

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 05/25/2021
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NAME OF PROVIDER OR SUPPLIER  BELL OAKS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: May 24 and 25, 2021.</p> <p>Facility number: 004903</p> <p>Residential Census: 36</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on June 2, 2021.</p>	R 0000		
R 0117  Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one</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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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>(1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on record review and interview, the facility failed to ensure at least one staff member was on duty at all times who was certified in First Aid and CPR (cardiopulmonary resuscitation) for 3 of 7 days reviewed. (5/16/21 - 5/22/21)</p> <p>Findings include:</p> <p>The staffing schedule was provided by the Administrator on 5/24/21 at 9:45 a.m. The schedule was reviewed for the time period of 5/16/21 through 5/22/21.</p> <p>1. The CPR certifications and First Aid certifications for staff were provided by the Administrator and reviewed on 5/24/21 at 3:05 p.m. The schedule indicated the facility lacked an employee with CPR certification from 6:00 a.m. - 6:00 p.m. on 5/16/21 and 5/22/21 and from 6:00 p.m. - 6:00 a.m. on 5/22/21 and 5/29/21. The schedule indicated the facility lacked an employee with First Aid certification from 6:00 a.m. - 6:00 p.m. on 5/16/21 and 5/22/21 and from 6:00 p.m. - 6:00 a.m. on 5/19/21 and 5/22/21.</p> <p>On 5/25/21 at 9:10 a.m., the Director of Nursing (DON) indicated she thought everyone in the facility was certified in CPR and First Aid, but just found out the certifications had lapsed.</p> <p>On 5/25/21 at 11:30 a.m., the DON indicated she had scheduled the staff for CPR and First Aid</p>	R 0117	<p>R 117</p> <p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of post survey review on or after 7/16/2021.</p> <p>The facility will ensure this requirement is met through the following corrective measures:</p> <p>1. On 5/27/21, Care Service Manager (CSM) conducted audit of current staffing schedule to</p>	07/16/2021

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	<p>training and provided a list of staff members who were scheduled. The first class was to start on 5/25/21 at 2:30 p.m.</p> <p>The current facility policy, dated 9/1/16, provided by the Administrator on 5/25/21 at 4:01 p.m., included, but was not limited to, "If the resident has a "No CPR" status or "DNR" (Do Not Resuscitate)and in those states that do not require a CPR certified staff member to be on duty at all times, CPR is not performed by community staff. Follow the system that is currently in place in you community, as per state guidelines and state-specific guidelines and state-specific policy and procedure."</p> <p>The current facility policy, "First Aid" dated 9/1/16, provided by the Administrator on 5/25/21 at 4:01 p.m., included, but was not limited to, "...staff members will be required to be first aid certified in states which require employees to obtain and maintain certification based on the state regulatory requirements."</p>		<p>ensure at least one staff member is on duty at all times who is certified in First Aid and CPR. No concerns identified with current schedule.</p> <p>2.On 5/27/21, CSM conducted audit of nursing staff personnel file to determine First Aid and CPR Certification. Identified staff in need of certification were provided with First Aid and CPR certification on 5/27/21 by CSM.</p> <p>3.The Care Services Manager (CSM) and Executive Director (ED) were in-serviced on First Aid and CPR requirements for nursing staff, including the requirement to have at least one staff member on duty at all times who is certified in First Aid and CPR by Regional Director of Care Services (RDCS) on 6/11/2021.</p> <p>4.The Executive Director is responsible for sustained compliance. The CSM or designee will review staffing schedule weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure at least one staff member is on duty at all times who is certified in First Aid and CPR . Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p>5.July 16th, 2021</p>				

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R 0120  Bldg. 00	<p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance</p> <p>(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:</p> <p>(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following:</p> <p>(A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.</p>	R 0120	R 120	07/16/2021			

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	<p>Based on interview and record review the facility failed to ensure that annual inservice training was completed for resident rights, abuse, and dementia care for 3 of 5 staff members reviewed for inservice training. (Activity Director, LPN 1, CNA 5)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 5/25/21 at 10:15 a.m., the employee record for the Activity Director was reviewed. The Activity Director had a hire date of 4/5/10. The Activity Director's record indicated the Activity Director had 2.25 hours of the required 3 hours of required dementia training from May, 2020 through May, 2021.</li> <li>On 5/25/21 at 10:27 a.m., the employee record for LPN 1 was reviewed. LPN 1 had a hire date of 9/28/18. LPN 1's record indicated she had 1.25 hours of the required 3 hours of dementia training from May, 2020 through May, 2021.</li> <li>On 5/25/21 at 10:42 a.m., the employee record for CNA 5 was reviewed. CNA 5 had a hire date of 11/21/18. CNA 5 lacked documentation of any resident rights, abuse or dementia training from May, 2020 through May, 2021.</li> </ol> <p>On 5/25/21 at 11:05 a.m., the Director of Nursing (DON) indicated she had trouble getting her staff to complete the inservice trainings. She indicated staff members were notified when they had inservices due.</p> <p>The facility lacked documentation of a policy for resident rights, abuse, or dementia training.</p>		<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of post survey review on or after 7/16/2021.</p> <p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>Activity Director, LPN 1, and CNA 5 were in-serviced on Resident Rights, Abuse and Neglect, and Dementia Care on 6/9/2021 by Executive Director (ED).</li> <li>An audit was conducted on 5/28/2021 by Executive Director (ED) to ensure staff completed state required trainings including</li> </ol>	

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R 0144 Bldg. 00	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary environment for 2 of 2 days observed. Laundry facilities were dirty, a stairwell was soiled, and adult briefs were observed in the</p>	R 0144	<p>resident rights, abuse, and dementia care. Staff member(s) identified will complete training by 7/16/2021.</p> <p>3. On 6/17/2021 Regional Director of Care Services provided re-education to CSM and ED on annual in-service training requirements.</p> <p>4. The Executive Director is responsible for sustained compliance. The ED or designee will audit 5 employee in-service records weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure required in-service training is met. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p>5. July 16th, 2021</p>	07/16/2021
			<p>R 144 Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited,</p>	

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	<p>hallway. (First floor laundry area, Front stairwell, 200 Unit)</p> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>On 5/24/21 at 8:40 a.m., the 200 unit was observed. An open bag of adult briefs was observed sitting on the table in the foyer area. The bag was not labeled with a resident name or room number.</li> <li>On 5/24/21 at 9:35 a.m., the open bag of adult briefs was noted to remain on the table in the 200 unit foyer area.</li> <li>On 5/25/21 at 1:00 p.m., the 100 unit laundry room was observed. There was a trash can lid observed under the open sink that was not attached to a trash can. Nine bags of unopened briefs were observed under the table at the end of the room sitting on the floor. Dirt, debris, and used dryer sheets were observed on the floor and surfaces throughout the laundry area. An open bag of adult briefs that were not labeled was observed on the table at the end of the room. The sink had no paper towels available. There were two large balls of dryer lint located inside the sink, one pink in color and one gray. The soap lines running from the soap dispenser into the washer were grossly soiled with greenish blue, dried buildup. Two rags were observed on the floor between the washer and the cabinet.</li> </ol> <p>During a tour of the 100 unit laundry area on 5/25/21 at 1:29 p.m., the Administrator indicated the the laundry area needed to be cleaned up and that he would have someone clean it immediately.</p> <p>On 5/25/21 at 1:54 p.m., Housekeeper 1 was</p>		<p>and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of post survey review on or after 7/16/2021.</p> <ol style="list-style-type: none"> <li>Front floor laundry area and front stairwell were cleaned and serviced in order to meet sanitation and safety standards, and adult briefs on 200 unit were discarded on 5/25/2021 by Executive Director (ED) and Housekeeping.</li> <li>An audit of the community was conducted on 5/28/2021 by Executive Director to identify environmental concerns and ensure sanitations and safety standards were maintained. Identified concerns were corrected at time of findings.</li> <li>On 6/8/2021, Executive Director provide re-education to</li> </ol>	

