 46122	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
1 1	(EACH DEFICIEN REGULATORY OR On 4/11/23 at 12:02 observed back in he her lunch. UCA Saf outside of her room open door. On 4/11/23 at 1:08 her bed, seated uprious of the seated			in order to protect paties dignity and privacy, DON or Administrator will provide their ongoing education with staff of for dementia patients as need based on monitoring findings. k. Citation monitoring will presented and discussed in department meetings and enMotion Recovery Care QAI meetings throughout 2023. II. How did facility revall patients in facility that coul have been impacted? The remaining 7 residents be cared for during the survey wassessed by DON to see if chor bed alarms were in use or their doors were being left op without their permission and twere no other patients, 0 of the remaining 7 residents, 0 of the were diagnosed with demential Alzheimer's disease.	COMPLETION DATE Int Int Carring led be Pl iew d ing ere lair if en here led em
	if it bothered her or really frustrated wit didn't pay any atten noticing she was ge	not. Some days she would get h them and other days she tion to them. Staff started tting more agitated and nen she was going home. She			
	started to think staff and was paranoid. S	f had stolen her car and purse to this was when it was sitter" with her to help keep			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155848	B. W	ING		04/12/	/2023
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	R		1	MAIN STREET		
FNMOTI	ON RECOVERY CA	ARE		1	LE, IN 46122		
LIVIOTI	·	u (L		D/ ((V)E	-LL, IIV +0122		
(X4) ID		STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	d to get help when she started					
		was usually around 4:00 p.m.,					
	_	ch was very much like					
	-	essness, agitation, irritability,					
		can begin or worsen as					
		ade, often just when tired					
	_	reak. Sundowning can also					
	continue into the night, making it hard for people with Alzheimer's to fall asleep and stay in bed).						
	with Alzhenner's to	Tall asteep and stay in bed).					
	During an interview, on 4/11/23 at 1:43 p.m., the						
	Activity Director (AD) indicated EnMotion did						
	not usually get a lot of residents like Resident 162						
	who had more advanced confusion. Yesterday						
		a pretty bad day, and so the					
		tried to talk with her. Resident					
	162 had been asking	g about going home and had					
	gotten upset she wa	s not allowed to leave. The					
	AD presented her w	vith several options of					
	activities to do in he	er room, but she refused					
	everything and mad	le self-harm statements like,					
	"well if I have to liv	ve like this, I'll just kill myself!"					
	_	e even said something like					
		ers were good to have to help					
	_	ng but could also help make					
		ually try to harm herself. The					
		lent 162 was not super happy					
		er though, she didn't like them					
		ay she didn't need one					
	because, "I'm an ad	ult person!"					
	On 4/11/22 -+ 2:22	n m Dogidant 162 hazar ta					
	l '	p.m., Resident 162 began to bed. The UCA Safety Sitter					
	stood and entered her room (without knocking) as						
	Resident 162 moved herself to a seated upright position on the edge of her bed. Resident 162 asked when she was going to be allowed to go home and UCA 18 indicated, "you have to stay in						
		her to lay back and put her					
	feet back in the bed	-					
		•					

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	OF CORRECTION OF CORRECTION 155848	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 04/12/2023			
	PROVIDER OR SUPPLIER ON RECOVERY CARE	STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122					
(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 APPROPRI DEFICIENCY)	(X5) COMPLETION DATE			
	On 4/11/23 at 2:30 p.m., Resident 162 stood up from bed with UCA 18's assistance. The bed alarm sounded, and Resident 162 smacked at her pillow and looked for the sound to turn it off. UCA 18 turned off the alarm and assisted Resident 162 to stand by her window and look outside. She asked repetitive questions about where they were, why she was there, and when she could go home. On 4/11/23 at 2:32 p.m., RN 10 entered Resident 162's room (without knocking). He asked Resident 162 what kind of pain she had, but Resident 162 indicated she was ok, and did not have any pain she just wanted to go home. RN 10 asked if she would like to take a walk about the unit, and Resident 162 indicated, "not really, I'd just feel like I was wandering around," but a few moments later she was agreeable and was assisted to walk a lap around the unit, to the therapy gym where she sat down and completed some arm exercises. On 4/12/23 at 9:14 a.m., Resident 162 was observed in her bed with the HOB elevated as she ate breakfast. A Safety Sitter sat in the visitor chair beside her bed. During an interview, on 4/12/23 at 10:00 a.m., the Director of Nursing (DON) indicated during her stay at EnMotion, Resident 162 had become increasingly confused, and it had become apparent her cognition had significantly declined, and she would likely not return to her previous mental functioning. With her confusion and increased anxiety, she kept trying to get up and walk around on her own, so the alarms were placed as a fall precaution. There were times when she became frustrated with the alarms so staff would turn it off and place a sitter with her instead. Her short-term memory was so						

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

PRINTED: 05/12/2023 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	(X2) MULTIPLE A. BUILDING B. WING	construction <u>00</u>	(X3) DATE COMPI 04/12	LETED
	PROVIDER OR SUPPLIEF		1000	T ADDRESS, CITY, STATE, ZIP COD E MAIN STREET VILLE, IN 46122		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROI DEFICIENCY)	N BE PRIATE	(X5) COMPLETION DATE
	compromised she dabout the alarms, exclearly getting agita. The alarms should away or if her door to be on if someone. During an interview Resident 162's daugalarms on her moth indicated her mother weeks, she was able mother, she observe aggressive with the like, "oh I wish that understood it was the not to get up without any good because sher mother was not her room either. Sin often thought she we confused about why house. Although the and available to tall especially in convert whether this was stood for Alzheimer's, were equipped to he behaviors. On 4/12/23 at 10:58 bed and Safety Sitted visitor chair beside private interview or indicated that was for the source of the safety sitted indicated that was for the safety sitted and calculated that was for the safety sitted and calculated that was for the safety sitted and safety sitted indicated that was for the safety sitted and calculated that was for the safety sitted and safety sitted indicated that was for the safety sitted and safety sitted indicated that was for the safety safet	id not remember getting upset accept the chair alarm, she was uted with it so it was removed. The on if a sitter was too far was closed, but it did not need				
		a.m., Resident 162's medical hensively reviewed.				

