

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

PRINTED: 05/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155796		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/08/2023	
NAME OF PROVIDER OR SUPPLIER  CEDARS THE				STREET ADDRESS, CITY, STATE, ZIP COD 14409 SUNRISE CT LEO, IN 46765			
(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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00405571, IN00405877, and IN00405891.</p> <p>Complaint IN00405571 - Federal/state deficiencies related to the allegations are cited at F656.</p> <p>Complaint IN00405877 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00405891 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 5 and 8, 2023</p> <p>Facility number: 001215 Provider number: 155796 AIM number: 100450890</p> <p>Census Bed Type: SNF/NF: 32 Total: 32</p> <p>Census Payor Type: Medicare: 1 Medicaid: 22 Other: 9 Total: 32</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 9, 2023</p>			F 0000			
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and</p>						

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

TITLE

(X6) DATE

Jennifer Kruse

DON

05/17/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of</p>						

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	<p>this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, interview and record review, the facility failed to address siderail use in the care plan for 1 of 3 residents reviewed (Resident G).</p> <p>Findings include:</p> <p>On 5/5/23 at 10:35 A.M., Resident G and his POA were interviewed. The resident was observed lying in bed with a quarter siderail on the upper right side of his bed and no side rails on the left side. The POA indicated concern with a CNA (Certified Nurse Aide) who had come into the resident's room, lowered the siderail and walked away. The POA indicated the resident was paralyzed on the left side, was right handed, and used the siderail for safety due to dizziness and sense of falling. Resident G would have tremors of his right hand and become upset if he didn't have the rail up for his security. The POA indicated when the CNA put down the siderail, the resident had tried to grab the overbed table next to the bed with his right hand but the CNA moved the bedside table out of the way. He was unable to hold himself and his sense of security was lessened. The resident then became angry and verbal with the CNA.</p> <p>On 5/5/23 at 12:50 P.M., Resident G's record was reviewed. Diagnoses included history of stroke, expressive language disorder, dementia, anxiety and depressive disorders.</p> <p>Care plans indicated the following:</p>			F 0656	<p>1. All resident care plans will be reviewed by the interdisciplinary team. The team will discuss and collaborate each individual residents special needs and assure that these needs are addressed in their care plan, updating as needed.</p> <p>2 Residents not identified with event ID JJCF11 but have the potential to be affected by said event, will be addressed during the initial audit of all resident's care plans</p> <p>3. A QAPI will be developed to include weekly care plan reviews for 3 residents a week x6 months. The review will be evaluating that all interventions are meeting the residents personalized needs. The goal will be a 95% accuracy for six months. At any time the goal is not met, the rolling calendar of six months will restart.</p> <p>4. The initial audit of all care plans will be completed by Friday, June 2. Weekly audits will begin Friday June 9.</p>		06/02/2023

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	<p>-11/4/22: The resident had an ADL self-performance deficit due to history of stroke. Interventions included: provide assistance from staff as needed for bed mobility and repositioning.</p> <p>-11/4/22: The resident had a communication problem related to history of stroke with aphasia. Interventions were to anticipate and meet his needs and provide a safe environment.</p> <p>The care plans hadn't indicated the resident required use of a quarter siderail to the right side of his bed for his safety and sense of security.</p> <p>On 5/5/23 at 10:50 A.M., CNA 3 was interviewed. During the interview, she indicated Resident G had issues with feeling as if he were falling and required use of the quarter siderail for safety. The resident was paralyzed on the left side and used his right hand to grasp the bedrail on his right side for security. The CNA indicated he would get upset if he couldn't hold the siderail when being turned.</p> <p>On 5/8/23 at 9:42 A.M., the Director of Nursing (DON) was interviewed. She indicated Resident G had issues with his sense of balance and would feel as if he were falling even while lying in bed. He required use of the quarter siderail on his right side for his sense of security and safety. She indicated Resident G's POA had reported the resident had been upset when a CNA had put down his siderail and walked away from the bed. She had viewed the videotape. She indicated use of the quarter siderail should have been on his care plan for facility as well as agency staff to review and ensure the siderail remained up whether providing care or when he was just lying in bed.</p>						

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	<p>A current policy, titled "Care Plans" was provided by the DON on 5/8/23 at 12:00 P.M. which stated: A comprehensive medical case management plan is to be developed...after the intake process and needs assessment have been completed...At a minimum a care plan is to: Identify client's issues, problems or concerns related to medical care, medication adherence and other issues based upon needs assessment...."</p> <p>This Federal tag relates to Complaint IN00405571.</p> <p>3.1-35(a)</p>						