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	<p>observed to be cleaning in the 100 unit laundry area. Housekeeper 1 stated that he was unaware of a cleaning schedule for the laundry area, but he believed that the CNA's (Certified Nurses Aides) were responsible for the cleaning of the laundry areas; however, he was not entirely sure.</p> <p>During an interview on 5/25/21 at 2:10 p.m., LPN 1 indicated that the cleaning of the laundry rooms is not really assigned to anyone, usually a CNA or housekeeper cleans it, or whoever was in the room, even herself.</p> <p>During an interview on 5/25/21 at 2:28 p.m., CNA 4 indicated that adult briefs were normally stored in the laundry areas in the cabinet. If there were extras, then they were stored under the other cabinet area in the laundry area. Some residents stored their briefs in their rooms, but many times briefs were donated and did not belong to a specific resident. CNA 4 indicated she was unsure of how to know which briefs belong to which resident in the laundry area, as they were not labeled.</p> <p>During an interview on 5/25/21 at 3:45 p.m., the Administrator indicated that he was not aware of a checklist that housekeepers should use for cleaning of rooms or the common areas.</p> <p>The current facility policy, "Housekeeping and Laundry," dated 9/1/16, provided by the Administrator on 5/25/21 at 4:01 p.m., included, but was not limited to, "All surfaces (counters, floors, carpets, etc.) which come into contact with blood or other body fluids must be immediately cleaned and decontaminated using an appropriate germicidal disinfectant..."</p> <p>The facility lacked documentation of a cleaning</p>		<p>current staff on proper sanitation and safety standards regarding storing briefs, cleaning of the laundry rooms and stair wells, and the cleaning schedule.</p> <p>4. The Executive Director is responsible for sustained compliance. The ED or designee will conduct observational audit of community for sanitation and safety standards weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. July 16th, 2021</p>	



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R 0214 Bldg. 00	<p>schedule for the laundry room or the disposition of the packages of briefs.</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on observation, interview and record review, the facility failed to reevaluate residents for 2 of 2 residents who had falls. The service plan had not been revised or new interventions implemented after falls. (Resident 21, Resident 27)</p> <p>Findings include:</p> <p>1. On 5/25/21 at 8:15 a.m., CNA 3 was observed to propel Resident 21 from the dining room to her room in a wheelchair. The resident was transferred from the wheelchair and onto the commode and eventually into bed by CNA 3. The resident's bed was observed to have upper side rails on it and a rollator was observed in the resident's room but was not used for the transfer.</p> <p>The clinical record for Resident 21 was reviewed on 5/24/21 at 2:00 p.m. Diagnoses included, but was not limited to Alzheimer's disease, dementia, and anxiety. The most recent signed service plan, dated 4/13/21, indicated the resident required staff to escort or push the resident in a wheelchair to move about the facility. A service plan, dated 4/29/21 was unsigned by the resident</p>	R 0214	<p>R 214 Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of post survey review on or</p>	07/16/2021

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	<p>or the responsible party.</p> <p>A "Mobility Management Planning Tool," dated 4/12/21, indicated the resident had a change in mobility from a walker to a wheelchair. The tool indicated the following: the resident had fallen in the past 90 days. had exhibited difficulty walking, instability, weakness, difficulty rising from chair or bed, or foot pain, had urinary urgency or urinary incontinence, took a large number of medications that could contribute to falls, and had other risks for falls. The tool indicated the resident had been re-admitted from a rehabilitation facility on 4/21/21 and had increased weakness.</p> <p>A nurse's note, dated 4/30/21 at 3:30 p.m., indicated Resident 21 had been found on the floor sitting beside her bed, sitting on her buttocks with her back against her bed and legs extended out in front of her.</p> <p>A "Short Term Monitor" for fall, dated 4/30/21, d/c (discontinue) date 5/3/21, included, but was not limited to, the following associated interventions:</p> <p>Notify MD, family, ED and Director of Nursing (DON).</p> <p>Follow any instructions given by MD and DON.</p> <p>Take vital signs at time of fall and daily x 72 hours and document in resident service notes.</p> <p>Document vitals on the Medication Administrator Record (MAR).</p> <p>Make sure apartment is well lit and free of clutter.</p> <p>Document any change in condition such a increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable, notify MD, family and DON of any change in</p>		<p>after 7/16/2021.</p> <p>1. Fall interventions were implemented and service plans revised for Resident 21 and Resident 27 by CSM on 5/27/2021.</p> <p>2. By 6/24/2021, Care Services Manager will conduct audit on current residents with reported fall(s) in the last 60 days to ensure fall interventions were implemented and service plans revised accordingly. Corrections will be made as necessary.</p> <p>3. CSM was re-educated on 6/12/21 by RDCS regarding revising and adding new interventions after falls and updating the service plan as necessary.</p> <p>4. The Executive Director is responsible for sustained compliance. The CSM or designee will review residents records who sustained fall(s) to ensure fall interventions implemented and service plans updated accordingly weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p>5. July 16th, 2021</p>	

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	<p>condition.</p> <p>Attach this form to the resident's negotiated service plan and document the fall in writing under the mobility and transfer escort section under "have you, fallen in the last week section with the date."</p> <p>Plan close monitoring of resident during peak fall times.</p> <p>Assess room for throw rugs and return to family if applicable.</p> <p>Request evaluation of medication from physician if applicable.</p> <p>Consider PT/OT consult if needed.</p> <p>Reeducate on the use of using pendant for help if applicable,</p> <p>Have walker available at all time, if applicable.</p> <p>Verify resident has visual and hearing devices in use if applicable.</p> <p>Assess shoes and socks and verify they are appropriate for the resident.</p> <p>File this form under resident service tab in the chart once complete. STM (Short Term Monitoring) were effective for 14 days.</p> <p>The facility lacked documentation of any interventions in place prior to the fall.</p> <p>A "Short Term Monitor" for an unwitnessed fall with no injuries, dated 5/5/21, d/c (discontinue) date 5/8/21, included, but was not limited to, the following associated interventions:</p> <p>Notify MD, family, ED and Director of Nursing (DON).</p> <p>Follow any instructions given by MD and DON.</p> <p>Take vital signs at time of fall and daily x 72 hours. Document in the resident service notes.</p> <p>Document a resident service note at time of fall and for 72 hours after resident fall on progress.</p> <p>Make sure apartment is well lit and free of</p>			

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	<p>clutter-offer blinds open at all times, assess for throw rugs (return to family if applicable.) Document any change in condition such a increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable, notify MD, family and DON of any change in condition. File this form in the Short Term Monitor binder. Plan close monitoring of resident during peak fall times. Request evaluation of medication from physician if applicable. Consider PT/OT consult if needed. Reeducate on the use of using pendant for help if applicable, Have walker available at all time if applicable. Verify resident has visual and hearing devices in use if applicable. Assess shoes and socks and verify they are appropriate for the resident. Offer toileting, chair, or bed needs during frequent checks if applicable.</p> <p>The facility lacked documentation of a fall on 5/5/21 or any interventions in place prior to the fall.</p> <p>A progress note, dated 5/6/21 at 2:10 a.m., indicated "RCP (CNA) found sitting on the floor by bed. When I asked resident what happened she said I slid out of bed. No injuries were noted at this time. Resident was changed and in bed."</p> <p>The clinical record lacked documentation of interventions in place prior to the fall or new interventions after the fall.</p> <p>A progress note, dated 5/7/21 at 2:45 a.m., indicated "Resident pushed pendant. RCP (CNA)</p>			