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ENTERS FOR	R MEDICARE & MEDIC	AID SERVICES			0	MB NO. 0938-039		
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMI	COMPLETED 04/12/2023		
		155848	B. WING		04/1			
	PROVIDER OR SUPPLIEF		1000	ET ADDRESS, CITY, STATE, 2 E MAIN STREET VILLE, IN 46122	ZIP COD			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	DDOVIDED'S DI AN O	DE CORRECTION	(X5)		
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE ACT	TION SHOULD BE	COMPLETION		
TAG		R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	DATE		
	surgery to repair a b	facility on 3/28/23 following broken hip. gnoses which included but						
	were not limited to:	left displaced femoral neck						
		re), acute delirium, and						
		e (a progressive and incurable						
		h slowly destroys memory and						
	thinking skills).	ii slowly destroys memory and						
	unnking skins).							
	She had a care plan, initiated on 3/29/23, which							
		162 had an altercation in						
	behavior described	in a timeline format of her						
	behaviors as follow	rs:						
	3/28 impulsive and	consistently jumping out of						
	bed, bed alarm plac	ed for safety.						
	3/28 physical towar	rds others, threatening						
	behavior, pushing.	_						
	3/29 physical towar	rds others, threatening						
	behavior, pushing.	1						
		ray by room twice, reported by						
	RN to MD, reorient	ted to room/unit.						
	4/1 wandering.							
	-	for overnight due to						
	confusion.							
		anding up without asking for						
	assistance.							
	4/6 agitation throug each time.	shout day, redirection provided						
	4/7 patient had no s	igns/symptoms of fear or						
		se of chair alarm. Patient						
	•	freely with use of bed/chair						
		to shut off bed/chair alarm.						
		n most of shift. Patient						
	-	ed and wanting to go home.						
		t this time with family at				1		
	bedside.	and time with failing at				1		
		to noncompliant with						
	_	to noncompliant with d was not able to use her call						

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	ì í	ILDING	nstruction <u>00</u>	(X3) DATE COMPL 04/12 /	ETED
	PROVIDER OR SUPPLIEF			1000 E	DDRESS, CITY, STATE, ZIP COD MAIN STREET LE, IN 46122		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	1	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		Patient attempted to get out					
	of bed per self and						
		ed to turn off chair and bed					
		ompliant with asking for asfers. Patient had become					
		ed over the day per her					
		ambulating around room with					
	_	her things stating it was time to					
		r trying to redirect and reassure					
	1 -	and walking around without					
	walker regardless of education provided.						
	4/10 noncompliance with bed alarm, had 1:1 sitter						
	at all times for supe	ervision.					
	4/11 constant 1:1 supervision due to						
	noncompliance with	h bed alarm and call light.					
	Interventions for th	is plan of care included, but					
		plan activities of interest with					
		enjoyed arts/crafts, puzzles,					
	using her tablet, bei	ing with family, working in her					
	yard, and reading th	ne newspaper.					
		1 4/10/, indicated Resident 162					
		s and described, "4/10 note at 162] has exhibited increased					
	_	today. She told the nursing					
		hat she wanted to kill herself.					
	<u> </u>	ontacted by phone. She					
	I -	r mother has made these					
		st but never acted on them.					
	•	when she becomes angry or					
		sed the situation with the					
	_	me nursing staff. I do not feel					
		is at risk of harm to herself. We					
	will continue to have	ve a sitter with her day and					
	_	nains open. The room was					
		or anything that would be					
	- '	. Will check urinalysis with					
		Continue Seroquel [an					
	antipsychotic medic	cation] to 50 mg [milligrams] at					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 155848 B. WING	00	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIER 1000 E	ADDRESS, CITY, STATE, ZIP COD E MAIN STREET LLE, IN 46122	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
bedtime. If symptoms persist, may consider a twice daily dose. Provide trazadone 50 mg as needed to achieve sleep. Prolonged duration of confusion would suggest that [Resident 162] is not experiencing acute delirium but instead is exhibiting symptoms of chronic dementia" A care plan, initiated 3/30/23, indicated Resident 162 was at risk for fall due to her impaired cognition/dementia, poor safety awareness, impulsivity, pain, and balance deficits. Chair/bed alarms were used to promote patient safety. The care plan lacked revision to include her agitation towards the alarms, when to use them and when to turn them off. A physician's progress note, dated 3/30/23, indicated the MD made a visit at the request of nursing staff. "she remains confused. She had not slept the last 2 nights. She has been getting out of bed on her own and setting off the bed alarm. She was found in the hallway by her room twice. She has been restless. I evaluated her this afternoon. Her daughter was at the bedside. [Resident 162] remains confused. She is disoriented to place. I asked her about her hip, and she seems surprised to hear that she had a recent hip fracture. She denies pain" At that time, the MD gave new orders to increase her Seroquel to 50 mg and prescribed 50 mg of trazadone as needed to achieve sleep. An Interdisciplinary Team (IDT) progress note, dated 4/3/23 at 3:00 p.m., indicated "seems to have increased anxiety. Asking repeatedly where are my sisters. Does not recall having a fall or surgery" A nursing progress note, dated 4/4/23 at 11:47 p.m., indicated the alarm to Resident 162's bed		DAIE

