

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 03/08/2018
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NAME OF PROVIDER OR SUPPLIER YORK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 725 W 50TH ST MARION, IN 46953
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00255315.</p> <p>Complaint IN00255315 - Substantiated. State Residential Finding related to the allegations is cited at R0185.</p> <p>Survey date: March 8, 2018.</p> <p>Facility number: 004028</p> <p>Residential Census: 37</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on March 3, 2018.</p>	R 0000		
R 0185 Bldg. 00	<p>410 IAC 16.2-5-1.6(i)(1-2)(A)(i-iii)(B-E Physical Plant Standards - Noncompliance</p> <p>(i) The facility shall house residents only in areas approved by the director for housing and given a fire clearance by the state fire marshal. The facility shall:</p> <p>(1) Have a floor at or above grade level. A facility whose plans were approved before the effective date of this rule may use rooms below ground level for resident occupancy if the floors are not more than three (3) feet below ground level.</p> <p>(2) Provide each resident the following items upon request at the time of admission:</p> <p>(A) A bed:</p> <p>(i) of appropriate size and height for the resident;</p> <p>(ii) with a clean and comfortable mattress; and</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 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>(iii) with comfortable bedding appropriate to the temperature of the facility.</p> <p>(B) A bedside cabinet or table with a hard surface and washable top.</p> <p>(C) A cushioned comfortable chair.</p> <p>(D) A bedside lamp.</p> <p>(E) If the resident is bedfast, an adjustable over-the-bed table or other suitable device.</p> <p>(3) Provide cubicle curtains or screens if requested by a resident in a shared room.</p> <p>(4) Provide a method by which each resident may summon a staff person at any time.</p> <p>(5) Equip each resident unit with a door that swings into the room and opens directly into the corridor or common living area.</p> <p>(6) Not house a resident in such a manner as to require passage through the room of another resident. Bedrooms shall not be used as a thoroughfare.</p> <p>(7) Individual closet space. For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, each resident room shall have clothing storage that includes a closet at least two (2) feet wide and two (2) feet deep, equipped with an easily opened door and a closet rod at least eighteen (18) inches long of adjustable height to provide access by residents in wheelchairs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident had an alternative method to call for assistance when the facility call light system was not operational for 1 of 3 residents reviewed for quality of care (Resident C).</p> <p>Findings include:</p> <p>On 3/8/18 at 8:55 a.m., Resident C was observed in the TV lounge. Her hands were visibly contracted</p>	R 0185	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiency was correctly cited, and is also NOT to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the Response and Plan of Correction.</i></p>	03/16/2018

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	<p>(pulled into fists and not able to extend her fingers). The resident indicated she was able to use her necklace, as well as a cord in her room. She had been unable to call for help when her CPAP (breathing) machine had stopped working when the facility call light system was recently down. She had been given a whistle to use if she needed assistance, but had been wearing her CPAP mask at the time. She was unable to remove it herself due to the condition of her hands, making it so she could not use the whistle. Her neighbor had heard her yelling and went to get a staff member to assist her.</p> <p>The record for Resident B was reviewed on 3/8/18 at 10:20 a.m. She had a current physician order for CPAP to be applied at bedtime.</p> <p>Review of an Assessment and Negotiated Service Plan, dated 2/26/18, indicated she was dependent on staff for ADLs and transfers.</p> <p>The resident roster was provided on 3/8/2018 at 8:20 a.m. LPN 5 indicated the resident was cognitively intact.</p> <p>During an interview, on 3/8/18 at 11:40 a.m., QMA 4 indicated when the call light system had stopped working, the facility had issued whistles to all of the residents who were able to use them.</p> <p>During an interview, on 3/8/18 at 11:41 a.m., LPN 5 indicated that during the time the call light system was down, facility rounds were completed for cognitively impaired residents every 15 minutes; all other residents were checked on hourly.</p> <p>During an interview, on 3/8/18 at 1:11 p.m., QMA 4 indicated Resident C would not have been able to call for help if she was in bed with her CPAP mask</p>		<p><i>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.</i></p> <p>R185</p> <ul style="list-style-type: none"> -The community call system has been repaired effective 2/26/2018 at 3:00 PM. Resident B has a call system pendant and is able to use independently. -Current residents have the potential to be effected by this alleged deficient practice. -In the event of future call system failure, residents will be assessed to ensure they have a method by which they may summon a staff person at any time such as a whistle or a call bell near them that they may slap with an open or closed hand. In addition, as was done during this system failure, walking rounds will occur throughout the course of the system interruption every 30 minutes to check for resident assist needs. (See attachment that was supplied to surveyor at the time of survey) -The Executive Director(ED) or designee is responsible for compliance. In the event of call system failure the ED will ensure 	

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>on.</p> <p>Review of an Incident Report, dated 2/23/18, indicated the facility call system had been non-operational from 2/23/18 at 9:30 a.m. through 2/26/18 at 3:00 p.m.</p> <p>No further information was provided prior to exit from the facility.</p> <p>This State Tag relates to Complaint IN00255315.</p>		<p>that the above systems are put into place. The Regional team will be notified and will request verification of such. The ED will ensure that all systems are in place the entire length of the system interruption.</p> <p>-Completion Date-3/16/2018</p>				