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	<p>found her on floor beside bed. Resident stated she slid off bed again. Resident has not slept tonight. No apparent injuries. Resident stated no pain at this time..."</p> <p>A progress note, dated 5/7/21 at 5:30 a.m., indicated "Resident pushed pendant and goes to bathroom without assistance. When answered her pendant, resident was already on the toilet, very confused."</p> <p>A progress note, dated 5/7/21 at 10:30 a.m., indicated the resident was c/o right knee pain. The facility received an order for an right knee x-ray.</p> <p>A progress note, dated 5/8/21 at 11:00 p.m., indicated "Resident pressed pendant to alert staff that she had rolled out of bed. Resident landed on her knees. Both knees red with small "carpet burn" areas. Resident denies pain Spoke with CSM (DON) who instructed me (staff member) to have day shift nurse notify family and follow up with hospice... Will continue to monitor."</p> <p>A progress note, dated 5/9/21 at 1:34 p.m., indicated hospice was supposed to be getting rails for the resident's bed.</p> <p>A "Short Term Monitor" for a fall with no injuries, dated 5/8/21, d/c (discontinue) date 5/11/21, included, but was not limited to, the following associated interventions:</p> <p>Notify MD, family, ED and Director of Nursing (DON).</p> <p>Follow any instructions given by MD and DON.</p> <p>Take vital signs at time of fall and daily x 72 hours. Document in the resident service notes.</p> <p>Document a resident service note at time of fall</p>			

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	<p>and for 72 hours after resident fall on progress. Make sure apartment is well lit and free of clutter-offer blinds open at all times, assess for throw rugs (return to family if applicable.) Document any change in condition such a increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable, notify MD, family and DON of any change in condition.</p> <p>File this form in the Short Term Monitor binder. Plan close monitoring of resident during peak fall times.</p> <p>Request evaluation of medication from physician if applicable.</p> <p>Consider PT/OT consult if needed.</p> <p>Reeducate on the use of using pendant for help if applicable,</p> <p>Have walker available at all time if applicable.</p> <p>Verify resident has visual and hearing devices in use if applicable.</p> <p>Assess shoes and socks and verify they are appropriate for the resident.</p> <p>Offer toileting, chair, or bed needs during frequent checks if applicable.</p> <p>A "Critical Events" form, dated 5/8/21, provided by the DON on 5/25/21 at 1:02 p.m., included, but was not limited to, the following:</p> <p>Last assessment date: 4/12/21.</p> <p>Type of Event: Three or more fall in a 30 day period, regardless of injury status.</p> <p>Description: Incident: Unwitnessed for fall noted on 5/6/21 at 2:10 a.m., unwitnessed fall on 5/7/21 at 2:45 a.m., unwitnessed fall on 5/8/21 at 2300 (11:00 p.m.)</p> <p>Injury: No injury noted on each fall.</p> <p>Investigation: 5/6/21: Found on floor beside bed sitting on buttocks. No injuries noted. On 5/7/21 Resident was found on the floor sitting on</p>			

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	<p>her buttocks beside her bed. Resident stated that she slid out of the bed. No injuries noted. On 5/8/21, resident found on the floor at bedside, resident stated she rolled over in the bed and fell out of the bed landing on her knees. Bilateral knees red with small open area on the right knee. Resident stated no pain. Resident had queen bed prior to receiving hospice bed the day of the fall</p> <p>Interventions: Frequent checks</p> <p>5/17/21: Resident remains on frequent checks, no other falls noted. Resident remains on hospice.</p> <p>The clinical record lacked documentation of interventions in place prior to the fall, new interventions put into place after the fall, or documentation of the frequent checks on the resident.</p> <p>A progress note dated 5/17/21 at 7:45 a.m., indicated "RCP (CNA) found resident on floor on right side by bathroom. Resident did not hit head. C/O (Complaining of) knee pain. Called my CSM (DON), advised to call Deaconess hospice nurse. Hospice nurse came and assessed resident. Stated no injuries at this time. Hospice nurse advised to administer liquid Ativan (antiolytic) and morphine (narcotic analgesic). Administered .25 of both medications."</p> <p>A "Short Term Monitor" for a fall with no injuries, dated 5/18/21, d/c (discontinue) date 5/21/21, included, but was not limited to, the following associated interventions:</p> <p>Notify MD, family, ED and Director of Nursing (DON).</p> <p>Follow any instructions given by MD and DON.</p> <p>Take vital signs at time of fall and daily x 72 hours. Document in the resident service notes.</p>			

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	<p>Document a resident service note at time of fall and for 72 hours after resident fall on progress. Make sure apartment is well lit and free of clutter-offer blinds open at all times, assess for throw rugs (return to family if applicable.) Document any change in condition such a increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable, notify MD, family and DON of any change in condition.</p> <p>File this form in the Short Term Monitor binder. Plan close monitoring of resident during peak fall times.</p> <p>Request evaluation of medication from physician if applicable.</p> <p>Consider PT/OT consult if needed.</p> <p>Reeducate on the use of using pendant for help if applicable,</p> <p>Have walker available at all time if applicable.</p> <p>Verify resident has visual and hearing devices in use if applicable.</p> <p>Assess shoes and socks and verify they are appropriate for the resident.</p> <p>Offer toileting, chair, or bed needs during frequent checks if applicable.</p> <p>The clinical record lacked documentation of interventions in place prior to the fall, after the administration of the medications, or new interventions.</p> <p>A nurse's note, dated 5/20/21, no time documented, indicated "Unwitnessed fall this day. Resident reported transferring from bed to wheelchair unassisted. Skin tear left inner elbow. No other apparent injury. AROM observed all extremities. Hospice, CSM (DON), ED (Administrator), and POA (Power of Attorney) notified. STM in place. Resident educated on utilizing pendant for assistance."</p>			



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	<p>The clinical record lacked documentation of a Short Term Monitoring form, interventions in place prior to the fall or new interventions after the fall.</p> <p>On 5/25/21 at 10:15 a.m., the DON indicated the facility lacked documentation of new interventions for the falls the resident had and also indicated the staff's documentation was lacking for the interventions the resident had in use at the time of the falls.</p> <p>2. On 5/24/21 at 11:14 a.m., the clinical record of Resident 27 was reviewed and diagnoses included, but were not limited to: senile dementia without behavioral disturbance, amnesia, anxiety, and hearing loss. A current service plan, dated 4/15/21, indicated Resident 27 used a manual wheelchair for main source of ambulation, had multiple falls due to decline and transfers, and required frequent checks due to a history of falls.</p> <p>Resident 27 was observed lying on the couch in her room with her shoes on and a wheelchair next to the couch on 5/24/21 at 11:30 a.m.</p> <p>On 5/25/21 at 8:00 a.m., the short term monitors and nursing notes were provided by Administrator and reviewed. A short term monitor, dated 1/28/21, indicated that Resident 27 experienced a fall with no injury. The associated interventions included the following: Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager)</p> <p>Follow any instructions given by MD and CSM Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes Document a resident service note at time of fall</p>			

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	<p>and for 72 hours after resident fall on progress Make sure apartment is well lit and free of clutter- offer blinds open at all times, assess for throw rugs (return to family if applicable), and evaluate furniture placement in room, if applicable.</p> <p>Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition.</p> <p>File this form in the short term monitor binder Plan close monitoring of resident during peak fall times</p> <p>Request evaluation of medications from physician if applicable Consider PT/OT consult if needed Reeducate on the use of using pendant for help if applicable</p> <p>Have walker available at all times if applicable Verify resident has visual and hearing devices in use if applicable</p> <p>Assess shoes and socks and verify they are appropriate for the resident Offer toileting, chair, or bed needs during frequent checks if applicable</p> <p>The clinical record lacked nursing documentation for the fall on 1/28/21. At that time, the DON (Director of Nursing) indicated she was not sure of where the nursing note for that fall was but would try to locate it.</p> <p>A nursing note, dated 2/8/21 at 1:30 p.m., stated "...Resident found on floor scooting on buttocks, trying to get out of her apartment. Resident kept yelling for the boys to come out. There are no children in the apartment. Resident has no injuries noted. No c/o [complaints of] pain or discomfort from fall. Resident continues on oral antibiotics for UTI [urinary tract infection]. No</p>			