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STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122 (X4) ID SUMMARY STATEMENT OF DEFICIENCE (PACH DEFICIENCY MIST HE PRECEDED BY FILL TAG REGULATORY OR LSC DENTIFYING INFORMATION TAG REGULATORY OR LSC DENTIFYING INFORMATION TAG REGULATORY OR LSC DENTIFYING INFORMATION TAG Sounded throughout the shift as the resident attempted to transfer without assistance. During one episode, she was found to be entirely out of bed on her feet when the alarm sounded. She was at the end of the bed as she attempted to disarm the alarm, and the bed alarm sensitivity was increased. A nursing progress note, dated 4/5/23 at 2:09 p.m., indicated around 10:00 a.m., the resident started to get anxious and was fixated on thinking she was going to go get in her car and go bome. Shaff had either been in her room or just outside of the room to ensure her safely because the chair alarm was causing some slight anxiety earlier in the day. A nursing progress note, dated 4/6/23 at 3:51 p.m., indicated Resident 162's chair alarm sounded, then was quiet. Staff looked up to find Resident 162 was dated she was ready to go home. Resident 162 was assisted to the bathroom, then put back to bed. Within a few minutes the bed alarm was heard, and the resident was noted as she stood at the side of the bed. She became agitated and anxious with staff and stated she was ready to go home. Resident 162 was assisted back to bed. Again, within a few minutes the bed alarm sounded, and Resident 162 was navious and agitated sitting on the side of the bed putting her shoes on. She stated she just needed to go home and attempted to persuade staff to take her home. She was not easily redirected and stated the staff were going to keep her her and she was going to die there as she began striking the bed.	STATEMENT OF DEF		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	 JILDING	instruction 00	(X3) DATE (COMPL 04/12 /	ETED
PREFIX TAG REGULATORY OR I.SC IDENTIFYING INFORMATION TAG SOURCE CROSS-REFERENCE TO THE APPROPRIATE DATE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIETE CROSS-REFERENCE TO THE APPROPRIETE C				1000 E	MAIN STREET		
sounded throughout the shift as the resident attempted to transfer without assistance. During one episode, she was found to be entirely out of bed on her feet when the alarm sounded. She was at the end of the bed as she attempted to disarm the alarm, and the bed alarm sensitivity was increased. A nursing progress note, dated 4/5/23 at 2:09 p.m., indicated around 10:00 a.m., the resident started to get anxious and was fixated on thinking she was going to go get in her cora and go home. Staff had either been in her room or just outside of the room to ensure her safety because the chair alarm was causing some slight anxiety earlier in the day. A nursing progress note, dated 4/6/23 at 3:51 p.m., indicated Resident 162's chair alarm sounded, then was quiet. Staff looked up to find Resident 162 walking by herself with no walker and no gait belt. As staff entered the room, she became agitated and stated she was ready to go home. Resident 162 was assisted to the bathroom, then put back to bed. Within a few minutes the bed alarm was heard, and the resident was noted as she stood at the side of the bed. She became agitated and anxious with staff and stated she wanted to go home. She was reasured and assisted back to bed. Again, within a few minutes the bed alarm sounded, and Resident 162 was anxious and agitated sitting on the side of the bed putting her shoes on. She stated she just needed to go home and attempted to persuade staff to take her home. She was not easily redirected and stated the staff were going to keep her here and she was going to	PREFIX (EA	ACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
A nursing progress note, dated 4/6/23 at 6:19 p.m., indicated Resident 162 continued to be increasingly confused in the evenings. She got	sounder attemption one epubed on at the extreme the ala increase. A nurs indicate get and going the either to ensure causing. A nurs indicate was que walking the side and state to be defended to be defended and the side and attemption to ensure the side and attemption to ensure the side and attemption to be defended and attemption to be defended and attemption to the side attemption to	ed throughout ted to transfer isode, she was her feet where and of the bearm, and the bearm, and the bearm, and the bearm in her rough and to go get in her bear in her rough and the group of the bear in her rough and the resident stated she was as assisted to Within a few and the reside of the bear. She was reas gain, within a day, and Resided sitting on the constant of the stated to pear as not easily soing to keep re as she beguing progress and Resident for the stated to pear to the stated to the stated to pear to the stated to	the shift as the resident or without assistance. During as found to be entirely out of on the alarm sounded. She was do as she attempted to disarm or ded alarm sensitivity was anote, dated 4/5/23 at 2:09 p.m., 0:00 a.m., the resident started to so fixated on thinking she was er car and go home. Staff had from or just outside of the room abecause the chair alarm was at anxiety earlier in the day. Inote, dated 4/6/23 at 3:51 p.m., 162's chair alarm sounded, then ked up to find Resident 162 with no walker and no gait belt. The room, she became agitated aready to go home. Resident the bathroom, then put back we minutes the bed alarm was ent was noted as she stood at She became agitated and and stated she wanted to go assured and assisted back to a few minutes the bed alarm ent 162 was anxious and the side of the bed putting her do she just needed to go home ensuade staff to take her home. The redirected and stated the staff ther here and she was going to an striking the bed.	TAG	DERCENCTI		DATE

