STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155668	A. BUILDING 00 B. WING	08/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CHARLESTOWN PLACE AT NEW ALBANY	4915 CHARLESTOWN RD NEW ALBANY, IN 47150

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00414596. Complaint: IN00414596 - Federal/State deficiency related to the allegation is cited at F744. Survey date: August 21, 2023 Facility number: 001144 Provider number: 155668 AIM number: 200256980 Census Bed Type: SNF/NF: 114 Total: 114 Census Payor Type: Medicare:17 Medicaid: 67 Other: 30 Total: 114 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 28, 2023.	F 0000	Allegation of Compliance Please accept the following plan of correction for the survey completed on August 21, 2023. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Surveyor; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community. We respectfully request consideration for a desk review and paper compliance.	
F 0744 SS=D Bldg. 00	483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. Based on record review and interview, the facility	F 0744	F-744	08/24/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Jesse Ray 09/01/2023

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	failed to implement and update a resident's plan of care after the resident displayed aggressive behaviors and a resident to resident altercation for 1 of 3 residents reviewed for Dementia Care. (Resident D) Findings include: The record for Resident D was reviewed on 8/21/23 at 9:20 a.m. The diagnoses included, but were not limited to, disorientation, dementia with behavioral disturbance, anxiety disorder, altered mental status, depression, and injuries of the head. The Quarterly MDS (Minimum Data Set) assessment, dated 4/17/23, indicated the resident was severely cognitively impaired. The resident's care plan lacked documentation of the resident on resident altercation that occurred on the dementia unit. The behavior note, dated 2/5/23 at 6:22 p.m., indicated the resident was verbally abusive to staff and other residents. He did not want them to sit any where near him in the common area, talk, or want them to watch television. Staff had tried to redirect the resident, but the resident continued to not want them any where around him. The nurse's note, dated 8/6/23 at 1:22 p.m., indicated the resident was displaying aggressive behavior. The resident was redirected successfully. The nurse practitioner was notified and the resident was to be sent out to a local behavioral health hospital. The nurse's note, dated 8/6/23 at 1:37 p.m., indicated Resident D was seen grabbing another		1. Social services updated the plan of care for resident D on 8/21/2023. The resident continues at his baseline and care plan is appropriate and effective. 2. Residents residing on our dementia care hall have the potential to be affected by the alleged deficient practice. Residents residing on our dementia care hall that have experienced aggressive behaviors over the last 30 days were reviewed to verify appropriate interventions were in place and care plans were updated as indicated. 3. Our social services team was provided education from the Vice President of Clinical Operations to ensure understanding of the need for social services support and care plan revision(s) after a resident experiences' aggression or an altercation. Social Services Consultant (Lacy Beyl and Company Healthcare Consulting) has been contracted to provide monthly social services support and oversight. 4. The Director of Nursing and/or designee will review progress notes for residents experiencing aggressive behaviors to verify social services follow-up and care plan has been updated	

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	resident during lunch. The nurse's note, dated 8/6/23 at 6:08 p.m., indicated the resident arrived back from the local behavioral hospital by EMS (emergency medical services). The resident was placed on every 15 minute safety checks. The nurse's note, dated 8/7/23 at 12:26 p.m., indicated Resident D was transported to the behavioral group for evaluation and treatment related to aggressive behaviors. Resident D was recently sent to the local behavioral hospital for evaluation and treatment, however returned due to no available beds. The nurse's note, dated 8/7/23 at 2:31 p.m., indicated Resident D was placed on 15 minute checks per on-call staff. Awaiting a hospital bed at behavioral health. The resident was transported to the behavioral health facility. The nurse's note, dated 8/16/23 at 3:34 p.m., indicated the resident was re-admitted from the behavioral hospital . During an interview on 8/21/23 at 10:11 a.m., LPN (Licensed Practical Nurse) 4 indicated Resident D's recent behavior toward Resident E was the first incident between the two residents. Resident D was sent out to a behavioral hospital for evaluation and treatment. When Resident D returned, he was started on Depakote. He had not been aggressive since then. The LPN indicated she tried to keep the residents separated and redirect their attention elsewhere. During an interview on 8/21/23 at 11:25 a.m., the Memory Care Facilitator indicated she was not present during the incident between two residents		as appropriate M-F for (4) weeks and continue weekly for no less than (2) additional months. Any corrective action needed will be completed immediately. The results of these audits will be presented to the Quality Assurance/Performance Improvement committee meeting for a minimum of three months to validate 100% compliance and then on-going per routine QAPI reviews. Plan to be updated as indicated.	

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	that involved Resident . During an interview on 8/21/23 at 11:47 a.m., Social Services 3 indicated the resident's care plan should have been updated after a resident to resident altercation. The Social Services would be responsible for updating the care plan for behaviors. They would talk about it in clinical and then the care plan would be updated. During an interview on 8/21/23 at 12:05 p.m. the DON (Director of Nursing) indicated the only care plan update was on 8/14/23 for the resident resisting care and participating in therapy. An intervention was for staff to praise the resident. She believed the care plan should have been updated for the altercation. The care plan interventions would change as the disease progressed. The Behavioral Assessment, Intervention, and Monitoring policy, last revised March 2019, included, but was not limited to, "... Management 1. The interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan care accordingly. Safety strategies will be implemented immediately if necessary to protect the resident and others from harm..." The Comprehensive Care Plans policy, dated January 13, 2018, included, but was not limited to, "... 7. The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans: a. When there has been a significant change in the resident's condition; b. When the desired outcome is not met; c. When the resident had been readmitted to the facility from a hospital stay..."			

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	This Federal tag relates to Complaint IN00414596. 3.1-37(a)			