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	<p>adverse reactions noted. Foley catheter intact and draining. Will continue to monitor. Family aware, MD aware..."</p> <p>A nursing note, dated 2/9/21 at 7:00 p.m., was reviewed and stated "...Resident found on floor on buttocks by RCP [Resident Care Partner]. Reported sliding out of w/c [wheelchair]. Denied pain/discomfort. VS [vital signs] WNL [within normal limits]. AROM [active range of motion] all extremities. Alert and oriented at baseline. Able to bear weight without difficulty. MD, ED, and daughter notified. Facility staff to monitor x 72 hours. Encouraged resident to utilize pendent [portable call light system]. Resident also on ATB [antibiotic] for UTI without adverse reactions noted. T 98.1. Foley cath [urinary catheter] patent and draining dark yellow urine..."</p> <p>An associated short term monitor, dated 2/8/21 and 2/9/21 was reviewed and included the following interventions: Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager) Follow any instructions given by MD and CSM Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes Document a resident service note at time of fall and for 72 hours after resident fall on progress Make sure apartment is well lit and free of clutter- offer blinds open at all times, assess for throw rugs (return to family if applicable), and evaluate furniture placement in room, if applicable. Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition.</p>			

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	<p>File this form in the short term monitor binder Plan close monitoring of resident during peak fall times Request evaluation of medications from physician if applicable Consider PT/OT consult if needed Reeducate on the use of using pendant for help if applicable Have walker available at all times if applicable Verify resident has visual and hearing devices in use if applicable Assess shoes and socks and verify they are appropriate for the resident Offer toileting, chair, or bed needs during frequent checks if applicable</p> <p>A nursing note, dated 2/27/21 at 7:44 a.m., indicated that "...Patient found on floor lying flat on her back in the threshold of her bathroom doorway after RCP responded to her pendent. Patient's head was lying in the bedroom and feet in the bathroom. Light in bathroom observed to be off upon entry to room. Appropriate foot wear was noted. Patient communicates in word salad [confused mixture of random words and phrases] but she was able to portray to this nurse that she was trying to turn her bathroom light on. Patient was assessed for injury. No obvious injuries noted. Patient active ROM to all extremities without complaints of pain on movement. Patient assisted from floor in to w/c with assist of 2 staff. Patient assisted by staff to finish dressing...STM [short term monitor] implemented..."</p> <p>No short term monitor was observed in the clinical record for the date of 2/27/21.</p> <p>A nursing note, dated 3/1/21 at 3:05 p.m., was reviewed and stated that "...Resident found on</p>			

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	<p>floor in front of her bed this shift. Resident was laying on her back with legs extended out in front of her and arms to her side. Assessed resident for injury assisted resident to wheelchair. No injuries noted. MD made aware family aware of fall. Resident stated that the boys made her fall. Was unable to redirect resident that there were not any little boys in her apt [apartment]. ROM within normal range, vitals within normal range. No complaints of pain or discomfort from fall. Will continue to monitor..."</p> <p>A short term monitor, dated 3/1/21, was reviewed and included the following interventions: Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager) Follow any instructions given by MD and CSM Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes Document a resident service note at time of fall and for 72 hours after resident fall on progress Make sure apartment is well lit and free of clutter- offer blinds open at all times, assess for throw rugs (return to family if applicable), and evaluate furniture placement in room, if applicable. Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition. File this form in the short term monitor binder Plan close monitoring of resident during peak fall times Request evaluation of medications from physician if applicable Consider PT/OT consult if needed Reeducate on the use of using pendant for help if</p>			

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	<p>applicable</p> <p>Have walker available at all times if applicable</p> <p>Verify resident has visual and hearing devices in use if applicable</p> <p>Assess shoes and socks and verify they are appropriate for the resident</p> <p>Offer toileting, chair, or bed needs during frequent checks if applicable</p> <p>A nurse's note, dated 3/19/21 at 4:40 p.m., stated "...RCP responded to resident's pendent. Resident noted to be lying on the floor flat on her back with bilateral legs extended. She was near the doorway with w/c noted to be approximately 5-6 feet behind her sitting in the middle of her living room. Resident able to provide AROM to all extremities without complaints or nonverbal symptoms of pain. Unable to explain what happened r/t [related to] word salad speech. No obvious injuries noted. No redness noted to skin..."</p> <p>A short term monitor, dated 3/19/21, was reviewed and included the following interventions: Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager)</p> <p>Follow any instructions given by MD and CSM</p> <p>Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes</p> <p>Document a resident service note at time of fall and for 72 hours after resident fall on progress</p> <p>Make sure apartment is well lit and free of clutter- offer blinds open at all times, assess for throw rugs (return to family if applicable), and evaluate furniture placement in room, if applicable.</p> <p>Document any change in condition such as increased confusion, pain, headache, difficulty</p>			

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	<p>moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition.</p> <p>File this form in the short term monitor binder</p> <p>Plan close monitoring of resident during peak fall times</p> <p>Request evaluation of medications from physician if applicable</p> <p>Consider PT/OT consult if needed</p> <p>Reeducate on the use of using pendant for help if applicable</p> <p>Have walker available at all times if applicable</p> <p>Verify resident has visual and hearing devices in use if applicable</p> <p>Assess shoes and socks and verify they are appropriate for the resident</p> <p>Offer toileting, chair, or bed needs during frequent checks if applicable</p> <p>A nursing note, dated 3/24/21 at 2:30 p.m., indicated "...Activity personnel came and got nurse, stated res. [resident] was sitting on floor in front of couch...no injuries noted..."</p> <p>A short term monitor, dated 3/25/21, indicated the resident experienced a fall with no apparent injury and included the following interventions: Notify MD, Family, ED, and CSM Follow any instructions given by MD and CSM Take vital signs daily x 72 hours and document in resident service notes</p> <p>Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition.</p> <p>File this form under resident service tab in chart once complete. STM [short term monitors] are effective for 14 days</p> <p>Consider PT/OT consult if needed</p>			

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NAME OF PROVIDER OR SUPPLIER  BELL OAKS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630
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	<p>Document detailed resident service note</p> <p>A nurse's note, dated 4/1/21 at 12:30 p.m., indicated that "...This QMA was going down hall, heard res calling for help. I saw her sitting on floor. She stated help me get up and she stated I hit my head so head monitoring sheet started. No injuries noted..."</p> <p>A short term monitor, dated 4/1/21, was reviewed and included the following interventions: Notify MD (Medical Doctor), Family, ED (Executive Director), and CS (Care Services Manager) Follow any instructions given by MD and CSM Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes Make sure apartment is well lit and free of clutter Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition. Attach this form to the resident's negotiated service plan and document the fall in writing under the mobility and transfer escort section under "have you fallen in the last week section with the date" Assess room for throw rugs and return to family if applicable Request evaluation of medications from physician if applicable Consider PT/OT consult if needed Reeducate on the use of using pendant for help if applicable Have walker available at all times if applicable Verify resident has visual and hearing devices in use if applicable</p>			



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	<p>Assess shoes and socks and verify they are appropriate for the resident File this form under resident service tab in chart once complete. STM are effective for 14 days</p> <p>A nursing note, dated 4/2/21 at 3:55 p.m., stated "...Found on floor at 1535 today sitting on her buttocks leaning against her w/c with legs extended out in front of her and arms to her side...no apparent injuries...head injury monitoring conts [continues] WNL from fall 4/1/21..."</p> <p>A short term monitor, dated 4/2/21, included the following interventions: Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager) Follow any instructions given by MD and CSM Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes Document a resident service note at time of fall and for 72 hours after resident fall on progress Make sure apartment is well lit and free of clutter- offer blinds open at all times, assess for throw rugs (return to family if applicable), and evaluate furniture placement in room, if applicable. Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition. File this form in the short term monitor binder Plan close monitoring of resident during peak fall times Request evaluation of medications from physician if applicable Consider PT/OT consult if needed Reeducate on the use of using pendant for help if</p>			

