

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

PRINTED: 03/06/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155852		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/13/2024	
NAME OF PROVIDER OR SUPPLIER HARRISON SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 871 PACER DRIVE NW CORYDON, IN 47112			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey and the investigation of Complaint IN00428084. This visit included a State Residential Licensure Survey .</p> <p>Complaint IN00428084 - Federal/State deficiency related to the allegation is cited at F565</p> <p>Survey dates: February 7, 8, 9, 12 , and 13, 2024</p> <p>Facility number: 013702 Provider number: 155852 AIM number: 300018569</p> <p>Census Bed Type: SNF: 29 SNF/NF: 22 Residential: 31 Total: 82</p> <p>Census Payor Type: Medicare: 22 Medicaid: 16 Other: 13 Total: 51</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 15, 2024.</p>			F 0000			
F 0565 SS=E Bldg. 00	483.10(f)(5)(i)-(iv)(6)(7) Resident/Family Group and Response §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or						

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

TITLE

(X6) DATE

Ryan Morton

Executive Director

03/04/2024

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 disclosable 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>family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.</p> <p>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.</p> <p>(iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>Based on record review and interview, the facility failed to appropriately respond to and act upon resident concerns from the Resident Council meetings. This deficient practice had the potential to affect the 51 health care residents currently</p>			F 0565	This plan of correction is to serve as Harrison Springs credible allegation of compliance. Submission of this plan of correction does not constitute an		03/01/2024

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	<p>residing in the facility.</p> <p>Findings Include:</p> <p>The resident council meeting minutes, dated 9/6/23, indicated residents voiced concerns related to dining services. The dining times were inconsistent, and they were supposed to serve lunch at 11:30 a.m., and dinner ran late. There was sloppy food presentation, too many peas and carrots, and more variety was desired. Residents had concerns about staff transporting them back to their rooms and they wanted rolls.</p> <p>The response, as documented by the Dietary Manager on 9/8/23, indicated the concern could have been a one time occurrence. Dinner started on time every day. Lunch was at 11:30 a.m. and dinner was at 4:30 p.m. Some residents requested their meals early and that was their right. If the meal was ready, they would serve them.</p> <p>The response did not address the concerns with the presentation, transport back to the resident's rooms, or food concerns.</p> <p>The resident council meeting minutes, dated 10/6/23, indicated the residents voiced concerns related to dining services, which indicated lunch did not start until noon. Mealtimes were inconsistent, and it was still hard to find someone to transport residents back to their rooms after meals.</p> <p>The response, as documented by the Dietary Manager on 10/8/23, indicated lunch had been very consistent on a specific day. A lot of residents made special requests and service fell behind about 10 minutes. The Dietary Manager did not agree that this situation happened.</p>				<p>admission by Harrison Springs or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. Attached you will find our plan of correction for Harrison Springs Health campus for our annual survey conducted on February 13, 2024. We initiated immediate interventions when concerns were identified on this date and began re-education for staff as well. We respectfully request paper/desk review for this plan of correction. If you need any information or paperwork, please contact me at (812) 738-0317.</p> <p>Sincerely,</p> <p>Ryan Morton ED Harrison Springs Health Campus Ryan.Morton@Harrisonspringshc.com</p> <p>F 565 Resident/Family Group and Response</p>		