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155848	B. W	ING		04/12/	2023
				STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER				MAIN STREET		
ENMOTION RECOVERY CARE				LE, IN 46122			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	ely and expressed frustration					
	_	was confused and knew she					
		ept forgetting things. She					
		taff stole her car and purse.					
		ry and reassure her and					
	redirect but most of	the time was unsuccessful.					
]	1 . 14/0/02					
		note, dated 4/8/23 at 4:18 p.m.,					
		162 continued to turn off the					
		s and was noncompliant with					
	_	e with transfers. She became					
		ed over the day and was in her					
		nings as she stated it was time					
	"	ver tried to redirect and					
		still continued to be agitated					
		without her walker regardless					
	of education provid	ed.					
	A nursing progress	note, dated 4/10/23 at 4:08					
		dent 162 verbalized an intent					
	1 ~	stated she was very frustrated					
		a facility and related to her					
	_	of remember why she was					
		itter staff better not leave					
		n she could hurt herself with					
		Resident 162 was already					
		a sitter prior to this incident					
		siveness and dementia. The					
		e notified. MD would be in					
	1	evaluate her, and the family					
		ndicated the resident had a					
		uch statements out of					
		no intent to actually hurt					
	herself.	J					
		a.m., the DON provided a copy					
		olicy titled, "Dementia- Clinical					
		1/2018. The policy indicated,					
		Ianagement: for individuals					
	with confirmed den	nentia, the IDT will identify a					
	I		- 1				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155848		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/12/2023			
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL . LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
F 0744 SS=D Bldg. 00	EnMotion was desc provides a home-like recover. Private acce is the delivery of all associates schedule engaged" On their https://www.hendrieverycare 3.1-3(a) 3.1-3(t) 483.40(b)(3) Treatment/Services §483.40(b)(3) A rediagnosed with deappropriate treatmor maintain his or physical, mental, a well-being. Based on observation	ribed as a "unique unit that te atmosphere for patients to commodations are available, as meals. Additionally, our daily activities to get patients r website located at: cks.org/services/enmotionreco e for Dementia esident who displays or is mentia, receives the ment and services to attain ther highest practicable and psychosocial on, interview and record	F 0744	F744 Treatment/Service for	04/27/2023		
	services and activitic resident, (Resident in her cognition after increased frustration thoughts about self-reviewed for demensional frustration in her cognition after increased frustration thoughts about self-reviewed for demensional frustration in her cognition after the her cognition in her cognition after increased frustration after increased fr	dividualized dementia care es were provided for a 162) who experienced a decline er surgery which resulted in n, agitation, and verbalized harm for 1 of 1 resident		I. Steps taken to ensure deficiency involving resident who displays or is diagnosed with dementia receappropriate treatment and ser to attain or maintain his or her highest practicable physical, mental and psychosocial well-being. a. DON reviewed resident medical record and plan of ca and discussed resident behaves econdary to alarm with interdisciplinary team members and instructed all that no alarm.	re rior		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u> CO			COMPL	ETED
		155848	B. W	ING		04/12/	2023
			<u> </u>	CTDEET	ADDRESS CITY STATE ZIR COD	l	
NAME OF F	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD MAIN STREET		
	ON RECOVERY CA	ADE .			LE, IN 46122		
EINIVIOTI	ON RECOVERT CA	ANE		DANVIL	_LE, IN 40122		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	played a game of solitaire on a hand-held tablet. In				are to be used with patient du	e to	
	· ·	vas unable to recall when, why,			increased frustration and		
	I	p in the facility. She was			confusion while sitter present.		
		l, but exhibited some signs of			b. DON provided staff		
		en she could not recall her			education that when there is a		
	~	nes, which in turn made her			sitter with patient, they are not		
		as a staff member in the room			permitted to have a bed or cha	air	
		chair and identified herself as			alarm in use at that time		
	a "safety sitter."				(education evidence uploaded	into	
					Gateway).		
	1	v, on 4/10/23 at 11:20 a.m., the			c. Instituted a new practice		
	Safety Sitter indicated she was a Registered Nurse				that all patients with dementia		
	(RN) who worked in the pediatric unit of the				diagnosis will have person		
	hospital, but she had asked to come with Resident				centered interventions and		
	_	m getting up without			activities discussed at clinical		
		ndicated she had been told			meeting Monday- Friday and		
		mpulsive and forgot she should			instituted as part of their plan		
	_	y herself since she had			care to specify/detail what kind	d of	
		y to repair a broken hip. RN 17			sensory stimulation, how to		
		ed mainly in pediatric and did			provide, when to provide, or w		
	_	erience and had no training on			to provide effective 4/27/2023.		
		nmunicate with people who			During interdisciplinary carep	lan	
		she was running out of			meetings with resident family		
		sident 162 for her repeated			members or guardian, DON or	r	
	1 -	ere she was and when she			clinical coordinator will seek		
	could go home.				typical patient preferences kno	own	
	On 4/10/22 at 2,22	n m Davidant 162 ramained in			in home setting.		
		p.m., Resident 162 remained in ed games on her tablet.			d. Instituted a change to	am.	
	nei bed as sile playe	ed games on her tablet.			expand the SNF activity progra flowsheet to include an	aili	
	On 4/11/23 at 0.10	a.m., Resident 162 was			assessment at time of admiss	ion	
		3 was elevated to a 90-degree			if the resident preferred their re		
		ight and ate her breakfast.			door open or closed.	OUIII	
		leasantly confused and asked			e. Evaluated patient		
		-			preference form in electronic		
	what buildings outside her window were and why she was in the facility. A different Safety Sitter				medical record for door open of	or	
	was observed as she sat in a chair directly outside				closed, and work order placed		
of Resident 162's room within line of sight.				Information Systems department			
	or resident 102 8 fc	om within the or sight.			to modify the SNF activity prog		
	During an interview	v, on 4/11/23 at 9:15 a.m., the			flowsheet to include asking all	-	
l	Lains an interview	, on 1/11/20 at 1.10 a.m., the	1		I howariest to include asking all		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ЛLDING	00	COMPL	ETED
		155848	B. W	ING		04/12/	2023
				_			
NAME OF F	PROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD		
					MAIN STREET		
ENMOTION RECOVERY CARE			DANVIL	LE, IN 46122			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Safety Sitter indicated she was a Unit Clinical				residents if they preferred thei	r	
	` ′	ho worked in the Childbirth			door to be open or closed.		
	unit of the hospital	but had been asked to come			f. In-serviced activities		
	sit with Resident 16	62 as a fall precaution. UCA 18			coordinator of new process to	ask	
	indicated she had m	noved to a chair outside of the			all patients at time of admissic	n if	
	resident's room as F	Resident 162 had become upset			they prefer their room door to	be	
	with someone being	g in her room, and it made her			open or closed.		
ļ	frustrated, so she m	oved out of the room to give			g. DON educated all		
ļ	her more space but	still needed to be able to see			interdisciplinary team member	s to	
	her.				knock or ask permission prior	to	
					all patient rooms out of respec	t for	
	On 4/11/23 at 11:04 a.m., Resident 162 was				their privacy (education docun	nent	
	observed as she remained seated upright in her				uploaded in Gateway).		
	bed. Although there was a puzzle and some other				h. DON or clinical coordina	ator	
	word game books, l	Resident 162 indicated she			will round on all dementia pati	ents	
	didn't want to do the	em because she had already			a minimum of three times wee		
	looked at them all.	She preferred to just play on			until 100% compliant for 3 wee	-	
	her tablet. She mad	e pleasant conversation about			to ensure appropriate		
	family but was unal	ble to recall her grandchildren's			person-centered interventions	are	
	names. After a few	minutes of conversation in			in place, alarms are not in place	ce if	
	which she was obse	erved to have trouble finding			a sitter is being utilized to kee	р	
	the right words, Res	sident 162 appeared to become			patient safe and to observe the	at all	
	sad and embarrasse	d, she indicated, "you'll have			staff are knocking or asking		
	to excuse me, my m	nind is a bit confused."			permission before entering a		
					resident's room (see		
ļ	On 4/11/23 at 11:13	3 a.m., a Physical Therapist (PT)			dignity/privacy audit tool		
,	20 entered Resident	t 162's room, (without			attached).		
ļ	knocking) and aske	d the resident if she was ready			i. Administrator and DON		
ļ	for therapy. Residen	nt 162 indicated she did not			evaluated staff annual demen	tia	
ļ	know where she wa	as supposed to go, but PT 20			education program and addition	onal	
	assured her it was ti	ime to go to therapy and do			dementia training courses		
ļ		nen PT 20 assisted her to stand			available. DON informed		
ļ	up from the bed wit	th her walker, a long, loud, and			education department to add t	wo	
ļ	_	sounded, the box at the end of			dementia education courses to		
ļ		ink red, and call light bell			enMotion staff members annu		
ļ	chimed and blinked. Resident 162 immediately				including:	,	
ļ	began to smack at the head of her bed and pillow,						
ļ	and she moved the pillow to look under it. With a				i. Dementia Care 1,		
ļ		and frustration she grumbled,			Mental Decline and Caregiving		
ļ	· ·	" PT 20 moved to the end of			Challenges	,	

