STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155681	A. BUILDING _____ B. WING _____	C 05/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN WOODS HEALTH CAMPUS	**2911 GREEN VALLEY RD NEW ALBANY, IN 47150**

(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
F 000	INITIAL COMMENTS This visit was for Investigation of Complaints IN00407318 and IN00407504.. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00407318 - Federal/State deficiency related to the allegations is cited at F580. Complaint IN00407504 - No deficiencies related to the allegations are cited. Survey dates: May 11 and 12, 2023 Facility number: 002657 Provider number: 155681 AIM number: 200308930 Census Bed Type: SNF/NF: 38 SNF: 38 Total: 76 Census Payor Type: Medicare: 22 Medicaid: 24 Other: 30 Total: 76 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on May 15, 2023.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify,	F 580		

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

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F 580	Continued From page 1	F 580		

consistent with his or her authority, the resident representative(s) when there is-
(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-
(A) A change in room or roommate assignment as specified in §483.10(e)(6); or
(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

§483.10(g)(15)
Admission to a composite distinct part. A facility that is a composite distinct part (as defined in

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F 580	Continued From page 2 §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified, in a timely manner of a resident's (Resident D) abnormal labs for 1 of 3 residents reviewed for physician notification. Findings include: The record for Resident D was reviewed on 5/11/23 at 4:02 p.m. The diagnoses included, but were not limited to, acute pulmonary edema, chronic obstructive pulmonary disease and atrial fibrillation. The CMP (comprehensive metabolic panel) lab results, obtained on 4/19/23 at 3:45 p.m. and reported to the facility on 4/20/23 at 8:10 a.m., indicated the following results: - BUN (blood urea nitrogen) - 49 (normal range, 6 to 21) - Creatinine - 1.6 (normal range, 0.5 to 0.9) - Sodium - 127 (normal range, 136 to 145) - Chloride - 81 (normal range, 98 to 107) The record lacked documentation of the physician notification until 4/21/23 at 6:08 p.m., per the family request. During an interview on 5/12/23 at 2:24 p.m., LPN (Licensed Practical Nurse) 6 indicated if a	F 580	Past noncompliance: no plan of correction required.	

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F 580	Continued From page 3	F 580		

resident had an elevated BUN of 49, the physician should be notified immediately. Any critical lab or changes in labs should be reported immediately to the physician and family.

On 5/12/23 at 11:30 a.m., the Director of Nursing provided a current copy of the document titled "Notification of Change in Condition dated 5/10/2016. It included, but was not limited to, "Purpose...To ensure appropriate individuals are notified of change in condition. The facility must...consult with the resident's physician...when...A significant change in the resident's physical...condition...reasons to notify the physician immediately...A critical lab value which requires an immediate intervention...Documentation of notification...should be recorded in the resident electronic health record...."

The deficient practice was corrected by 5/3/23, prior to the start of the survey, and was therefore past noncompliance. The facility identified, educated staff, monitored the lab process, and audited the lab results weekly\.

This Federal tag relates to Complaint IN00407318

3.1-5(a)(2)