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	<p>The response did not address the concerns relating to staff transport back to the resident's rooms.</p> <p>The resident council meeting minutes, dated 11/6/23, indicated residents voiced concerns related to dining services. The room trays were very late and the food was not an accurate temperature.</p> <p>The response, as documented by the Dietary Manager on 11/7/23, indicated room trays were served every day at 8:00 a.m., 12:00 p.m., and 5:00 p.m. at their posted time. It did not vary often. Sometimes it was off 5 or 10 minutes because of special orders by residents that were not on the menu. It was very common for residents to order breakfast items at dinner time, which slowed service down.</p> <p>The response did not address the concerns relating to staff transport back to the resident rooms or food temperatures.</p> <p>The resident council meeting minutes, dated 12/7/23, indicated residents voiced concerns related to dining services. They were requesting that silverware be rolled and placed at the steam table for every meal, not set out on the tables. Dishes were coming out dirty and gritty. There was no help getting back after meals. One resident reported feeling as if she didn't get big enough food portions. Residents were tired of getting the same food, including chicken and burgers, over and over. Residents wanted staff to read their diets and many orders. Food was still cold and not being prepared properly.</p> <p>The response, as documented by the Dietary</p>				<p>It is the practice of this provider to provide care/services for highest well-being in accordance with State and Federal law.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>Meal services include food delivery times, transporting of residents before and after meal service.</p> <p>DFS continues to meet with residents during "Chef Circle" weekly, this meeting allows residents to discuss what menu items residents want on the menu.</p> <p>DFS/Dietary staff to conduct temperature checks on food daily, and for every meal.</p> <p>Dietary roll the silverware per each resident's preference</p> <p>Gordon Food Service due to check proper operation of dish machine 2-28-24.</p> <p>Dish Machine drain filter to be cleaned twice daily to prevent dishes from being dirty or gritty.</p> <p>DFS provided education to resident council members regarding starch build up causing dark spots in the potatoes. DFS provided education to Dietary staff on how to identify spoiled potatoes.</p> <p>DFS provided education to all cooks regarding cooking beans. DFS will ensure beans are cooked to resident's preference.</p>		

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	<p>Manager on 12/19/23, indicated he followed the company's policies on how they should set the tables. They would not set the tables in the evening because the silverware sat on the tables all night and the residents were afraid the silverware would be contaminated, so he honored that request. Only one resident wanted the silverware to be rolled all day long, but he explained to her it was not the policy. The resident who requested larger portions could have whatever she wanted and did. She ate very large portions every meal which was why she had a considerable weight gain and there was some confusion there. He would mention the food temperatures in the next chef circle. He recently had a chef circle, and no residents voiced any concerns about the food to him.</p> <p>The response did not address the concerns regarding dirty dishes, repetitive menus, or reading menus and orders.</p> <p>The resident council meeting minutes, dated 1/5/24, indicated residents voiced concerns with dining services. The dining plates were cold they needed to be heated up before serving. The dishes were gritty. Potatoes were coming out partially rotten. Chili beans were too hard, and too much salt was being used in meals.</p> <p>The response, as documented by the Social Services director on 1/5/24, indicated dietary was notified of the concerns and dishes were to be gathered and washed nightly.</p> <p>The response did not address the concerns any further, and did not address cold plates, the partially rotten potatoes, chili beans or too much salt.</p>				<p>DFS provided education to all cooks regarding following recipes to avoid over/under salting of food.</p> <p>Dietary to follow menu choices for each resident. When passing meal trays, staff members are to ensure that selective menu choices are provided.</p> <p>DSS conducted interviews with all residents with a BIMS of 8 or greater with updates to care plan for any resident that did not wish to have any staff in their rooms during breakfast.</p> <p>Residents provided deep cleaning schedule by Environmental manager.</p> <p>Education provided to assisted living resident council regarding regulations for staffing on assisted living and made aware that there are staff available 24 hours/day.</p> <p>Education provided to all staff to leave resident bathroom door ajar at night for easy access.</p> <p>Residents participate in selective menu options with education provided to residents with diet restrictions.</p> <p>ED provided information during resident council meeting to the resident council that the residents may purchase life alerts if they wish to.</p> <p>DHS provided education to clinical staff regarding changing of bed linens on shower days and prn soilage.</p> <p>DHS provided education to</p>		