STATEMENT OF DEFICIENCIES X1) PROVI		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155848	B. W	ING		04/12/	/2023
				CTREET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIEF	₹			MAIN STREET		
ENMOTI	ON RECOVERY CA	\DE			LLE, IN 46122		
ENWOTI	ON RECOVERT CA	AINE		DANVIL			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	a button to turn the bed alarm					
	· ·	er nursing staff entered the			ii. Dementia Care III	,	
	room to check and	turn off the call light.			Understanding and Managing		
					Difficult Behavior (see email		
		2 p.m., Resident 162 was			instruction to education		
	observed back in he	er bed, seated upright, and ate			department uploaded in Gate	way).	
	her lunch. UCA Sat	fety Sitter 18 remained in a chair			j. All hospital nursing staf	f	
	outside of her room	and watched.			who could potentially float to		
					assist enMotion residents as a	a	
	On 4/11/23 at 1:08	p.m., Resident 162 remained in			sitter will have revised onboar	ding	
	her bed, seated upright, and played on her tablet.				and annual training to include		
					Dementia Care 1, Mental Dec	line	
	On 4/11/23 at 1:18 p.m., Resident 162 became				and Caregiving Challenges ar	nd are	
	restless and began to move around and reposition				to complete by 10/31/2023.		
	herself in her bed. U	JCA 18 stood up from her chair			k. Broadened hand-off rep	ort	
	outside and entered	the resident's room (without			process for all sitter staff to		
	knocking) and indic	cated, "you're not trying to get			include patient mental and		
	up, are you?"				cognitive function, preference	s for	
					activity, door open or closed,		
	On 4/11/23 at 1:26	p.m., Resident 162 asked the			interactive activities and most		
	Safety Sitter UCA	18 when she was going to go			effective way to communicate	with	
	home. UCA 18 indi	cated, "you already asked me			individual patient.		
	that, I don't know, v	we need to ask your nurse."			I. Administrator in training	j	
					and DON will attend IHCA		
	On 4/11/23 at 1:28	p.m., the Post-Acute Rehab			workshop on Mastering the A	rt	
	Coordinator (PARC	C) entered Resident 162's room			and Science of Dementia Car	e on	
		pair of socks. Resident 162			May25, 2023 to learn and the	n	
		s going home. The PARC			educate interdisciplinary team	and	
	indicated she did no	ot know when, but it was the			activities coordinator on best		
	plan for her to go h	ome, but it would be up to her			practices learned in workshop	for	
	doctor. Resident 16	2 indicated she did not need to			caring for residents with deme	entia	
	see a doctor becaus	e she was not sick. The PARC			to include:		
	re-oriented by askir	ng, "don't you remember you					
	fell and broke your	hip, so now you need to stay			i. The Vital 5 Pillars	of	
	here and get stronge	er and better, then you can go			Effective Dementia Care		
	home." Resident 16	2 shrugged her shoulders and					
	indicated she did not remember the fall, the				ii. New advances in	our	
	fracture, or her surgery. The PARC indicated				understanding of Alzheimer's		
	"well, it's very norn	nal to be confused when you					
	are in a place like th	nis, we have a lot of lights on all			iii. Non-pharmacolog	ical	

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

PRINTED: 05/12/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155848		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/12/2023		
	PROVIDER OR SUPPLIER			1000 E	ADDRESS, CITY, STATE, ZIP COD MAIN STREET LLE, IN 46122		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
		sy with a lot of people coming different than home." Even			techniques to influence behav	ior	
		poke with a gentle and kind			iv. New research abo	ut	
	_	ted to make Resident 162 feel			how to improve symptoms of		
	· ·	continued to look confused			depression, anxiety, suicidality	′	
	and insisted she was not sick and did not know why she needed to stay.				and other mental health challenges. How to make bath	ina	
	why she needed to	stay.			dressing, toileting and medica	-	
	During an interviev	v, on 4/11/23 at 1:32 p.m., the			assistance more positive		
	PARC indicated Re	esident 162 was pretty confused			experiences.		
		hen she first came, they					
		to "acute delirium" from			v. How to create		
		, as her daughter indicated it			effective physical environment		
	* *	e past. However, it had been urgery to still be acute			m. In order to protect patient dignity and privacy, DON or		
	_	ould likely be her new baseline			Administrator will provide then		
		a. Because of her increased			ongoing education with staff c		
		ets she had surgery and would			for dementia patients as need	-	
	try to get up by her	self, so alarms were placed on			based on monitoring findings.		
		t depended on the day she had			n. Citation monitoring will l	ре	
		not. Some days she would get			presented and discussed in		
		th them and other days she			department meetings and	_	
		tion to them. Staff started etting more agitated and			enMotion Recovery Care QAF	'I	
		hen she was going home. She			meetings throughout 2023.		
		f had stolen her car and purse					
		So this was when it was					
	_	sitter" with her to help keep					
	her from falling and	d to get help when she started					
		was usually around 4:00 p.m.,					
	I	ch was very much like					
	· ·	essness, agitation, irritability,					
		nn begin or worsen as daylight n just when tired caregivers					
		owning can also continue into					
		t hard for people with					
		asleep and stay in bed).					
	_	v, on 4/11/23 at 1:43 p.m., the AD) indicated EnMotion did					

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PRINTED: 05/12/2023 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER 155848	A. BU	A. BUILDING 00 B. WING		COMPLETED 04/12/2023	
	ROVIDER OR SUPPLIER			1000 E	DDRESS, CITY, STATE, ZIP COD MAIN STREET LE, IN 46122		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR not usually get a lot	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION of residents like Resident 162 nced confusion. Resident 162		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ſE	(X5) COMPLETION DATE
	who had more advawas still high function and color, or she like did not need more a sensory stimulation staff kept several ty 162's room for her to days it seemed to be yesterday, she woullike, 'get out of my she was in the mome quickly too." Yester pretty bad day, and tried to talk with her asking about going she was not allowed her with several optroom, but she refuse self-harm statement this, I'll just kill my said something like good to have to help could also help make to harm herself. The was not super happy though, she didn't lis she didn't need one person!" On 4/11/23 at 2:23 prove around in her stood and entered her Resident 162 moved position on the edge asked when she was home and UCA 18 in the stood and entered her was not super happy though, she was home and UCA 18 in the stood and entered her stood and entered her stood and entered her was home and UCA 18 in the stood and UCA 18 in the stoo						