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	<p>applicable</p> <p>Have walker available at all times if applicable</p> <p>Verify resident has visual and hearing devices in use if applicable</p> <p>Assess shoes and socks and verify they are appropriate for the resident</p> <p>Offer toileting, chair, or bed needs during frequent checks if applicable</p> <p>An undated nursing note, timed for 5:00 a.m., stated "...Resident found sitting on the floor by bedside by CNA. Resident was fully dressed and wheelchair was left in resident's bathroom. Resident denies pain or injury. Resident denies hitting head...Short term monitor in place..."</p> <p>A short term monitor, dated 4/25/21, was reviewed and included the following interventions:</p> <p>Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager)</p> <p>Follow any instructions given by MD and CSM</p> <p>Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes</p> <p>Make sure apartment is well lit and free of clutter</p> <p>Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition.</p> <p>Attach this form to the resident's negotiated service plan and document the fall in writing under the mobility and transfer escort section under "have you fallen in the last week section with the date"</p> <p>Plan close monitoring of resident during peak fall times</p> <p>Assess room for throw rugs and return to family</p>			

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	<p>if applicable</p> <p>Request evaluation of medications from physician if applicable</p> <p>Consider PT/OT consult if needed</p> <p>Reeducate on the use of using pendant for help if applicable</p> <p>Have walker available at all times if applicable</p> <p>Verify resident has visual and hearing devices in use if applicable</p> <p>Assess shoes and socks and verify they are appropriate for the resident</p> <p>File this form under resident service tab in the chart once complete. STM are effective for 14 days</p> <p>A nurse's note, dated 5/8/21 and not timed, was reviewed and stated "...Resident found on floor at 0740 this AM. Resident laying on floor in prone [face down] position and wheelchair without brakes on sitting beside her. Resident continues to state that her left hip hurts. No bruising or redness noted on arms or legs, resident would not let this nurse look at her hip. MD made aware and family made aware..."</p> <p>A note, dated 5/8/21 at 10:13 a.m., indicated that the resident was to be sent to the local urgent care center.</p> <p>A nursing note, dated 5/8/21 at 3:00 p.m., indicated that the resident had returned from the local urgent care center after receiving X-rays and CT scans and "...no problems noted..."</p> <p>A short term monitor, dated 5/8/21, was reviewed and included the following interventions: Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager)</p>			

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	<p>Follow any instructions given by MD and CSM</p> <p>Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes.</p> <p>Document vitals on the MAR</p> <p>Make sure apartment is well lit and free of clutter</p> <p>Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition.</p> <p>Attach this form to the resident's negotiated service plan and document the fall in writing under the mobility and transfer escort section under "have you fallen in the last week section with the date"</p> <p>Plan close monitoring of resident during peak fall times</p> <p>Assess room for throw rugs and return to family if applicable</p> <p>Request evaluation of medications from physician if applicable</p> <p>Consider PT/OT consult if needed</p> <p>Reeducate on the use of using pendant for help if applicable</p> <p>Have walker available at all times if applicable</p> <p>Verify resident has visual and hearing devices in use if applicable</p> <p>Assess shoes and socks and verify they are appropriate for the resident</p> <p>File this form under resident service tab in the chart once complete. STM are effective for 14 days</p> <p>A nurse's note, dated 5/9/21 at 4:30 a.m., indicated that a CNA had entered the resident's apartment to perform a routine check and the resident was "...found laying on back at bedside. Wheelchair was in unlocked position next to resident. Resident's pendent to call for assistance</p>			

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	<p>was found in the resident's bathroom. Resident denies hitting head. Resident denies pain at this time...short term monitor in place..."</p> <p>A short term monitor, dated 5/9/21, was reviewed and included the following interventions:            Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager)            Follow any instructions given by MD and CSM            Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes            Document a resident service note at time of fall and for 72 hours after resident fall on progress            Make sure apartment is well lit and free of clutter- offer blinds open at all times, assess for throw rugs (return to family if applicable), and evaluate furniture placement in room, if applicable.            Document any change in condition such as increased confusion, pain, headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition.            File this form in the short term monitor binder            Plan close monitoring of resident during peak fall times            Request evaluation of medications from physician if applicable            Consider PT/OT consult if needed            Reeducate on the use of using pendant for help if applicable            Have walker available at all times if applicable            Verify resident has visual and hearing devices in use if applicable            Assess shoes and socks and verify they are appropriate for the resident            Offer toileting, chair, or bed needs during frequent checks if applicable</p>			

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	<p>A nurse's note, dated 5/10/21 at 4:15 a.m., stated "...Resident found by CNA [CNA name] during routine checks, laying on bathroom floor. Resident was half dressed. Resident denied hitting head. Resident did not have call bell on person. Resident denied knowing how to pull the cord in the bathroom for help. No complaints of pain. Resident has small red area to lower mid back. [name of DON] notified. Short term monitor in place. Will continue to monitor..."</p> <p>A nurse's note, dated 5/10/21 at 4:40 a.m., indicated that the resident was in her wheelchair at the nurse's station. A QMA went to assist another resident and as she returned to the nurse's station she "...witnessed the resident attempt to stand up and fall face first on floor. Resident complained of left hip and lower back pain. Daughter called by this QMA and agreed to send resident to [name of hospital] via ambulance..."</p> <p>A nursing note, dated 5/10/21 at 4:50 a.m., indicated that the resident was transferred to a local hospital via ambulance.</p> <p>A short term monitor, dated 5/10/21, included the following interventions: Notify MD (Medical Doctor), Family, ED (Executive Director), and CSM (Care Services Manager) Follow any instructions given by MD and CSM Take vital signs at time of fall and daily x 72 hours. Document in the Resident Service Notes Make sure apartment is well lit and free of clutter Document any change in condition such as increased confusion, pain,</p>			

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	<p>headache, difficulty moving, lethargy, or vomiting. If applicable notify MD, family, and CSM of any changes in condition. Attach this form to the resident's negotiated service plan and document the fall in writing under the mobility and transfer escort section under "have you fallen in the last week section with the date"Plan close monitoring of resident during peak fall timesAssess room for throw rugs and return to family if applicable Request evaluation of medications from physician if applicableConsider PT/OT consult if neededReeducate on the use of using pendant for help if applicableHave walker available at all times if applicableVerify resident has visual and hearing devices in use if applicableAssess shoes and socks and verify they are appropriate for the residentFile this form under resident service tab in the chart once complete. STM are effective for 14 days A hospital visit report, dated 5/10/21 at 7:52 a.m., indicated that the resident was negative for injury from the fall. A nursing note, dated 5/10/21 at 6:00 p.m., stated that the resident returned from the hospital at 9:30 a.m. with family. A new order for antibiotic was prescribed for an urinary tract infection. The note stated that "...resident will continue on frequent checks d/t [due to] increased risk for falls. VS WNL. Increased confusion noted which is typical for this resident when</p>			

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	<p>UTI is present..." A nurse's note, dated 5/12/21, stated that the resident was "...relocated yesterday from room [room number] to room [room number] and is adjusting well so far. Continues on PO [by mouth] antibiotic for UTI [urinary tract infection] with no adverse reactions noted. Continues on f/u [follow up] fall monitoring, no complaints of pain or discomfort voiced..." The most recent Mobility Management Planning Tool, dated 10/31/20 was reviewed and indicated that Resident 27 exhibits confusion and had fallen in the past 90 days, had poor vision or wears bifocals, trifocals, or varifocals, and exhibited difficulty walking, instability, weakness, difficulty rising from chair or bed, or foot pain. The tool indicated that Resident 27 had urinary urgency or urinary incontinence and took a large number of medications that may contribute to a fall. The tool stated that other risk for falls included recurring UTI's and confusion. The clinical record lacked a more current Mobility Management Planning Tool. During an interview on 5/24/21 at 2:28 p.m., the DON indicated that there were no documented interventions found for Resident 27 for her fall service plans, as they would be found on the back of the service plan. The DON indicated that there were no identified unique interventions put into place after each fall, and only the short term monitoring was</p>			