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	<p>Resident council meeting minutes, dated 2/2/24, indicated residents voiced concerns with dietary services. They were not getting what they circled on their menu. One resident had to wait a long time to get back to their room.</p> <p>The response, as documented by the Social Services Director on 2/5/24, indicated staff were to check all trays before serving to make sure the menu was correct, and staff were to make sure residents were taken back to their rooms after meal service.</p> <p>The facility could not provide any documentation where they had thoroughly investigated the resident concerns and actions taken to correct them.</p> <p>During an interview on 2/13/24 at 9:35 a.m., the Executive Director indicated he was the grievance official and did the final resolutions. When the grievances were brought up the Activities Director typed them up and they distributed them to whatever department had a grievance and the department leader addressed the issue. He would expect them to speak to the residents and investigate to verify concerns. They tried to address all concerns. He would follow up on them. There had been some repetitive concerns on food. There was one certain individual who voiced the concerns about being taken back to their rooms, but it was not across the board. Some things were getting addressed, but he didn't know why it was getting brought up again. They had not interviewed residents. He had stayed on evening dinners to monitor, but he didn't have an audit sheet to show he was there. As far as the repetitive concerns, he read them, and he did the resolution and signed off on them, but did not do anything on his part to address the concerns.</p>				<p>clinical staff regarding passing fresh ice water each shift. DHS provided education to clinical staff regarding making residents bed for those that wish to have their beds made daily prn.</p> <p>DFS or designee to check the snack drawers on assisted living and health campus to ensure proper number of snacks are adequate.</p> <p>DHS provided education to nurses and certified medication aides regarding providing fresh ice water with medications.</p> <p>DHS provided education to clinical staff regarding passing menu tickets daily to residents.</p> <p>Upon admission, all new residents are assigned a department leader to ensure appropriate acclimation to campus for 5 days after admission.</p> <p>ED attending all resident council meetings.</p> <p>DHS provided education to all staff regarding knocking on resident's doors and allowing the resident to invite staff into their room.</p> <p>DFS provided education to dietary staff regarding adequate portions of food to avoid too large/small portions.</p> <p>DHS provided education to clinical staff regarding leaving lighting on per resident preference when leaving the resident's room.</p> <p>DFS provided education during resident council and during</p>		

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	<p>Ultimately it would come down to him. His expectation would be not to deflect the concern, but to investigate the concern.</p> <p>During an interview on 2/13/24 at 9:59 a.m., the Activities Director indicated he conducted the meetings. Residents voiced concerns to him, and he filled the concerns out. He reported the concerns to the IDT (interdisciplinary team). One of the main concerns voiced was residents not being taken back to their rooms after meals. They tried to approach those concerns by making themselves available, but it was not good enough. As far as things being able to change immediately, that didn't happen, and it added fuel to the problem. Some things could not be fixed. It was one specific resident who voiced the concerns about being taken back to her room, but other residents did agree it was a concern as well. The meals were often late, the kitchen had been struggling. Their times were never consistent, and he had observed that. Residents would wait for food forever. They were often just waiting for their food, and he did not know what to say to them. It was an operation in the kitchen that stopped that from happening. They didn't come back and tell the residents about the resolution like they should. It usually waited until the next meeting. He did not get responses. When the new meeting would come up, he would ask if old business had gotten better, because he didn't know if anything got better unless the residents told him.</p> <p>During an interview on 2/13/24 at 12:07 p.m., the Resident Council President indicated they did have some continued concerns at the resident council minutes. The big issue was getting a resident back to their room after the meals. It was just one resident, but there were others who did</p>				<p>"chef circle" regarding the steam table for assisted living not in use due to the residents requesting multiple ala cart items.</p> <p>DFS provided education to all cooks regarding following recipes to avoid over/under salting food.</p> <p>DHS and nurses to monitor the CRCA's lunch time and ensure that the CRCA is back on the hall after the allotted time.</p> <p>DHS provided education to staff regarding notification to dietary department when a resident is assisted to the dining room. DFS provided education to the dietary staff to monitor dining room for the resident arrivals to allow for appropriate serving time. All concerns were addressed with IDT team. Results of plan will be communicated to key staff members as well as at Resident Council including Resident Council President.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>ED/designee reviewed all areas: Nursing, Dietary, Environmental and Admin with IDT and key staff members as well as at Resident Council including Resident Council president.</p>		

