

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 11/22/2022
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NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN PLAINFIELD, IN 46168
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00389430.</p> <p>Complaint IN00389430 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated State Residential Finding cited.</p> <p>Survey date: November 22, 2022</p> <p>Facility number: 012394</p> <p>Residential Census: 109</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on December 1, 2022.</p>	R 0000	Preparation and submission of this statement of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusion stated on the statement of deficiencies. This statement of correction is prepared and submitted solely because of requirements under state and federal laws. We cordially request a desk review regarding the alleged deficiency in lieu of any revisit.	
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Holly Wachtel	HFA	12/15/2022

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>request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure service plan(s) had been signed and dated by the resident for 3 of 3 residents reviewed for completed service plan(s). (Residents B, C, and D)</p> <p>Findings include:</p> <p>1. Resident B's closed clinical records were reviewed on November 22, 2022 at 11:25 a.m. Resident B's most current Resident Functional Capacity Screen (service plan), dated September 23, 2022, indicated she required Level 2 care from nursing staff based on/but not inclusive of:</p> <ul style="list-style-type: none"> -Required minimal assistance for emergency evacuation -Required minimal assistance for bathing -Was independent with dressing -Required supervision and/or cues for grooming -Was independent with toileting -Required supervision and/or cue to transfer between surfaces -Was independent with mobility -Required 3 meals a day provided by the community 	R 0217	<p>R 217</p> <p>It is the intent of this facility to ensure that service plan(s) are signed and dated by the residents/families.</p> <p>Corrective Action: Director of Nursing and Assistant Director of Nursing was in-serviced on 12/14/2022 on Functional Capacity Screen\Service Plans and the requirement for Resident\Family signature.</p> <p>Identification of Other Residents: All Residents have the potential to be affected by the alleged deficient practice. A 100% Audit of Residents Functional Capacity Screens will be completed. This audit will be completed by 12/16/2022.</p> <p>Measures: An Audit tool will be completed to ensure that all Residents that have received a Functional Capacity Screen will be signed by Resident\Family. In addition, any new Functional</p>	12/31/2022
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	<p>-Was independent with meal consumption -Was independent with taking medication -Did not have medical appliances and/or treatments -Required assistance 1 time a week with laundry -Required assistance 1 time a week for house keeping -Was independent with telephone usage -Transportation was provided by an outside caregiver or independent -Shopping was provided by an outside caregiver or independent -Was independent with money management</p> <p>The bottom of the last page, page 7, indicated the Director of Nursing signed the service plan on September 23, 2022. The service plan lacked Resident B's signature.</p> <p>2. Resident C's clinical records were reviewed on November 22, 2022 at 10:30 a.m. Resident C's most current Resident Functional Capacity Screen (service plan), dated July 13, 2022, indicated she required Level 1 care from nursing staff based on/but not inclusive of:</p> <p>-Required minimal assistance for emergency evacuation -Was independent with bathing -Was independent with dressing -Was independent with grooming -Required management of incontinence -Was independent with transferring between surfaces -Was independent with mobility -Required 3 meals a day provided by the community -Was independent with meal consumption. -Was independent with taking medication -Did not have medical appliances and/or</p>		<p>Capacity Screen that is completed will be signed by Resident/family. DON \ Designee will monitor audit tool 5 days a week for 1 month, 3 days a week for 1 month, then weekly for 1 month. Monitored: Executive Director \ Designee, in collaboration with Director of Nursing \ Designee will review audits with QA Committee monthly x 3 month and will continue to review audit results monthly for duration of extended timeframe as applicable. Completion Date: December 31, 2022.</p>	

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	<p>treatments</p> <ul style="list-style-type: none"> -Was independent with telephone usage -Laundry was provided by an outside caregiver -Was independent with housekeeping -Transportation was provided by an outside caregiver -Shopping was provided by an outside caregiver -Was independent with money management <p>The bottom of the last page, page 7, indicated the Assistant Director of Nursing signed the service plan on July 13, 2022. The service plan lacked Resident C's signature.</p> <p>3. Resident D's clinical records were reviewed on November 22, 2022 at 11:30 a.m. Resident D's most current Resident Functional Capacity Screen (service plan), dated November 02, 2022, indicated she required Level 1 care from nursing staff based on/but not inclusive of:</p> <ul style="list-style-type: none"> -Required minimal assistance for emergency evacuation -Bathing was provided by an outside caregiver -Dressing was provided by an outside caregiver -Grooming was provided by an outside caregiver -Required management of incontinence during the night -Was independent with transferring between surfaces -Required 3 meals a day provided by the community -Was independent with meal consumption. -Required management of medication(s) -Did not have medical appliances and/or treatments -Telephone usage was provided by an outside caregiver -Required assistance 1 time a week with laundry -Required assistance 1 time a week for house 			

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	<p>keeping</p> <ul style="list-style-type: none"> -Finances provided by a Financial Power Of Attorney -Transportation was provided by an outside caregiver -Shopping was provided by an outside caregiver <p>The bottom of the last page, page 7, indicated the Director of Nursing signed the service plan on November 14, 2022. The service plan lacked Resident D's signature.</p> <p>During the interview on November 22, 2022 at 11:10 a.m., the Administrator indicated the Functional Capacity Screening was completed upon a resident's admission, every 6 months after admission, or as needed due to a change in condition; improvement or decline in health status. Based on the screening's results a level of care was determined. The level of care then established a monthly rent for continued stay. The screening was reviewed with each resident, and they have the opportunity to agree or disagree with the screening's determined level of care. The Administrator verified the Service Plans for Residents B, C, and D had not been signed by the resident and or family member. The facility did not have a policy that provided a procedure to ensure a resident(s) service plan(s) were signed and dated once agreed upon. This had not been implemented as a procedure for residents at the facility.</p>			