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	ENT OF DEFICIENCIES N OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	A. BUI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/12/2023	
	F PROVIDER OR SUPPLIEI			1000 E I	DDRESS, CITY, STATE, ZIP COD MAIN STREET LE, IN 46122		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	I	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	ΓE	(X5) COMPLETION
	REGULATORY OF ON 4/11/23 at 2:30 from bed with UCA sounded, and Reside and looked for the sturned off the alarm stand by her windo repetitive questions she was there, and 18 asked if Resident 162 indicated Resident 162 indicated Resident bed, and she needed she could go let the On 4/11/23 at 2:32 162's room (without 162 what kind of paindicated she was on she just wanted to gwould like to take at Resident 162 indicated I was wandering art she was agreeable at around the unit, to the down and complete During an interview 18 indicated she wowking with Resident 162 was really swe 162 was really swe	DECY MUST BE PRECEDED BY FULL RESCIDENTIFYING INFORMATION p.m., Resident 162 stood up a 18's assistance. The bed alarm lent 162 smacked at her pillow sound to turn it off. UCA 18 in and assisted Resident 162 to we and look outside. She asked about where they were, why when she could go home. UCA at 162 was in any pain to which lated she was having a little bit mot know why. UCA 18 162 would need to sit back in do to turn her alarm back on so increase know about her pain. p.m., RN 10 entered Resident at the knocking). He asked Resident than she had, but Resident 162 kk, and did not have any pain go home. RN 10 asked if she a walk about the unit, and lated, "not really, I'd just feel like bound," but a few moments later and assisted to walk a lap the therapy gym where she sat and some arm exercises. by, on 4/11/23 at 2:43 p.m., UCA orked in the Childbirth unit, so dent 162 was a big difference. By experience working with the tian, and indicated it was the did not mind, and Resident et. She just asked the same over, so it's hard to think of	F	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE		
	on 4/12/23 at 9:14 observed in her bed						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ЛLDING	00	COMPL	ETED
		155848	B. W	ING		04/12/	2023
				CTDEET A	DDDECC CITY CTATE ZID COD		
NAME OF P	PROVIDER OR SUPPLIER	1			ADDRESS, CITY, STATE, ZIP COD		
ENIMOTI		ADE.			MAIN STREET		
ENMOTI	ON RECOVERY CA	AKE		DANVIL	LE, IN 46122		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	rc	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	chair beside her bed	l. Although Resident 162 was					
		her answers to questions					
	1	ed as the previous day, and she					
		ok, but not ready to take over					
		turned to the Safety Sitter and					
	I -	w why I'm here?" The Safety					
	· ·	e had fallen and broken her hip,					
	_	ospital to have surgery, now					
		over. Resident 162 shrugged					
		nook her head "no," then					
	continued to eat.	,					
	During an interview	y, on 4/12/23 at 9:16 a.m., the					
	~	ed she was a RN who worked					
		or. RN 19 indicated she had					
		orking with people who have					
		s not her specialty. So far,					
		behavior was asking					
	repetitive questions	_					
	During an interview	y, on 4/12/23 at 10:00 a.m., the					
	_	(DON) indicated Resident 162					
	_	in therapy but seemed to be					
		. She was stable from a skilled					
		and with therapy coming to					
		scharge soon, but not before					
		ily could ensure a safe					
	1	ald take some time. During her					
	T	had become apparent her					
	1 -	icantly declined and she					
	1 -	urn to her previous mental					
		s seemed hard for the family to					
		nfusion, and increased					
	_	ring to get up and walk around					
		alarms were placed as a fall					
		vere times when she became					
	1 ^	llarms so staff would turn it off					
		th her instead. Her short-term					
	_	npromised she did not					
		pset about the alarms, except					
	15memosi getting u	poor are alarms, except					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	(X2) MULTIPL A. BUILDING B. WING	e construction G <u>00</u>	COM	E SURVEY PLETED 2/2023
	PROVIDER OR SUPPLIER		100	EET ADDRESS, CITY, STATE 0 E MAIN STREET NVILLE, IN 46122	E, ZIP COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	CROSS-REFERENCED I	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
	with it, so it was rer on if a sitter was too closed, but it did no was with her.	was clearly getting agitated noved. The alarms should be of far away or if her door was t need to be on if someone				
	Resident 162's daugher mother was a litthe staff than some facility. When asked and chair, she indicated the couple of weeks visit with her mother to get very made alarms. She would sthing would stop!" help remind her modes assistance, but it dies she would immediate very happy with the Since she was so cowas at home, so she	the confused it seemed like the bit more of a challenge for of the other residents in the dabout the alarms on her bed ated, her mother hated them. In the say things like, "oh I wish that She understood it was there to ther not to get up without a line to do any good because tely forget. Her mother was not exitters in her room either.				
	the staff had been v talk about her moth conversation/detern was still acute delir. Alzheimer's, it just equipped to handle	ery willing and available to er's condition, especially in ninations about whether this ium or symptoms of her didn't seem like they were her confusion and behaviors.				
	record was compreh	•				
	She admitted to the surgery to repair a b	facility on 3/28/23 following broken hip.				
	were not limited to;	gnoses which included but left displaced femoral neck e), acute delirium, and				

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COMPLETED 04/12/2023				
STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122				
OVIDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY) OXIDER'S PLAN OF CORRECTION COMPLETION DATE				
3				

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	(X2) MULTIPLE CO A. BUILDING B. WING	00	COM	ie survey ipleted 12/2023
	ROVIDER OR SUPPLIER		1000 E	ADDRESS, CITY, STATE, ZII MAIN STREET LLE, IN 46122	PCOD	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
	go home. Caregiver but patient agitated walker regardless of 4/10 noncompliance at all times for supe 4/11 constant 1:1 su noncompliance with Interventions for this were not limited to, the resident as she expected with the resident as she expected with the status due to her diangual Disease. Intervention included, but were not individualized sense specify/detail what how to provide, who provide). Resident 162 had a 3/30/23, which indicated "resident to dementia. The indicated "resident to cognitive status," (and dementia was deger incurable). Intervention included, but were not included.	s plan of care included, but plan activities of interest with mjoyed arts/crafts, puzzles, ng with family, working in her				

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f í			
1000 E MAIN	N STREET		
		(X5) COMPLETION DATE	
te di			
	A. BUILDING B. WING STREET ADDRI 1000 E MAIN DANVILLE, ID PREFIX TAG TAG TOTAL TOTAL TOTAL TAG TOTAL TOTAL TOTAL TAG TOTAL TOTAL	A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122 ID PREFIX CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY) TAG We At the state of the st	