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	<p>experience that as well. She did mention the concern multiple times. They had been late serving in the dining room. Concerns were typed into the computer, and then the head of whatever division it fell under saw it and tried to adjust to the problem. She had experienced cold food one time. Other residents had complained about it at the meetings. They had tried different serving techniques and whether to use the steam table or not.</p> <p>The most current Resident Council policy included, but was not limited to, " ... The resident Council was created to promote the resident's right to organize and participate in resident groups in the Campus for the purpose of self-determination... 7. The group facilitator will determine the prevalence of the concern/recommendations voiced to determine the appropriate follow-up. 8. The group's grievances and recommendations will be brought to the attention of the Executive Director who will forward the concerns to the appropriate department leader for attention and response... 8.2 Individual issues should be handled by following the Campus concern/grievance policy and procedure. 9. Actions taken and/or considerations given to issues will be reported back to the Resident Council at the next meeting ..."</p> <p>The most current Resident Concern policy included, but was not limited to, "... Procedures 1. The facility will provide an open and customer friendly atmosphere for residents and their families and representatives to voice concerns and problems with the assurance that their concerns will be heard and acted upon. 2. The facility will be committed to the on-going education of their employees on immediately responding to and resolving customer concerns...</p>				<p>ED/designee to review Resident Concern Forms each business day to follow up per policy.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·The ED/designee will conduct an in-service with department heads and other staff on Resident Concern Process Policy. ·As a measure of ongoing compliance, the ED/designee will complete an audit of 5 residents five times weekly for 4 weeks, then three times weekly for 4 weeks, then twice monthly for two months, then monthly for 3 months to ensure resident grievances or concerns are completed following Resident Concern Process Policy. <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·For quality assurance, the results of these audits will be reviewed by the QA committee, overseen by the ED, until continued compliance is maintained for 2 consecutive quarters. If threshold of 90% is not achieved, an action plan will be developed. 		

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R 0000 Bldg. 00	4. The facility will follow these basic steps in responding to a complaint... Listen to the concern without interruption... Thank the person who brought the concern to the staff... Apologize to the person bringing the concern and acknowledge that what happened is not to our standards... Not make excuses for why or how this has happened... Take steps to correct the problem ... Make the problem their own by following up to make sure it is resolved, and stays resolved... 9. The department leader will investigate and discuss the concerns with the team and will implement, or educate to prevent further concerns... The department leader will document the resolution on the concern form using an addendum when needed and will follow up with the person reporting the concern to explain the resolution..." 3.1-3(1) This citation relates to Complaint IN00428084. This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey and and the investigation of Complaint IN00428084. Complaint IN00428084 - State deficiency related to the allegation is cited at F0039 Survey dates: February 7, 8, 9, 12, and 13, 2024 Facility number: 013702 Residential Census: 31 This State Residential Finding is cited in			R 0000	5. Date of completion: March 1, 2024		

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R 0039 Bldg. 00	<p>accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 15, 2024.</p> <p>410 IAC 16.2-5-1.2(n) Residents' Rights- Deficiency (n) Residents may, throughout the period of their stay, voice grievances to the facility staff or to an outside representative of their choice, recommend changes in policy and procedure, and receive reasonable responses to their requests without fear of reprisal or interference.</p> <p>Based on record review and interview, the facility failed to appropriately respond to and act upon resident concerns from the Resident Council meetings. This deficient practice had the potential to affect the 31 residents currently residing in the facility.</p> <p>Findings include:</p> <p>The resident council meeting minutes, dated 9/4/23, indicated the residents voiced concerns related to dining services, which included mealtimes were confusing and they did not want staff coming into their rooms at 7:00 a.m. for breakfast. There was no response documented or signed off on by the department head or the Executive Director.</p> <p>The resident council meeting minutes, dated 10/4/23, indicated the following concerns:</p> <ul style="list-style-type: none"> - Laundry/housekeeping: Housekeeping did not show up every day, trash was left in the garbage can, and residents wanted a new copy of the deep cleaning schedule. - Nursing: there was not enough aides, if the door to the residence bathroom was open at night, 			R 0039	<p>This plan of correction is to serve as Harrison Springs credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Harrison Springs or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. Attached you will find our plan of correction for Harrison Springs Health campus for our annual survey conducted on February 13, 2024. We initiated immediate interventions when concerns were identified on this date and began re-education for staff as well. We respectfully</p>		03/01/2024

