STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	03/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY DEVELOPMENT CORPORATION OF MISHAWAKA	500 LINCOLNWAY EAST MISHAWAKA, IN 46544

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00403450, IN00404780, IN00404778, and IN00403642. Complaint IN00403450 - State deficiencies related to the allegations are cited at R0045. Complaint IN00404780 - State deficiencies related to the allegations are cited at R0045. Complaint IN00404778 - State deficiencies related to the allegations are cited at R0045. Complaint IN00403642 - No deficiencies related to the allegations are cited. Survey date: March 29, 30 & 31, 2023 Facility number: 012688 Residential Census: 45 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 4/11/2023.	R 0000		
R 0045 Bldg. 00	410 IAC 16.2-5-1.2(r)(6-9) Residents' Rights - Deficiency (6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: (A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility			

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

Hemmington Mwanza | Administrator | 04/23/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo 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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	must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F). (B) Record the reasons in the resident ' s clinical record. (C) Include in the notice the items described in subdivision (9). (7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged. (8) Notice may be made as soon as practicable before transfer or discharge when: (A) the safety of individuals in the facility would be endangered; (B) the health of individuals in the facility would be endangered; (C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge; (D) an immediate transfer or discharge is			

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	required by the resident ' s urgent medical needs; or (E) a resident has not resided in the facility for thirty (30) days. (9) For health facilities, the written notice specified in subdivision (7) must include the following: (A) The reason for transfer or discharge. (B) The effective date of transfer or discharge. (C) The location to which the resident is transferred or discharged. (D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " . (E) The name of the director and the address, telephone number, and hours of operation of the division. (F) A hearing request form prescribed by the department. (G) The name, address, and telephone number of the state and local long term care ombudsman. (H) For health facility residents with			

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	developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission. Based on interview and record review, the facility failed to issue a facility initiated 30 day discharge notice to a resident, when the resident had completed rehabilitation therapy at an outside facility and was denied re-entry to the facility, (Resident B). Findings include: On 3/28/23 at 1:00 P.M., the clinical record for Resident B was reviewed. Resident B was admitted on 10/15/21 with diagnoses that included but were not limited to, chronic obstructive pulmonary disease, bipolar disorder, osteoporosis, and anxiety disorder. Resident B required Oxygen therapy. Resident B's most recent Service Plan, dated 2/24/23, included but was not limited to required assistance with activities of daily living. The resident required incontinence care assistance with changing incontinence pads, hygiene assistance, bathing assistance, assistance with ambulation and assistance with wheelchair use. Resident B required Oxygen therapy. Review of a Notice of Transfer or Discharge dated 2/27/23, indicated the resident was transferred to a local hospital on 2/27/23. Review of the facility's Pre Admission Health Assessment dated 3/22/23, indicated the facility Wellness Director assessed Resident B at the rehabilitation facility and indicated the resident's mode of transportation was via wheelchair. The resident was able to transfer without assistance,	R 0045	Resident B has since returned to the facility and will remain a resident at this time. The ED/DON/Nurse were educated on the regulatory requirement to issue a 30-day notice to discharge/transfer when the facility determines that resident needs cannot be met, or other considerations related to the Discharge/Transfer regulation. A Discharge/Transfer tracker will be maintained and discussed as part of the morning meeting Each discharge transfer will utilize a check list to ensure that each step has be completed The ED/Designee/DON will conduct monthly audits for discharge/transfer that have occurred for the next 6 months until compliance is achieved Results will be sent to the Quality Assurance every month for review and recommendations	04/30/2023

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	required assistance with dressing, grooming, toileting, and bathing. Review of Resident B's clinical record from local rehabilitation facility was provided by the Wellness Director on 3/29/23 at 12:40 P.M. The admission record indicated Resident B was admitted to the rehabilitation facility on 3/09/23 from a local hospital following the 2/27/23 hospital admission. Diagnoses upon the rehabilitation facility admission included but were not limited to chronic obstructive pulmonary disease, acute respiratory failure, bipolar disorder, osteoporosis, and anxiety disorder. On 3/29/23 at 2:00 P.M., the resident's clinical record from the rehabilitation facility was provided by the rehabilitation facility. Review of Physical Therapy documentation indicated Resident B was discharged from physical therapy on 3/23/23 with all goals met and the resident was able to transfer with minimal assistance to and from wheelchair with cues less than 25% of the time, was able to propel independently with wheelchair, able to sustain 30 seconds independently. A Physician's note dated 3/29/23, indicated the physician visited Resident B on 3/23/23 in the therapy department, and the resident had met and exceeded her baseline and met her goals. The physician indicated Resident B was,"... stable...should be discharged to her previous living arrangement." On 3/29/23 at 12:19 P.M., an email was provided by the Wellness Director from the Indiana State Long-Term Care Ombudsman Program, Deputy Director dated 3/21/23 at 4:42 P.M., to the			

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	Administrator, and indicated, "...[Resident B] wants to return to her home [facility]...she should therefore be allowed to return to her home if her health is stable and she meets the level of care for licensed assisted living services..." An email from the Administrator to the Indiana State Long-Term Care Ombudsman Program, Deputy Director, dated 3/23/23 at 10:34 A.M., indicated, "...As a result of the assessment [facility] is not able to meet [Resident B's] needs..." On 3/30/23 at 3:30 P.M., during an interview conducted with the Wellness Director, she indicated she assessed Resident B on 3/22/23 and determined the facility could not meet the resident's needs because the resident required assistance with toileting care. The Wellness Director indicated Resident B was able to transfer independently and was able to feed herself independently. The Wellness Director indicated the facility did not plan to take the resident back, but did not issue a 30 day discharge notice. The Wellness Director indicated a 30 day discharge notice should have been issued since the plan was not to allow the resident back to the facility. On 3/30/23 at 3:30 P.M., during an interview conducted with the Administrator, he indicated the facility did not issue a 30 day discharge notice when the facility determined they would not readmit the resident. A policy, titled "Acceptance, Retention, and Discharge Criteria," dated 7/11/12 and revised on 9/23/2019 was provided by the Wellness Director on 3/29/23 at 11:15 A.M. The policy indicated "...Before an interfacility ...discharge occurs, on a form prescribed by the department, do the			

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	following: Notify the resident of the transfer or discharge and the reason for the move, in writing...A copy of the notice must be placed in the resident's clinical record and transmit a copy to: The resident...The resident's legal representative...the resident's physician...Notice of transfer or discharge must be made 30 days before resident is transferred or discharge..." This Residential tag relates to complaints IN00403450, IN00404780, and IN00404778.			