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	<p>initiated after falls. On 5/25/21 at 7:15 a.m., Resident 27 was observed in the dining room, seated in her wheelchair, awaiting breakfast. Resident 27 was observed on 5/25/21 at 10:05 a.m. in her apartment fully dressed and asleep on the couch with shoes in place on both feet. A pendent was observed around the resident's neck. A wheelchair was observed at the side of the couch. A Critical Events form, dated 5/25/21 was provided by the DON on 5/25/21 at 1:02 p.m., The form indicated that Resident 27 had experienced 3 or more falls in a 30 day period with no injuries noted. The listed intervention included "...Frequent checks. Antibiotic for UTI..." The form stated that "...Resident remains on antibiotics for UTI and frequent checks. Resident family moved resident to lower floor in apartment beside nurse's station..." On 5/25/21 at 2:00 p.m., Resident 27 was observed in her apartment. Resident 27 appeared to be asleep on the couch with shoes on both feet, a pendent around her neck, and a wheelchair parked beside the couch. The current facility policy, "Falls Risk Assessment" dated 9/1/16, provided by the Administrator on 5/25/21 at 4:01 p.m., included, but was not limited to, "Any identified fall risk and appropriate interventions to help decrease the risk for falls and/or decrease the risk for injury related to falls, will be determined, put in</p>			

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R 0246 Bldg. 00	<p>place, and documented on each resident's individual Care Plan by the CSM or designee." 410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on observation, record review, and interview, the facility failed to ensure prn (as needed) medications administered by the QMA (qualified medication aide) were given only upon authorization by a licensed nurse for 1 of 7 residents reviewed. (Resident 21)</p> <p>Findings include:</p> <p>On 5/24/21 at 2:00 p.m., the clinical record for Resident 21 was reviewed. Diagnoses included, but was not limited to, Alzheimer's disease, dementia, and anxiety.</p> <p>Resident 21 had a physician's order for Alprazolam (an antiolytic) 0.5 mg 1 tablet by mouth every 8 twice a day as needed for anxiety and Hydrocodone/APAP (a narcotic analgesic) 5-325 mg 1 tablet by mouth every 8 hours as needed.</p> <p>The Medication Administration Record (MAR), dated 3/1/21 through 3/31/21, indicated Resident</p>	R 0246	<p>R 246 Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible</p>	07/16/2021

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	<p>21 had received Alprazolam 0.5 mg 1 tablet by mouth on from QMA 2 on 3/3/21 at 8:00 p.m., and QMA 1 on 3/6/21 at 9:00 p.m., 3/7/21 at 9:00 p.m., 3/8/21 at 9:00 p.m., and 3/9/21 at 9:00 p.m.</p> <p>The MAR, dated 3/1/21 through 3/31/21, indicated Resident 21 had received Hydrocodone/APAP 5/325 mg 1 tablet by mouth from QMA 2 on 3/3/21 at 9:00 p.m., 3/4/21 at 9:00 p.m., 3/5/21 at 9:00 p.m., and 3/5/21 at 9:00 p.m.</p> <p>The clinical record lacked documentation of an authorization from the nurse prior to the administration of the Alprazolam or Hydrocodone/APAP.</p> <p>On 5/25/21 at 8:45 a.m., the Director of Nursing (DON) indicated the QMA should notify the nurse and the nurse should authorize the medication prior to administering the medications.</p> <p>The current facility policy, "Medication Documentation" dated 9/1/16, provided by the Administrator on 5/25/21 at 4:21 p.m., included, but was not limited to, "A QMA (Qualified Medication Aide) must notify the Care Services Manager [DON] to obtain direction on administering a PRN medication prior to administering the medication."</p>		<p>allegation and request a desk review for paper compliance in lieu of post survey review on or after 7/16/2021.</p> <p>1. Resident 21 suffered no negative effects related to these findings. QMA 2 and QMA 1 were re-educated on obtaining appropriate authorization for each administration of a PRN medication to a resident and documenting in the nursing notes indicating the time and date of the contact by Care Services Manager (CSM) on 6/15/2021.</p> <p>2. On 6/1/2021 Care Services Manager conducted audit on Medication Administration Records of current residents receiving PRN medications in past 60 days to ensure PRN medication was administered by a QMA after receiving appropriate authorization and properly documenting in the residents nurses notes. Results of the audit were reviewed by the Executive Director.</p> <p>3. By 6/24/2021, current QMA's will be re-educated by CSM on receiving appropriate authorization for each administration of a PRN medication and documenting in the nursing notes indicating the time and date of the contact.</p> <p>4. The Executive Director is responsible for sustained compliance. The CSM or designee will audit 5 residents</p>	

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R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment for 2 of 2 kitchen observations. Hair was not covered, hand hygiene was not completed, masks were worn below the staff's nose, opened food was unlabeled and/or undated, and staff was unaware of the type of dishwasher the facility was using (high heat vs. chemical). (Kitchen, Chef 1, CNA 1, CNA 2, Activity Room refrigerator, Activity Room microwave)</p> <p>Findings include:</p> <p>During an observation of the kitchen on 5/24/21 at 8:26 a.m. - 9:15 a.m., the following were</p>	R 0273	<p>records receiving PRN medication to ensure appropriate authorization was obtained and documented in the nurses notes weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. 5.July 16th, 2021</p> <p>R 273 Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the</p>	07/16/2021

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	<p>observed:</p> <ol style="list-style-type: none"> <li>Chef 1 indicated the dishwasher was a "high heat" type but the temperature should only be 120 degrees Fahrenheit (F) for the wash and rinse. Upon running the dishwasher, the temperature indicated the wash temperature to be 120 degrees and the rinse temperature to be 128 degrees F. Chef 1 indicated she would wash the dishes in the 3 compartment sink until someone checked the dishwasher.</li> <li>The free-standing refrigerator had 7 containers of juice and tea with no date or labels on them, an open jar of Gray Poupon mustard with no date, and a plastic baggy with Swiss cheese and bologna in it was undated.</li> <li>CNA 1 was observed to have her hair outside the sides of her hairnet.</li> <li>The kitchen floor had dirt and debris on it.</li> <li>The back of the stove had a blackish-brown substance on it.</li> <li>The walk-in refrigerator had dirt and debris on the floor, a partially uncovered box of donuts, an unlabeled and undated bin with raw chicken pieces, an undated, unlabeled package of ham, an undated container of liquid butter, and an opened undated package of Swiss cheese.</li> <li>There was not a trash can close to the hand washing sink in the kitchen.</li> </ol> <p>During an observation of the kitchen on 5/24/21 at 11:45 a.m. 12:30 p.m., the following was observed:</p>		<p>facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of post survey review on or after 7/16/2021.</p> <p>1. On 5/29/2021, Executive Director discarded identified opened unlabeled and/or undated food. On 6/29/21, Chef's cleaned food preparation and serving areas in order to maintain sanitation and safe food handling standards. On 6/9/21, ED provided re-education to Chef 1, CNA1, and CNA 2 on proper use of hairnets, proper hand hygiene and proper wear of face mask. 6/9/21, ED provided re-education to Chef 1 and LEC on labeling and dating open food and beverage items. 6/9/21, ED provided re-education to Chef 1 on sanitation standards of the Kitchen. 6/9/21, ED provided re-education to LEC on sanitation standards of the Activity Room. On 6/9/21, ED provided re-education to Chef 1 on the type of dishwasher used and how to properly use the test strips.</p> <p>2. Observational audit was conducted on 6/10/2021 by ED of current staff to ensure they are wearing appropriate hair</p>	