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FORM APPROVED
OMB NO. 0938-039

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	<p>please leave it ajar for the resident's easy access.</p> <p>- Dining services: there was no chicken in their chicken dish for lunch, the serving sizes were too big, and residents with colitis were complaining about potato skins.</p> <p>There was no response documented or signed off on by the department head or the Executive Director for any of the concerns.</p> <p>The resident council meeting minutes, dated 11/3/23, indicated the following concerns:</p> <p>- Nursing: Residents wanted a life alert. There wasn't enough aides and they needed help to return after meals. They weren't getting fresh water, sheets were not being changed, and beds were not being made. There was no nurse from 10:00 p.m. to 6:00 a.m.</p> <p>-Dining services: residents wanted to know what happened to the weekly menu. The steam table temperatures were inaccurate. Silverware needed to be rolled. Everything on the table needed to be washed after every meal. They could see dirt on the silverware and stemware. The snack drawer wasn't adequate.</p> <p>There was no response documented or signed off by the department head or the Executive Director for any of the concerns.</p> <p>The resident council meeting minutes, dated 12/8/23 indicated the following concerns:</p> <p>- Nursing: there was no aides from 10:00 p.m. to 6:00 a.m. Sheets were still not getting changed. They were not getting cold water at medication pass or shift change period aids used their phones all night. Menus were not passed. Aides and nurses were not trained. Lack of</p>				<p>request paper/desk review for this plan of correction. If you need any information or paperwork, please contact me at (812) 738-0317.</p> <p>Sincerely,</p> <p>Ryan Morton ED Harrison Springs Health Campus Ryan.Morton@Harrisonspringshc.com</p> <p>F 565 Resident/Family Group and Response It is the practice of this provider to provide care/services for highest well-being in accordance with State and Federal law. 1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? Meal services include food delivery times, transporting of residents before and after meal service. DFS continues to meet with residents during "Chef Circle" weekly, this meeting allows residents to discuss what menu items residents want on the menu. DFS/Dietary staff to conduct temperature checks on food daily, and for every meal. Dietary roll the silverware per</p>		

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	<p>communication was an issue.</p> <p>- Administration: no one was helping new residents get acclimated. They walked around looking lost and confused. Residents suggested a buddy system, they were requesting the Executive Director to be present at all resident council meetings. No one knocked and waited for a response before entering their rooms.</p> <p>- Dining services: residents were requesting for staff to wrapped silverware for every meal, and dishes were not being cleaned properly. There was no help getting back to their rooms. Portions weren't large enough. They got the same food over and over. They were sick of chicken and burgers. They wanted staff to read the diet and menu orders. The food was still cold and either over or undercooked.</p> <p>There was no response documented or signed off by the department head or the Executive Director for any of the concerns.</p> <p>The resident council meeting minutes, dated 1/4/24, and indicated the following concerns:</p> <p>- Nursing: sheets were still not being changed, aides were leaving with lights on. There was no aide from 10:00 p.m. to 6:00 a.m. One resident waited 2 hours to get help and had to call her family.</p> <p>- Dining services: residents voiced concerns with dining plates not being warmed up, gritty dishes, they wanted the steam table kept up, the potatoes were rotting, the chili beans were hard, and they wanted staff to watch the salt.</p> <p>There was no response documented or signed off by the department head or the Executive Director for any of the concerns.</p>				<p>each resident's preference</p> <p>Gordon Food Service due to check proper operation of dish machine 2-28-24.</p> <p>Dish Machine drain filter to be cleaned twice daily to prevent dishes from being dirty or gritty.</p> <p>DFS provided education to resident council members regarding starch build up causing dark spots in the potatoes. DFS provided education to Dietary staff on how to identify spoiled potatoes.</p> <p>DFS provided education to all cooks regarding cooking beans. DFS will ensure beans are cooked to resident's preference.</p> <p>DFS provided education to all cooks regarding following recipes to avoid over/under salting of food.</p> <p>Dietary to follow menu choices for each resident. When passing meal trays, staff members are to ensure that selective menu choices are provided.</p> <p>DSS conducted interviews with all residents with a BIMS of 8 or greater with updates to care plan for any resident that did not wish to have any staff in their rooms during breakfast.</p> <p>Residents provided deep cleaning schedule by Environmental manager.</p> <p>Education provided to assisted living resident council regarding regulations for staffing on assisted living and made aware that there are staff available 24</p>		