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COME	E SURVEY PLETED 2/2023		
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE		1000 E	STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP DEFICIENCY)	ECTION OULD BE PROPRIATE	(X5) COMPLETION DATE		
	indicated the MD n nursing staff. "she n slept the last 2 nigh bed on her own and was found in the ha has been restless. I Her daughter was a remains confused. S asked her about her to hear that she had denies pain" At t orders to increase h prescribed 50 mg o achieve sleep. An Interdisciplinary dated 4/3/23 at 3:00 increased anxiety. A my sisters. Does no surgery" A nursing progress p.m., indicated the sounded throughou attempted to transfe one episode, she wa bed on her feet whe the end of the bed a alarm, and the bed alarm, and the bed A nursing progress indicated around 10 get anxious and wa going to go get in h reminded she was t still healing. Reside information which	ress note, dated 3/30/23, nade a visit at the request of remains confused. She had not its. She has been getting out of a setting off the bed alarm. She allway by her room twice. She evaluated her this afternoon. It the bedside. [Resident 162] She is disoriented to place. It is hip, and she seems surprised a recent hip fracture. She hat time, the MD gave new for Seroquel to 50 mg and for trazadone as needed to see Seroquel to 50 mg and for trazadone as needed to see the stream of the see that the shift as the resident to the shift as the resident the shift as the resident the shift as the resident the rewithout assistance. During as found to be entirely out of the alarm sounded. She was at as she attempted to disarm the alarm sensitivity was increased. The had not show the shift as the resident the shift as the resident the shift as the resident to disarm the alarm sensitivity was increased. The had not show the shift as the resident started to she attempted to disarm the alarm sensitivity was increased. The had not show the shift as the regident started to she attempted to disarm the alarm sensitivity was increased. The had not show the shift as the regident started to she attempted to disarm the alarm sensitivity was increased. The had not shift as the regident started to she attempted to disarm the alarm sensitivity was increased. The had not show the shift as the request of the shift as the regident started to she attempted to disarm the alarm sensitivity was increased.						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155848		(X2) MULTIPLE C A. BUILDING B. WING	construction 00	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE		1000 E	ADDRESS, CITY, STATE, ZIP COD E MAIN STREET ILLE, IN 46122		
(X4) ID PREFIX	`		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	
TAG	 	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
		encouraged to color, work on			
		her computer but she was not			
	1 -	he would do well for a little			
		alk to family but then became cause she wanted to be with			
		her been in her room or just			
		to ensure her safety because			
		causing some slight anxiety			
	earlier in the day.	causing some siight anxiety			
	A nursing progress note, dated 4/6/23 at 3:51 p.m., indicated Resident 162's chair alarm sounded, then was quiet. Staff looked up to find Resident 162				
	walking by herself with no walker and no gait belt.				
	As staff entered the room, she became agitated				
	and stated she was	ready to go home. Resident			
	162 was assisted to	the bathroom, then put back			
	to bed. Within a few	w minutes, the bed alarm was			
	heard, and the resid	ent was noted as she stood at			
		She became agitated and			
		and stated she wanted to go			
		ssured and assisted back to			
	•	a few minutes the bed alarm			
	· ·	ent 162 was anxious and			
		he side of the bed putting her			
		d she just needed to go home			
		ersuade staff to take her home.			
		redirected and stated the staff			
		her here and she was going to			
	die there as she beg	an striking the bed.			
	A nursing progress	note, dated 4/6/23 at 6:19 p.m.,			
		162 continued to be			
		ed in the evenings. She got			
		ely and expressed frustration			
		was confused and knew she			
		tept forgetting things. She			
		staff stole her car and purse.			
		ry and reassure her and			
		f the time was unsuccessful.			

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	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE			1000 E	ADDRESS, CITY, STATE, ZIP COD E MAIN STREET LLE, IN 46122	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIADEFICIENCY)	(X5) COMPLETION DATE
	indicated Resident chair and bed alarm asking for assistance increasingly confus room packing her the togo home. Caregiver reassure her, but she and walked around of education provid. A nursing progress p.m., indicated Resist to hurt herself. She with having to be indementia she did not there. She told the sanything in her room because she would. placed on 1:1 with a related to her impul MD and family were later that evening to member contacted in history of making soft frustration but with herself. On 4/12/23 at 10:00 of current facility protocol," revised 1 "Treatment and Mowith confirmed demensident-centered cafunction and quality will receive initial the will be conducted a will be conducted a serious seriou	note, dated 4/8/23 at 4:18 p.m., 162 continued to turn off the s and was noncompliant with e with transfers. She became ed over the day and was in her nings as she stated it was time ver tried to redirect and e still continued to be agitated without her walker regardless ed. note, dated 4/10/23 at 4:08 dent 162 verbalized an intent stated she was very frustrated a facility and related to her of tremember why she was itter staff better not leave in she could hurt herself with Resident 162 was already a sitter prior to this incident siveness and dementia. The e notified. MD would be in evaluate her, and the family indicated the resident had a uch statements out of no intent to actually hurt 10 a.m., the DON provided a copy officy titled, "Dementia- Clinical 1/2018. The policy indicated lanagement: for individuals mentia, the IDT will identify a ure plan to maximize remaining of lifenursing assistants raining in the care of residents related behaviors. In-Service t least annually thereafterthe optimize familiarity through			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155848		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 04/12/2023		
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE		STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	(X5) COMPLETION DATE	
	consistent staff-resi- will adjust intervent depending on the in interventions, progr development of new	dent assignmentsthe IDT tions and the overall plan dividual's response to those ession of dementia, v acute medical conditions or tiges in resident or family				
F 0812 SS=D Bldg. 00		e/Prepare/Serve-Sanitary afety requirements.				
	approved or consi federal, state or lo (i) This may includ directly from local applicable State a regulations. (ii) This provision of facilities from usin gardens, subject trapplicable safe graphicable safe graphicable. (iii) This provision from consuming for facility.	le food items obtained producers, subject to and local laws or does not prohibit or prevent g produce grown in facility o compliance with owing and food-handling does not preclude residents bods not procured by the				
	serve food in acco standards for food Based on observation review, the facility properly stored, labo potential for contam	ore, prepare, distribute and ordance with professional service safety. on, interview and record failed to ensure food was eled, and dated, to prevent the hination, failed to ensure bulk screened for dented dents,	F 0812	F812 Food Procurement, Storage/Prepare/Serve-Sani y I. Steps taken to ensure foods are properly sto	_	