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	<p>8. The trash can for the hand washing sink was observed in a corner between the hand washing sink and a table and unable to be reached.</p> <p>9. Chef 1 pulled her mask away from her face and replaced it while cooking the lunch meal with no hand hygiene observed and was observed several times with her mask under her nose.</p> <p>10. CNA 1 was observed to enter the kitchen, don a hairnet, and obtain coffee for the residents. No hand hygiene was observed.</p> <p>11. CNA 1 was observed in the kitchen with hair outside of her hairnet on the sides.</p> <p>12. CNA 2 was observed to enter the kitchen, don a hairnet, and obtain the drink pitchers and milk containers from the free-standing refrigerator, obtain a galvanized container, place ice in the container and exit the kitchen. No hand hygiene was observed.</p> <p>13. CNA 2 was observed with her hair outside of her hairnet in the front and on the sides.</p> <p>14. The plastic bag with the bologna and Swiss cheese had been moved from the free-standing refrigerator to the walk-in refrigerator but remained undated.</p> <p>15. The stove and oven had blackish-brown substances and white substances on them.</p> <p>16. The walls in the kitchen had dirt on them.</p> <p>17. The dishwasher filter had a large amount of debris in it.</p> <p>18. Chef 1 indicated the dishwasher was</p>		<p>coverings while in the kitchen and were re-educated at time of findings as necessary. An audit was conducted on 6/10/2021 by ED of food storage and serving areas to ensure sanitation and safe food handling standards were maintained. Concerns corrected at time of findings as necessary. An audit was conducted on 6/15/2021 by CSM of current staff to ensure they are wearing appropriate PPE including proper mask wear and utilizing proper hand hygiene and were re-educated at time of findings as necessary.</p> <p>3. By 6/3/2021, current Kitchen staff and Nursing staff will be re-educated by Executive Director or Care Services Manager on proper use of hairnets, proper hand hygiene and proper wearing of face masks; labeling and dating of opened food and drink items, and sanitation standards. By 6/3/2021, current Kitchen and Maintenance staff and will be re-educated on the type of dishwasher used and how to properly use the test strips by Executive Director.</p> <p>4. The Executive Director is responsible for sustained compliance. The Dietary Manager or designee will conduct audit of food preparation and serving areas weekly for four weeks, biweekly for four weeks, then monthly for one month to</p>	

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	<p>probably a chemical dishwasher and obtained a strip to obtain the chemical result. Chef 1 indicated the strip was not registering on the strip and really did not know how to do the chemical strip test on the dishwasher.</p> <p>On 5/24/21 at 3:09 p.m., the "Kitchen Appliance Temperature Log," dated April, 2021, indicated the dishwasher was a "High Temp Dishwasher wash temp - range minimum 150 deg (degrees)" and "High Temp Dishwasher rinse temp - range minimum 180 deg." The temperatures were as followed:</p> <p>4/1/21: wash 120 rinse 122 4/2/21: wash 131 rinse 130 4/3/21: wash 120 rinse 122 4/4/21: wash 124 rinse 126 4/5/21: wash 120 rinse 122 4/6/21: wash 120 rinse 122 4/7/21: wash 120 rinse 122 4/8/21: wash 120 rinse 122 4/9/21: wash 122 rinse 124 4/10/21: wash 122 rinse 124 4/11/21: wash 122 rinse 124 4/12/21: wash 120 rinse 122 4/13/21: wash 120 rinse 122 4/14/21: wash 121 rinse 122 4/15/21: wash 122 rinse 121 4/16/21: wash 122 rinse 124 4/17/21: wash 126 rinse 128 4/18/21 wash 120 rinse 120 4/19/21: wash 120 rinse 120 4/20/21: wash 120 rinse 120 4/22/21: wash 121 rinse 121 4/23/21: wash 120 rinse 120 4/24/21: wash 120 rinse 120 4/25/21: wash 120 rinse 120 4/26/21: wash 120 rinse 122 4/27/21: wash 129 rinse 122 4/28/21: wash 120 rinse 120</p>		<p>ensure sanitation and safe food handling standards are maintained. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p>5.July 16th, 2021</p>	

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	<p>4/29/21: wash 120 rinse 120 4/30/21: wash 120 rinse 122 (4/31/21): wash 121 rinse 123</p> <p>On 5/24/21 at 10:15 a.m., the Administrator indicated the dishwasher was checked 2 weeks ago. He indicated he would call the dishwasher service company and have them check the dishwasher again.</p> <p>On 5/24/21 at 1:29 p.m., CNA 1 indicated hand hygiene should be done after serving every 3 residents. Masks should be worn over the nose and mouth and hair should be tucked into the hairnet.</p> <p>On 5/25/21 at 7:45 a.m., Chef 1 was observed serving the breakfast meal. Chef 1 indicated the dishwasher was a chemical dishwasher and the service company checked the dishwasher on 5/24/21. She indicated she was using the test strips incorrectly and has been inserviced on them now. She indicated the facility was making a procedure about how to run the test strips for the dishwasher. The strip test results was between 50-100 ppm this morning. Chef 1 indicated all foods should be labeled and dated when they are opened and expiration date.</p> <p>On 5/25/21 at 9:10 a.m., the Administrator indicated the dishwasher was a chemical dishwasher but he had the service company come out yesterday. The staff member had been trained on the test strip use, the facility would be making a procedure regarding how to test strip the dishwasher, and he had notified the Corporate office to have a new form produced for the chemical dishwasher so it would not indicate the dishwasher was a high heat.</p>			



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	<p>On 5/25/21 at 2:15 p.m., the cleaning schedule for the kitchen was provided by Chef 1. The "Daily Cleaning Schedule and Morning Walk-Thru" form, dated May 9, 2021 - May 23, 2021, indicated the daily cleaning was completed each day except 5/23/21 but none of the weekly or monthly cleaning of the kitchen had been completed. Chef 1 indicated the kitchen needed a thorough cleaning, was supposed to have been deep cleaned several months ago but it had not been, and normally their was only 1 staff member working in the kitchen at a time for the entire day to cover all 3 meals. The kitchen staff did not have time to do the weekly or monthly cleaning.</p> <p>On 5/24/21 from 11:55 a.m. to 12:15 p.m., the following was observed during the lunch meal in the main dining room:</p> <p>19. CNA 1 was observed to pick up a used cup in front of Resident 29, refilled the cup with tea from the pitcher, and replace the cup in front of Resident 29. CNA 1 then picked up a clean cup, obtained ice, a straw, and silverware, then delivered the items to Resident 3. No hand hygiene was performed.</p> <p>20. CNA 1 was observed standing outside of the kitchen entrance, a plate was brought out of the kitchen by CNA 2 and handed to CNA 1. CNA 1 then delivered the plate to Resident 29 and returned to the kitchen door. Another plate was brought out of the kitchen by CNA 2 and handed to CNA 1. CNA 1 then delivered that plate to Resident 15. No hand hygiene was performed. CNA 1 then picked up a cup, filled it with water, obtained silverware, and provided the items to Resident 23. No hand hygiene was performed.</p> <p>21. CNA 1 obtained a cup, filled it with water</p>			

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	<p>and provided the cup to Resident 13. CNA 1 then obtained the coffee pot, refilled Resident 24's cup, returned to the drink station, replaced the coffee pot, obtained two coffee creamers, and delivered them to Resident 24. No hand hygiene was performed.</p> <p>22. CNA 2 brought two plates out of the kitchen and handed one plate to CNA 1. CNA 1 delivered the plate to Resident 23 then obtained silverware for Resident 23. CNA 1 was then observed to stand with her arms crossed outside of the kitchen door. CNA 2 then brought a plate out of the kitchen door and handed it to CNA 1. CNA 1 then delivered the plate to Resident 13. No hand hygiene was performed.</p> <p>23. A plate of food was brought out of the kitchen by CNA 2 and handed to CNA 1. CNA 1 delivered the plate of food to Resident 2. CNA 1 assisted Resident 30 to the table, touching the resident's upper back with her bare hand. CNA 1 obtained a cup and poured a soda, obtained silverware, and delivered the items to Resident 30. No hand hygiene was performed.</p> <p>During an interview on 5/25/21 at 10:55 a.m., CNA 4 indicated that, during meal service, staff should sanitize their hands between every plate and cup delivery and should wash hands after every third plate and cup delivery.</p> <p>On 5/25/21 at 1:20 p.m., the following was observed in the activity room refrigerator:</p> <p>24. A 1.5 quart container of vanilla ice cream was observed to be open and lacked any label or date.</p> <p>25. A gallon of vanilla ice cream was opened and</p>			