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	<p>The resident council meeting minutes, dated 2/1/24, indicated residents voiced the following concerns:</p> <ul style="list-style-type: none"> - Nursing: one resident was changing her own bed. Aides snuck off after lunch period, and there was no aides to help the nurse. - Dining services: meals were not getting served fast enough in the mornings, they wanted more staff on hand. <p>There was no response documented or signed off by the department head or the Executive Director for any of the concerns.</p> <p>During an interview on 2/13/24 at 9:35 a.m., the Executive Director indicated he was the grievance official and did the final resolutions. When the grievances were brought up the Activities Director typed them up and they distributed them to whatever department had a grievance and the department leader addressed the issue. He would expect them to speak to the residents and investigate to verify concerns. They tried to address all concerns. He would follow up on them. There had been some repetitive concerns on food. There was one certain individual who voiced the concerns about being taken back to their rooms, but it was not across the board. Some things were getting addressed, but he didn't know why it was getting brought up again. They had not interviewed residents. He had stayed on evening dinners to monitor, but he didn't have an audit sheet to show he was there. As far as the repetitive concerns, he read them, and he did the resolution, and signed off on them but did not do anything on his part to address the concerns. Ultimately it would come down to him. His expectation would be not to deflect the concern, but to investigate the concern.</p>				<p>hours/day.</p> <p>Education provided to all staff to leave resident bathroom door ajar at night for easy access.</p> <p>Residents participate in selective menu options with education provided to residents with diet restrictions.</p> <p>ED provided information during resident council meeting to the resident council that the residents may purchase life alerts if they wish to.</p> <p>DHS provided education to clinical staff regarding changing of bed linens on shower days and prn soilage.</p> <p>DHS provided education to clinical staff regarding passing fresh ice water each shift. DHS provided education to clinical staff regarding making residents bed for those that wish to have their beds made daily prn.</p> <p>DFS or designee to check the snack drawers on assisted living and health campus to ensure proper number of snacks are adequate.</p> <p>DHS provided education to nurses and certified medication aides regarding providing fresh ice water with medications.</p> <p>DHS provided education to clinical staff regarding passing menu tickets daily to residents.</p> <p>Upon admission, all new residents are assigned a department leader to ensure appropriate acclimation to campus</p>		