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER	ì í	JILDING	00	COMPLETED	
		155848	B. WING		04/12/2023		
		l .		CTPEET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			MAIN STREET		
FNMOTI	ON RECOVERY CA	ARE			LLE, IN 46122		
	T	u (L			, IN TO IZZ		1
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
		food storage floors were			labeled and dated		
	_	enerally clean conditions for 1			a. Review NUT050 Policy		
	of 1 observation.				Infection Control- Food Stora	•	
	F: 1: : 1 1				(Policy uploaded into Gatewa	• ,	
	Findings include:				b. In-serviced and re-edu		
	0 4/10/22 + 10.22	De une destruitated details			staff on Policy NUT050 to en		
		3 a.m., an initial kitchen tour was			all foods are labeled and date	ea per	
	conducted with the	Kitchen Director (KD).			policy specifications.		
	The food stares	and ware observed			Re-education evidence	E0	
	The food storage ar	eas were ousefved.			documented on Policy NUTO		
	In the dry storage area, there was an open,				Acknowledgement form (form uploaded into Gateway)	1	
		rea, there was an open, ng with a flour-based mixture.			c. Instituted Daily Pre-ser	vice	
	_	t was a breading mix used for			Checklist which is inclusive o		
		ild have been closed and put			ensuring dry storage areas a		
	back in its box.	na nave been closed and put			cooler food items are labeled		
	Juck III Its OUA.				dated	anu	
	There were metal ra	acks of bulk canned goods			d. Broadened use Daily		
		l with ready to pull items,			Pre-service Checklist (form		
		pizza sauce and 2 cans of			uploaded into Gateway)		
		were observed to be dented,			e. Nutrition and Dietetics		
		the potential for botulism			Director instituted a new proc	ess	
	1	orm of food poisoning that			for the Team Leaders to mon		
	I	system). The KD indicated			label and dating compliance		
		not put dented cans on the			f. Team Leaders will rou	-	
		should be inspected as they			the department daily and utili	ze	
	are unloaded form t	the delivery truck and dented			the Daily Pre-service Checkli		
	cans are returned.				check and document complia	ince	
					with appropriate food storage) ,	
	In the walk-in refrig	gerator, a commercial			labeling and dating.		
		ad was observed left on the			g. If there is any food pro	duct	
		oris items entangled and around			found improperly stored or no		
		vere 2 bulk storage plastic			labeled/dated appropriately w	vill be	
	· ·	whole mushrooms and the			discarded immediately.		
		mushrooms. Nether tote had			h. Team leaders will then		
	an identifying label	or dates for use.			coach/re-educate staff or con	-	
					progressive disciplinary actio	n if	
		er there were several items			appropriate.		
	found unlabeled and				i. Citation monitoring wil	l be	
	a. a plastic bag of p	re-prepared hamburger patties,			presented and discussed in		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLI		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
		155848	B. WING 04/12/2023			/2023	
			<u> </u>	STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEF	8			MAIN STREET		
ENMOTION RECOVERY CARE				LE, IN 46122			
LINIVIOTI	ON NEGOVERT G	71 \L		DAINVIL	-LL, IIN 70 IZZ		_
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION	
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	which was also left	•			department meetings and		
		astic bin of what appeared to			enMotion Recovery Care QAF	기	
	be green beans.				meetings throughout 2023.		
		g of pre-prepared breaded pork			II. <u>Steps taken to</u>		
	tenderloins.				ensure bulk canned goods are	<u> </u>	
	4 1 11/2 - 11 - 1	1 1 64 11 6			screened for dents		
	1	back of the walk-in freezer,			a. Dented cans found were	е	
	_	white substance, which was			discarded immediately during		
	1	d was observed to have			survey		
	_	surrounding storage			b. Review NUT049 Policy		
		O indicated it appeared to be	Infection Control- Food Preparation				
	milk, and staff should have cleaned up the spill				(Policy uploaded into Gateway		
	immediately.				c. Revised NUT049 Policy	to	
	On 4/10/22 at 11.20) a must ha VD muovidad a comv			included dented cans		
		a.m., the KD provided a copy olicy titled, "Nutrition &			"At time of receiving and storing	-	
		Control- Food Storage,"			foods, cans and packages are	•	
		ne policy indicated, " all bulk			inspected for damages. Any		
		items that aren't packages			broken packages or dented ca or packages of food with an	aris	
		I prep and storage areas are to			abnormal odor or appearance	aro	
		eled with identification, date			returned to the vendor or	ale	
		date, and use by date			destroyed." Policy change was	2	
	1	l food items should be ensured			made on 4/13/23.	3	
		all foods/containers will be			d. In-serviced storeroom		
	I	rith contents and covered. The			clerks on revised Policy NUT0	149	
		e the item is prepared/sliced or			to ensure any dented cans are		
	panned"	1 1			disposed of per policy.	-	
	•				Re-education evidence		
	On 4/10/23 at 11:39	a.m., the KD provided a copy			documented on Policy NUT04	9	
		olicy titled, "Kitchen/Central			Acknowledgement form (form		
		enance," revised 11/2022. The			uploaded into Gateway)		
		dust mop & run floor			e. Instituted Daily Pre-serv	vice	
		where floor scrubber won't go			Checklist which is inclusive of		
	includes cold storag	ge rooms"			ensuring there are no dented	cans	
					in dry storage areas.		
	On 4/10/23 at 11:39	a.m., the KD provided a copy			f. Broadened use Daily		
	of current facility p	olicy titled, "Nutrition &			Pre-service Checklist (form		
	Dietetics Infection	Control- Food Storage,"			uploaded into Gateway)		
	revised 8/2021. The	e policy indicated, " at time of			g. Nutrition and Dietetics		
		of foods cans and nackages	1		Director instituted a new proce	000	I

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

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155848 B. WING
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ARG REGULATORY OR LSC IDENTIFYING INFORMATION TAG are inspected for damage. Any broken packages or swollen cans of food with an abnormal odor or appearance and returned to vendor or destroyed" A
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION are inspected for damage. Any broken packages or swollen cans of food with an abnormal odor or appearance and returned to vendor or destroyed " (X5) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE and educated the Team Leaders to monitor dry storage areas for dented cans compliance daily. h. Team Leaders will round in the department daily and utilize the Daily Pre-service Checklist to check and document compliance with bulk storage areas being free
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) are inspected for damage. Any broken packages or swollen cans of food with an abnormal odor or appearance and returned to vendor or destroyed" and educated the Team Leaders to monitor dry storage areas for dented cans compliance daily. h. Team Leaders will round in the department daily and utilize the Daily Pre-service Checklist to check and document compliance with bulk storage areas being free
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3.1-21(i)(3) the Daily Pre-service Checklist to check and document compliance with bulk storage areas being free
check and document compliance with bulk storage areas being free
with bulk storage areas being free
I of any defined data.
i. If there is any food product
found with a dented can, they will
be discarded immediately.
j. Team leaders will then
coach/re-educate storeroom
clerks or complete progressive
disciplinary action when
appropriate.
k. Citation monitoring will be
presented and discussed in
department meetings and
enMotion Recovery Care QAPI
meetings throughout 2023.
III. <u>Steps taken to</u>
ensure food storage floors are
maintained under generally clean
<u>conditions</u>
a. Nutrition and Dietetics
Chef, Team Leader and Director
toured the kitchen immediately
day of survey, and had all food
storage floors cleaned
appropriately. b. In-serviced Team Leaders
to do a daily walkthrough to assure cleanliness of the kitchen,
dry storage, walk in cooler and
freezer area floors are clean.
c. Instituted Daily Pre-service
Checklist which is inclusive of
ensuring floors are clean and

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Facility ID: 013667

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155848			(X3) DATE SURVEY COMPLETED 04/12/2023		
NAME OF PROVIDER OR SUPPLIER ENMOTION RECOVERY CARE			1000 E	ADDRESS, CITY, STATE, ZIP COD MAIN STREET LLE, IN 46122			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
					well-maintained (form uploade into Gateway). d. In-serviced Team Leade to do a daily walkthrough to assure cleanliness of the kitch dry storage, walk in cooler and freezer area floors are clean. e. Team Leaders will round the department daily on AM ar PM shift and utilize the Daily Pre-service Checklist to ensur food storage floors are clean a well-maintained. f. If there are any floors we need to be cleaned, they will be immediately by Team Leader of the Housekeeper. g. Team leaders will then coach/re-educate storeroom clerks or complete progressive disciplinary action when appropriate. h. Citation monitoring will be presented and discussed in department meetings and enMotion Recovery Care QAF meetings throughout 2023.	ers en, d d in nd e and hich be or	

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