| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING 00<br>B. WING | 12/16/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| RESIDENTIAL CARE V, L.L.C. | 7525 ROSEGATE DRIVE<br>INDIANAPOLIS, IN 46237 |

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| R 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00396258.<br><br>Complaint IN00396258 - Substantiated. State deficiencies related to the allegations are cited at R0052.<br><br>Survey dates: December 15 and 16, 2022<br><br>Facility number: 012936<br><br>Residential Census: 69<br><br>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.<br><br>Quality review completed December 22, 2022. | R 0000 | **What corrective action will be accomplished for those residents found to have been affected by the deficient practice:**<br>The resident found to be affected by the deficient practice was unable to return to the community. The MD has been made aware of the situation.<br><br>**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**<br>The Director of Nursing will review the charts of residents who had falls in October, November, and December of 2022 to ensure the physician was notified and neurological assessments initiated (completed if applicable). Physicians will be notified if needed.<br><br>**What measures will be put into place or what systemic changes has the facility will make to ensure that the deficient practice dose not recur:**<br>The Director of Nursing/designee will in-service all licensed nurses on the revised Fall Management Program policy, falls with head | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| AnnJee Kirstein | Executive Director | 01/06/2023 |

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| | | | trauma and the effects of anticoagulant/antiplatelet medications, neurological assessments and documentation, notification of MD, shift to shift report procedure, and ensuring communication to all nursing staff members of falls and interventions. The Director of Nursing/designee will complete a Skills competency on Post Fall Procedure with all licensed nurses. A fall procedure check list has been developed and implemented for the charge nurses. A fall check list has been developed and implemented for the Director of Nursing to ensure the nurse is following fall management procedures. A fall risk/fall prevention will be assessed upon admission, readmission, with change of condition, and semi-annually using a formalized fall risk assessment tool.<br><br>**How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:**<br><br>A QA tool has been developed for resident falls. This tool will be completed by the Director of Nursing or designee weekly x 4 weeks, bi-monthly x4 weeks, then monthly until 2 consecutive months of compliance is maintained. Compliance will be defined at a threshold of 95% or | |

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| | | | greater.<br><br>**By what date the systemic changes will be completed**:<br>January 15, 2023 | |
| R 0052<br><br>Bldg. 00 | 410 IAC 16.2-5-1.2(v)(1-6)<br>Residents' Rights - Offense<br>(v) Residents have the right to be free from:<br>(1) sexual abuse;<br>(2) physical abuse;<br>(3) mental abuse;<br>(4) corporal punishment;<br>(5) neglect; and<br>(6) involuntary seclusion.<br>Based on interview and record review, the facility neglected to complete neurological assessments after an unwitnessed fall for 1 of 3 residents reviewed for falls. (Resident B).<br><br>Finding includes:<br><br>On 12/15/22 at 2:30 p.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, chronic kidney disease stage 3, COPD (chronic obstructive pulmonary disease), acute embolism, hyperlipidemia, polyosteoarthritis, and peripheral vascular disease.<br><br>Resident B's physician orders included, but were not limited to, Eliquis (a blood thinner) 5 mg (milligrams) twice a day.<br><br>A progress note dated, 12/2/22 at 4:45 a.m., resident indicated she was rushing to bathroom and fell, slight bump to back of head, neurological checks within normal limits.<br><br>A progress note dated, 12/2/22 at 9:02 a.m., | R 0052 | **What corrective action will be accomplished for those residents found to have been affected by the deficient practice:**<br>The resident found to be affected by the deficient practice was unable to return to the community. The MD has been made aware of the situation.<br><br>**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**<br>The Director of Nursing will review the charts of residents who had falls in October, November, and December of 2022 to ensure the physician was notified and neurological assessments initiated (completed if applicable). Physicians will be notified if | 01/15/2023 |

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| | indicated upon arrival resident was found lying on her back. Resident breathing but not responding. The resident was sent to the emergency room.<br><br>On 12/15/22 at 2:50 p.m., DHS indicated Resident B had an unwitnessed fall first on 12/2/22.<br><br>On 12/15/22 at 2:50 p.m., the DHS provided the fall management policy, revised on 12/2017, and indicated it was the current policy in use by the facility. The policy indicated if the a resident's fall was not witnessed then the nursing staff would initiate the completion of neurological checks for the duration of 72 hours.<br><br>On 12/16/22 at 10:03 a.m., the DHS provided a copy of Resident B's neurological assessment tool, dated 12/2/22. A review of neurological assessment tool indicated neurological checks every 15 minutes for 1 hour were completed. The 7:00 a.m. and 7:30 a.m., neurological checks were incomplete. The DHS indicated the nurse was late that morning. The neurological checks at 8:30 a.m., indicated the resident was unresponsive.<br><br>This State tag relates to Complaint IN00396258. | | needed.<br><br>**What measures will be put into place or what systemic changes has the facility will make to ensure that the deficient practice dose not recur:**<br>The Director of Nursing/designee will in-service all licensed nurses on the revised Fall Management Program policy, falls with head trauma and the effects of anticoagulant/antiplatelet medications, neurological assessments and documentation, notification of MD, shift to shift report procedure, and ensuring communication to all nursing staff members of falls and interventions. The Director of Nursing/designee will complete a Skills competency on Post Fall Procedure with all licensed nurses. A fall procedure check list has been developed and implemented for the charge nurses. A fall check list has been developed and implemented for the Director of Nursing to ensure the nurse is following fall management procedures. A fall risk/fall prevention will be assessed upon admission, readmission, with change of condition, and semi-annually using a formalized fall risk assessment tool.<br><br>**How the corrective action will be monitored to ensure the deficient practice will not** | |

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| | | | **recur, what quality assurance program will be put into place:**<br><br>A QA tool has been developed for resident falls. This tool will be completed by the Director of Nursing or designee weekly x 4 weeks, bi-monthly x4 weeks, then monthly until 2 consecutive months of compliance is maintained. Compliance will be defined at a threshold of 95% or greater.<br><br>**By what date the systemic changes will be completed**: January 15, 2023 | |