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	<p>During an interview on 2/13/24 at 9:59 a.m., the Activities Director indicated he conducted the meetings. Residents voiced concerns to him, and he filled the concerns out. He reported the concerns to the IDT (interdisciplinary team). One of the main concerns voiced was residents not being taken back to their rooms after meals. They tried to approach those concerns by making themselves available, but it was not good enough. As far as things being able to change immediately, that didn't happen, and it added fuel to the problem. Some things could not be fixed. It was one specific resident who voiced the concerns about being taken back to her room, but other residents did agree it was a concern as well. The meals were often late, the kitchen had been struggling. Their times were never consistent, and he had observed that. Residents would wait for food forever. They were often just waiting for their food, and he did not know what to say to them. It was an operation in the kitchen that stopped that from happening. They didn't come back and tell the residents about the resolution like they should. It usually waited until the next meeting. He did not get responses. When the new meeting would come up, he would ask if old business had gotten better, because he didn't know if anything got better unless the residents told him.</p> <p>During an interview on 2/13/24 at 12:15 p.m., the Activities Director indicated he could not find responses for the resident council concerns. He didn't know if he should be doing anything further to follow up on concerns. He wrote out the concern forms, gave a copy to the departments heads, and he never got them back.</p> <p>During an interview on 2/13/24 at 1:01 p.m., the ED</p>				<p>for 5 days after admission.</p> <p>ED attending all resident council meetings.</p> <p>DHS provided education to all staff regarding knocking on resident's doors and allowing the resident to invite staff into their room.</p> <p>DFS provided education to dietary staff regarding adequate portions of food to avoid too large/small portions.</p> <p>DHS provided education to clinical staff regarding leaving lighting on per resident preference when leaving the resident's room.</p> <p>DFS provided education during resident council and during "chef circle" regarding the steam table for assisted living not in use due to the residents requesting multiple ala cart items.</p> <p>DFS provided education to all cooks regarding following recipes to avoid over/under salting food.</p> <p>DHS and nurses to monitor the CRCA's lunch time and ensure that the CRCA is back on the hall after the allotted time.</p> <p>DHS provided education to staff regarding notification to dietary department when a resident is assisted to the dining room. DFS provided education to the dietary staff to monitor dining room for the resident arrivals to allow for appropriate serving time. All concerns were addressed with IDT team. Results of plan will be communicated to key staff</p>		

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	<p>indicated he felt they had addressed resident concerns, but could not locate any of the documentation.</p> <p>The most current Resident Council policy included, but was not limited to, "... The resident Council was created to promote the resident's right to organize and participate in resident groups in the Campus for the purpose of self-determination... 7. The group facilitator will determine the prevalence of the concern/recommendations voiced to determine the appropriate follow-up. 8. The group's grievances and recommendations will be brought to the attention of the Executive Director who will forward the concerns to the appropriate department leader for attention and response... 8.2 Individual issues should be handled by following the Campus concern/grievance policy and procedure. 9. Actions taken and/or considerations given to issues will be reported back to the Resident Council at the next meeting ..."</p> <p>The most current Resident Concern policy included, but was not limited to, "... Procedures 1. The facility will provide an open and customer friendly atmosphere for residents and their families and representatives to voice concerns and problems with the assurance that their concerns will be heard and acted upon. 2. The facility will be committed to the on-going education of their employees on immediately responding to and resolving customer concerns... 4. The facility will follow these basic steps in responding to a complaint... Listen to the concern without interruption... Thank the person who brought the concern to the staff ... Apologize to the person bringing the concern and acknowledge that what happened is not to our standards ... Not make excuses for why or how this has happened</p>				<p>members as well as at Resident Council including Resident Council President.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. ED/designee reviewed all areas: Nursing, Dietary, Environmental and Admin with IDT and key staff members as well as at Resident Council including Resident Council president. ED/designee to review Resident Concern Forms each business day to follow up per policy.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·The ED/designee will conduct an in-service with department heads and other staff on Resident Concern Process Policy. ·As a measure of ongoing compliance, the ED/designee will complete an audit of 5 residents five times weekly for 4 weeks, then three times weekly for 4 weeks, then twice monthly for two months, then monthly for 3 months to ensure resident grievances or concerns are</p>		

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	<p>... Take steps to correct the problem... Make the problem their own by following up to make sure it is resolved, and stays resolved... 9. The department leader will investigate and discuss the concerns with the team and will implement, or educate to prevent further concerns... The department leader will document the resolution on the concern form using an addendum when needed and will follow up with the person reporting the concern to explain the resolution..."</p> <p>This citation relates to Complaint IN00428084.</p>				<p>completed following Resident Concern Process Policy.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>·For quality assurance, the results of these audits will be reviewed by the QA committee, overseen by the ED, until continued compliance is maintained for 2 consecutive quarters. If threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. Date of completion: March 1, 2024</p> <p>Completed by:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date Completed:</p> <p>_____</p>		