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	<p>lacked a label or date.</p> <p>26. A 1.5 quart container of strawberry ice cream was open and lacked a date or label.</p> <p>27. There was dirt and debris located on the inside bottom of the freezer.</p> <p>28. The freezer lacked a thermometer.</p> <p>29. Two thermometers were observed in the lower refrigerator part.</p> <p>30. An open container of cream cheese was observed with no label or open date, and an expiration date of 5/14/21.</p> <p>31. An open container of cream cheese was observed with no label or open date, and an expiration date of 5/19/21.</p> <p>32. Two Sunkist sodas (16.9 oz) were observed open with no label or date.</p> <p>33. A container of Panera Broccoli cheddar soup was observed unopened with an expiration date of 5/3/21.</p> <p>34. An open container of fruit punch was observed open with no label or date.</p> <p>35. An open package of crackers was observed with no date or label.</p> <p>36. An open package of cracker cut cheese was observed with no label or date.</p> <p>On 5/25/21 at 1:23 p.m., the activity room microwave was observed. The inside of the microwave was soiled with dried on food debris.</p>			

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R 0328 Bldg. 00	<p>During an interview on 5/25/21 at 1:25 p.m., the Administrator indicated that he thought that the Activity Director was responsible for maintaining and cleaning the refrigerator and microwave in the activity room.</p> <p>During an interview on 5/25/21 at 1:46 p.m., the Activity Director indicated that she had thought that housekeeping was responsible for cleaning the activity room refrigerator and microwave, but apparently it was her. The Activity Director indicated that the refrigerator and microwave needed to be cleaned and she was now aware. She was not aware of any cleaning schedule for the activity room refrigerator and microwave, but indicated that the employees use the microwave in the activity room, so it was pretty dirty.</p> <p>The current facility policy, "Food Storage Guidelines," undated, provided by the Administrator on 5/25/21 at 4:21 p.m., included, but was not limited to, all food items must be labeled using food storage labels... Prepared food must be stored in an appropriate container with an airtight lid or cellophane, and labeled with the type of food, date and use by date."</p> <p>410 IAC 16.2-5-7.1(c)(1-3) Activities Programs - Noncompliance (c) An activities director shall be designated and must be one (1) of the following: (1) A recreation therapist. (2) An occupational therapist or a certified occupational therapy assistant. (3) An individual who has satisfactorily completed or will complete within one (1) year an activities director course approved by the division.</p>	R 0328	R 328	07/16/2021

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	<p>Based on interview, observation, and interview, the facility failed to provide an activity director who was a recreation therapist, an occupational therapist or certified occupational therapy assistant, or an employee who had completed an activity director course. (Activity Department)</p> <p>Findings include:</p> <p>On 5/24/21 at 9:30 a.m., the Activity Director was observed in the activity room with residents waiting to start an activity.</p> <p>On 5/24/21 at 9:48 a.m., the facility provided the "Residential Care Employee Records" form. The form indicated the Activity Director for the facility was the activity person who had been been in the activity room with residents at 9:30 a.m.</p> <p>The employee record for the Activity Director was reviewed on 5/25/21 at 10:15 a.m. The Activity Director had a hire date of 4/5/10. The employee record lacked documentation of an activity certification, a degree as an occupational therapist, a certified occupational therapy assistant, or a recreation therapist..</p> <p>During an interview with the Administrator on 5/25/21 at 10:37 a.m., he indicated the Corporate Activity Director had been over-seeing the activities at the facility and the person who had been providing the activities was actually the Activity Assistant. The Administrator indicated the Corporate Activity Director had been providing weekly "Zoom" meetings with the Activity Assistant but was unable to provide documentation of the meetings or that the activity calendar had been reviewed by the Corporate Activity Director. The</p>		<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of post survey review on or after 7/16/2021.</p> <p>1.By 7/1/21, Divisional Director of Memory Care and Life Enrichment who holds Recreation Therapist Certification will provide consultation to Life Enrichment Coordinator (LEC) including review of activity calendar.</p> <p>2.An audit was conducted on 6/14/2021 by Executive Director (ED) and Regional Director of Care Services (RDCS) to review any un-met resident activity needs. No un-met needs</p>	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0414 Bldg. 00	<p>Administrator indicated the Corporate Activity Director was "at another facility and did not have Internet access."</p> <p>The facility lacked documentation of a policy for the Activity Director requirements.</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control standards were maintained for 1 of 2 residents observed during personal care. A staff member failed to provide hand hygiene prior to or during care and failed to provide hand hygiene</p>	R 0414	<p>identified.</p> <p>3. On 6/18/2021, RDCS provided re-education to ED and LEC on Activity Director requirements and activity calendar consultation requirement by Divisional Director of Memory Care and Life Enrichment while requirements not met.</p> <p>4. The Executive Director (ED) is responsible for sustained compliance. The ED or designee will audit Divisional Director of Memory Care and Life Enrichment consultation to LEC including review of activity calendar monthly for three months. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p>5. July 16th, 2021</p> <p>R 414 Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed</p>	07/16/2021

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 05/25/2021	
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	<p>for a resident. (Resident 21)</p> <p>Finding includes:</p> <p>On 5/25/21 at 8:15 a.m., CNA 3 was observed to wheel Resident 21 to her room. CNA 3 donned gloves and indicated she needed a gait belt for the resident. CNA 3 looked throughout the resident's bedroom and bathroom but was unable to locate a gait belt.</p> <p>CNA 3 exited the resident's room with her gloves on and returned with the same gloves on and with a gait belt. After applying the gait belt, CNA 3 wheeled the resident into the bathroom and assisted the resident to stand and pivoted her onto the commode.</p> <p>The CNA removed Resident's 21 wet and soiled brief. She assisted the resident to stand and wiped the resident's perineum and rectal area. CNA 3 assisted the resident back onto the commode, obtained a clean brief, removed the resident's slacks, and placed the clean brief and slacks back on. The resident was assisted to stand and pivoted back into the wheelchair. CNA 3 wheeled the resident into her bedroom. CNA 3 assisted the resident to stand and pivot into her bed.</p> <p>After removing the gait belt, CNA 3 lifted the resident's feet onto her bed, removed the resident's shoes, placed a pillow behind the resident's back and between her legs, and covered the resident with a sheet and blanket. CNA 3 elevated the resident's head of the bed, obtained the trash bags from the trash cans, removed and disposed of her gloves, and performed hand hygiene prior to exiting the room. Resident 21 was not offered any hand hygiene after using the commode.</p> <p>On 5/25/21 at 8:39 a.m., CNA 3 indicated hand</p>		<p>as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This provider respectfully requests the 2567 plan of correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of post survey review on or after 7/16/2021.</p> <p>1.Resident 21 suffered no negative effects from these findings. CNA 3 was re-educated on proper hand hygiene, glove use and offering residents hand hygiene after providing care on 6/16/2021 by Care Services Manager.</p> <p>2.An audit was conducted on 6/19/2021 by CSM of staff to ensure appropriate glove use and utilizing proper hand hygiene and were re-educated at time of findings as necessary.</p> <p>3.Current Nursing staff will be re-educated on proper hand hygiene, glove use and offering residents hand hygiene after providing care by Care Services</p>				

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	<p>hygiene should be performed upon entering a resident's room and when exiting the resident's room. Gloves should be changed if they are soiled or if you touch an inanimate object.</p> <p>The current facility policy, "Handwashing," dated 9/1/16, provided by the Administrator on 5/25/21 at 4:01 p.m., included, but was not limited to, handwashing is the single most effective means to prevent the spread of infection. Hands should be washed when soiled and after resident care, providing incontinent care, removing gloves, and after assisting residents with toileting.</p>		<p>Manager by 6/16/2021.</p> <p>4. The Executive Director is responsible for sustained compliance. The CSM or designee will observe 5 employees providing resident care weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure use of gloves, proper hand hygiene and offering hand hygiene to residents after providing care. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p>5. July 16th, 2021</p>				