

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

PRINTED: 04/16/2025
FORM APPROVED
OMB NO. 0938-039

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 04/01/2025	
NAME OF PROVIDER OR SUPPLIER AUBURN SENIOR LIVING, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1675 W SEVENTH STREET AUBURN, IN 46706			
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00455914.</p> <p>Complaint IN00455914 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 31 and April 1, 2025</p> <p>Facility number: 014775</p> <p>Residential Census: 79</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed April 2, 2025</p>		R 0000				
R 0356 Bldg. 00	<p>410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance</p> <p>Based on interview and record review the facility failed to ensure emergency files were accurately completed for 5 of 5 residents reviewed. (Resident 10, Resident 20, Resident 30, Resident 50, and Resident 70).</p> <p>Findings include:</p> <p>During an interview ,on 4/1/25 at 9:19 AM, the Director of Nursing (DON) presented a binder indicating it contained current emergency files for all residents residing in the facility.</p> <p>1) Resident 10's record was reviewed on 4/1/25 at 10:15 AM. Diagnoses included adjustment disorder with anxiety, essential hypertension, and</p>		R 0356	<p>Corrective Action for Affected Resident(s):</p> <ul style="list-style-type: none"> Immediate review and correction of the emergency file book for all residents. Staff responsible for completing emergency file book were re-educated on documentation standards and requirements. <p>Systemic Changes:</p> <ul style="list-style-type: none"> The emergency file book was audited and updated to ensure accuracy and completeness. New staff training includes 		05/01/2025	

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

TITLE

(X6) DATE

Grace Faurote

Executive Director

04/14/2025

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

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	<p>depression.</p> <p>A review of the emergency file book did not include an emergency document for Resident 10.</p> <p>2) Resident 20's record was reviewed on 3/31/25 at 1:06 PM. Diagnoses included atherosclerotic disease of native coronary artery without angina pectoris, unspecified atrial flutter, chronic diastolic (congestive) heart failure, and major depression. Resident 10 had allergies to amoxicillin, aspirin, atomoxetine, clindamycin and Augmentin.</p> <p>A review of Resident 20's document in the emergency file binder did not include Resident 20's allergies, a phone number for Resident 20 or his responsible party, a hospital preference, or a copy of his advanced directives.</p> <p>3) Resident 30's record was reviewed on 3/31/25 at 1:33 PM. Diagnoses included type 2 diabetes mellitus without complications, unspecified atrial fibrillation and obstructive reflux uropathy.</p> <p>A review of the emergency file book did not include an emergency document for Resident 30.</p> <p>4) Resident 50's record was reviewed on 3/31/25 at 2:02 PM. Diagnoses included hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, chronic obstructive pulmonary disease, and chronic kidney disease, stage 3. Allergies included cefadroxil, codeine, propoxyphene, Darvon, Keflex, and sulfa antibiotics.</p> <p>A review of Resident 50's document in the emergency file did not include Resident 50's</p>				<p>specific instruction on emergency file requirements.</p> <p>Monitoring and Compliance:</p> <ul style="list-style-type: none"> ·The Administrator or designee will audit the emergency file book weekly for 60 days, then monthly for three months. ·Audit results will be reviewed during QAPI meetings for continuous improvement. 		

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R 0409 Bldg. 00	<p>allergies, hospital preference, or a copy of her advanced directives.</p> <p>5) Resident 70's record was reviewed on 3/31/25 at 2:30 PM. Diagnoses included Alzheimer's disease with early onset, mood disorder due to known physiological condition, chronic kidney disease stage 3.</p> <p>A review of the emergency file book did not include an emergency document for Resident 70.</p> <p>In an interview, on 4/1/25 at 10:23 AM, the DON indicated the print date on the documents in the binder was 3/4/24, so any resident admitted after that date would not have been included in the binder. She indicated the binder should have been kept current. She indicated residents' information should be added to the binder at the time of admission and updated when changes occur. She indicated all emergency files should have current phone numbers for residents and their representatives, allergies, hospital preference and code status information. She indicated all residents in the building should have current emergency information in the binder.</p> <p>A current policy dated 3/1/21 provided by the DON on 4/1/25 at 11:38 AM indicated designated staff should gather resident files and information when an emergency occurs. Resident information should include resident name, gender, any resident conditions or assistance needed, and representative contact information.</p> <p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance</p> <p>Based on interview and record review, the facility</p>			R 0409	Corrective Action for Affected Resident(s):		05/01/2025

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	<p>failed to ensure annual health statements were maintained for 2 of 5 residents reviewed (Resident 20 and Resident 50).</p> <p>Findings include:</p> <p>1) Resident 20's record was reviewed on 3/31/25 at 1:06 PM. Diagnoses included atherosclerotic disease of native coronary artery without angina pectoris, unspecified atrial flutter, chronic diastolic (congestive) heart failure, and major depression.</p> <p>A review of current physician orders did not include a statement indicating Resident 20 was free from communicable disease including tuberculosis in an infectious state.</p> <p>A review of progress notes from 4/1/24 to 4/1/25 did not include a statement from a provider indicating Resident 20 was free from communicable disease including tuberculosis in an infectious state..</p> <p>2) Resident 50's record was reviewed on 3/31/25 at 2:02 PM. Diagnoses included hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, chronic obstructive pulmonary disease, and chronic kidney disease, stage 3.</p> <p>A review of current physician orders did not include a statement indicating Resident 50 was free from communicable disease including tuberculosis in an infectious state.</p> <p>A review of progress notes from 4/1/24 to 4/1/25 did not include a statement from a provider indicating Resident 50 was free from</p>				<p>·Immediate review of all resident files to ensure health statements, including history of infectious diseases and TB screening, are present and complete.</p> <p>·Any missing or incomplete health information was obtained from residents' physicians or appropriate medical providers and updated in the charts.</p> <p>Systemic Changes:</p> <p>·Admissions staff were re-educated on the requirement that all residents must have a complete health statement, including infectious disease history and tuberculosis clearance, prior to admission.</p> <p>·A pre-admission checklist is used to verify completion of all required health documentation before move-in.</p> <p>Monitoring and Compliance:</p> <p>·The Resident Service Director or designee will audit new admissions weekly for 60 days, then monthly for three months to ensure compliance with health statement requirements.</p> <p>·Audit findings will be reviewed during QAPI meetings to monitor ongoing compliance.</p>		

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	<p>communicable disease including tuberculosis in an infectious state.</p> <p>In an interview, on 4/1/25 at 10:13 AM, the Director of Nursing indicated freedom from communicable disease including tuberculosis in an infectious state should be included in the physician orders section of the electronic medical record. She indicated the statement should be included at the time of admission and reviewed monthly.</p> <p>A current policy titled Resident Move-IN Checklist, undated, provided by the DON on 4/1/25 at 10:23 AM indicated documentation of the resident being free of communicable disease including tuberculosis in an infectious state should be included in the medical record.</p>						