

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

PRINTED: 09/24/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/16/2023	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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	
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00421504.</p> <p>Complaint IN00421504 - State deficiencies related to the allegations are cited at R0090.</p> <p>Survey date: November 15 and 16, 2023</p> <p>Facility number: 004353</p> <p>Residential Census: 29</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 11/17/2023.</p>		R 0000				
R 0090 Bldg. 00	<p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>Based on interview and record review, the facility's Administrator failed to ensure an allegation of abuse was reported to the Indiana State Department of Health for 1 of 4 resident reviewed for abuse. (Resident B)</p> <p>Finding includes:</p> <p>On 11/16/23 at 2:05 P.M., a review of the clinical record for Resident B was conducted. The resident was admitted on 7/25/23 and discharged to another facility on 10/31/23. The resident's diagnoses included, but were not limited to: back pain, spinal stenosis, degenerative disc disease and severe chronic pain.</p> <p>During an entrance conference, on 11/15/23 at</p>		R 0090	R0900		11/29/2023	
				<p>The following Plan of Correction is prepared and submitted by Elkhart Place in Elkhart Indiana, as mandated by the Indiana State Department of Health. This response does not constitute, agreement with the allegations or citations specified in the Statement of Deficiencies. Elkhart Place maintains that the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render</p>			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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>12:30 P.M., the Administrator indicated she had not reported any allegations of abuse, since she had been employed at the facility. She indicated she had been hired approximately 3 weeks ago.</p> <p>During an interview, on 11/16/23 at 11:30 A.M., the Administrator indicated she had a conversation with Resident B, while she was having the resident sign new contracts with the company that took over building. Resident B indicated she had reported, the former Director of Nursing, had interfered with her being administered her pain medication, yelled at her and called her names. The Administrator had mentioned the conversation to the the previous Administrator and the new owners, however she did not take it upon herself to report the allegation to the Indiana State Department of Health. The Administrator indicated she had investigated the allegations, but could not find the documentation when requested. The Administrator indicated the conversation with Resident B occurred either on 10/23/23 or 10/24/23 and she had officially started working at the facility, on 10/21/23.</p> <p>On 11/15/23 at 1:17 P.M., the Administrator provided a policy titled, "Elder Abuse-Neglect Policy", dated 10/1/21, and indicated it was the one currently used by the facility. The policy indicated "...The community prohibits abuse, neglect, and financial exploitation of its residents...Procedure: 1. The Administrator, Director of Nursing, and/or designee will report all allegations that a resident has been subjected to abuse, neglect, or financial exploitation within 24 hours to:...b. Appropriate State Departments of Health...2. a. The community will thoroughly investigated all allegations of abuse, neglect, or exploitation and maintain on-site written documentation of the investigation of the</p>				<p>adequate care as prescribed by applicable regulations. We respectfully request a paper compliance for the following citation.</p> <p>410 IAC 16.2-5-1.3(g) (1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of Unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division. within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care</p>		

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	investigation...." This concern relates to complaint IN00421504.				services as requested by the resident or resident's legal representative. (3) Obtaining director approval before the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect concerning the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for two (2) years and making the reports available for inspection to any member of the public upon request. What corrective action will be accomplished for those residents found to have been		

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			<p>affected by the deficient practice?</p> <p>Residents were educated on 11/28/2023. residents were given a handout containing Resident Rights and the Grievance/Complaint procedure. No residents from 11/1/2023 on since OPS Living purchased the community have filed a complaint</p> <p>How the facility will identify residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected.</p> <p>Staff will continue to be trained on residents' rights, the grievance procedure, and mandatory reporting. Residents will continue to be educated on the complaint and grievance procedure.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not reoccur</p> <p>Staff were educated on 11/16/2023 during the monthly staff meeting. Staff was given the following:</p> <p>Unusual Occurrence Reporting</p> <p>Grievance/Complaint</p>		

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					<p>Policy and Procedure Elder Abuse, neglect, and exploitation policy and education on prevention.</p> <p>How the corrective action plan will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put in place:</p> <p>Residents were educated on 11/28/2023, of the Grievance and Complaint Policy, Residents understand that Grievance and Complaint Book are at the front desk. The Grievance Book will be checked weekly ongoing. The system is in place. The front desk or other staff will make a copy of the grievance form and put a copy in the Executive Director or designee mailbox.</p> <p>By what date will the systemic changes be completed</p> <p>11/29/2023</p>		