

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

PRINTED: 04/03/2025

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 03/19/2025	
NAME OF PROVIDER OR SUPPLIER AUBURN SENIOR LIVING, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1675 W SEVENTH STREET AUBURN, IN 46706			
(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 Complaints IN00454790 and IN00454816.</p> <p>Complaint IN00454790 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00454816 - Deficiencies related to the allegations are cited at R0240.</p> <p>Survey date: March 19, 2025</p> <p>Facility number: 014775</p> <p>Residential Census: 80</p> <p>The State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 20, 2025.</p>			R 0000			
R 0240 Bldg. 00	<p>410 IAC 16.2-5-4(d) Health Services - Deficiency</p> <p>Based on observation, interview and record review, the facility failed to ensure care was provided based on service plans for 1 of 3 residents reviewed (Resident S).</p> <p>Findings include:</p> <p>A report, dated 3/4/25 at 12:54 p.m., indicated Resident S was observed with several bruises on both her wrists and forearms. Resident S indicated to staff, the bruises occurred the night before (3/3/25) when Certified Nurse Aide (CNA) 2 assisted her to transfer into bed.</p>			R 0240	<p>Deficiency: The facility failed to ensure that a resident's service plan was followed.</p> <p>Corrective Action for Affected Resident(s):</p> <ul style="list-style-type: none"> The affected resident's service plan was reviewed, and all missed service items were immediately corrected, and interventions provided accordingly. Staff involved were re-educated on the importance of following and adherence to service plan interventions. 		05/01/2025

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

TITLE

(X6) DATE

Grace Faurote

Executive Director

04/02/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>On 3/19/25 at 9:39 A.M., Resident S was interviewed. She was observed with multiple, brown colored bruises on both wrists and lower forearms. The resident indicated, CNA 2 was going to help her into bed. CNA 2 held onto the resident's wrists and forearms and attempted to pull her up from her chair. Resident S indicated she told CNA 2 not to pull on her wrists and forearms, she was an "old lady" and wasn't able to be assisted to stand up that way. Resident S asked CNA 2 to use the stand-up mechanical lift to assist her into bed. Rather than use the mechanical lift, CNA 2 told the resident to wrap her arms around the CNA, in a bear hug, and CNA 2 lifted her into bed. Resident S indicated her wrists hurt after being pulled on. The resident indicated she hadn't liked being "bear hugged" and transferred into bed due to arthritic pain.</p> <p>On 3/19/25 at 11:03 A.M., Resident S's record was reviewed. Diagnoses included rheumatoid arthritis.</p> <p>A Service Plan for mobility, initiated 5/24/23, indicated Resident S required mobility and transfer assistance daily with use of a mechanical stand-lift "only" for transfers.</p> <p>On 3/19/25 at 11:40 A.M., the Administrator was interviewed. She indicated CNA 2 had been interviewed and provided a written statement of her actions when putting the resident to bed on 3/3/25. CNA 2 indicated she had not used the mechanical stand-up lift to transfer Resident S into bed but couldn't recall attempting to pull the resident up by her wrists and forearms. CNA 2 indicated she had asked the resident to wrap her arms around her and CNA 2 lifted her into bed. Resident S had complained of her wrists hurting after being transferred into bed. CNA 2 indicated</p>				<p>·The resident and their representative were informed of corrective actions taken.</p> <p>Systemic Changes:</p> <p>·All other resident charts and services were audited to ensure for coordination of care, for accuracy, and compliance.</p> <p>·Care staff and licensed nurses were trained on adherence to service plans, communicating, and coordinating with other involved service providers, and documentation requirements.</p> <p>·PointClickCare tracking system will be used to monitor and verify service plan completion and compliance.</p> <p>Monitoring and Compliance:</p> <p>·The Resident Services Director or designee will conduct weekly audits of service plans for 60 days, then monthly for three months.</p> <p>·Audit findings will be discussed in QAPI meetings for six months to ensure ongoing compliance.</p>		

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	<p>she'd asked the resident if she wanted the nurse notified of her wrists hurting but CNA 2 hadn't indicated the resident's response. The Administrator indicated CNA 2 should have followed Resident S's service plan and used the mechanical stand-up lift to transfer the resident into bed.</p> <p>A current facility policy, titled "Service Plans", was provided by the Administrator, on 3/19/25 at 2:45 P.M. which stated: "The purpose of the service plan is to provide a centralized coordination of the services that will be provided to each resident, based on his or her individual needs, abilities, and preferences...."</p> <p>This Citation relates to Complaint IN00454816.</p>						