

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

PRINTED: 07/12/2019
FORM APPROVED
OMB NO. 0938-039

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|--|---|---|--|--|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155616 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 06/20/2019 | |
| NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 201 E ELM ST NEW ALBANY, IN 47150 | | | |
| (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 |
| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00297536.</p> <p>This visit resulted in a Partially Extended Survey-Substandard Quality of Care - Immediate Jeopardy.</p> <p>Complaint IN00297536 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689 and F744.</p> <p>Survey dates: June 18, 19, and 20, 2019</p> <p>Facility number: 001145 Provider number: 155616 AIM number: 200120200</p> <p>Census Bed Type: SNF/NF: 86 Residential: 7 Total: 93</p> <p>Census Payor Type: Medicare: 2 Medicaid: 78 Other: 6 Total: 86</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 21, 2019.</p> | | | F 0000 | <p>The statement made on this plan of corrections are not an admission to and do not constitute an agreement with alleged deficiencies. However to remain in compliance with all Federal and State regulations the facility has taken and will take actions set forth in the plan of correction. The plan of correction constitutes the facilities allegation of compliance such that the deficiencies cited have been corrected by the date certain.</p> <p>New Albany Nursing and Rehab respectfully requesting paper compliance.</p> | | |
| F 0689 SS=J Bldg. 00 | <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents.</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>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate supervision was in place when a resident (Resident B) with dementia, who resided on the secured locked unit, followed a vendor out of the unit, down an elevator, past a second nurse's station, and out of the facility through the 400 hall locked exit door for 1 of 3 residents reviewed for accident hazards.</p> <p>This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 6/6/19 at 4:15 p.m. when a cognitively impaired resident followed a vendor out of the secured unit, down an elevator, past a second nurse's station, and out of the facility through the 400 hall locked exit door without staff awareness. The resident ambulated four blocks away from the facility to a high rise apartment building, which was located across the street from the interstate exit ramp. The Health Facility Administrator and Director of Nursing were notified of the Immediate Jeopardy on 6/18/19 at 4:37 p.m.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 6/18/19 at 12:04 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance and depression.</p> <p>The elopement risk assessment, dated 5/28/19,</p> | | | F 0689 | <p>Resident B remains a current resident in this facility. Resident B has been placed on 1:1 supervision. Resident currently has a wander guard in place. Resident is taken on daily walks weather permitting for exercise. All resident that were an elopement risk were reassessed by social services. All elopement books have current pictures of residents and each book is at each nurse's station. Care plans were updated.</p> <p>1. The resident has been placed on 1:1 supervision indefinitely, the door code of the Harbor unit has been changed. Completion date – 06/18/2019. The facility is in the process of expansion of wander guard system to the dementia unit. The new door bell will be installed.</p> <p>1. All residents who are on elopement risk have been assessed and their pictures are current and verified up to date. - Completion date – 06/18/19.</p> <p>1. All elopement assessments and elopement care plans have</p> | | 07/15/2019 |

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| | <p>indicated the resident was cognitively impaired with a diagnosis of dementia; ambulated independently; had a history of elopement while at home or from another facility prior to admission; expressed an immediate desire to go home; had a history of leaving this facility without informing staff; and wandered aimlessly.</p> <p>The plan of care, dated 5/29/19, indicated the resident required placement on the secured unit due to dementia, exit seeking, and pacing.</p> <p>The admission nurse's note, dated 5/28/19 at 3:20 p.m., indicated the resident was fast to go out the door and was continuously exit seeking.</p> <p>The nurse's notes, dated 5/28/19 at 8:00 p.m., 5/29/19 at 11:00 a.m., and 5/29/19 at 8:45 p.m., indicated the resident was exit seeking.</p> <p>The nurse's notes, dated 6/1/19 at 4:00 p.m., 6/2/19 at 3:40 p.m., and 6/4/19 at 4:00 p.m., indicated the resident was pushing on the exit door.</p> <p>The nurse's note, dated 6/6/19 at 4:00 p.m., indicated the resident was exit seeking and walked off the unit.</p> <p>The incident report, dated 6/6/19 at 4:15 p.m., indicated the resident followed a vendor out of the building. Laundry personnel saw the resident and returned her to the facility.</p> <p>During an interview on 6/18/19 at 1:47 p.m., the Director of Nursing indicated the resident followed a vendor out of the dementia (secured) unit doors, down the elevator, past the dining room, past the 400 hall nurse's station, and out the 400 hall locked exit door. Staff did not see the resident exit the facility because they were</p> | | <p>been reviewed Completion date – 06/18/19.</p> <p>1.All staff are in-serviced on elopement procedures and to view the elopement risk binders and to become familiar with all residents. Completion date – 06/06/19</p> <p>1.Quarterly elopement drill will be increased to monthly x 6 months.</p> <p>2.No deliveries in Harbor Unit – all deliveries including Pharmacy must go the receptionist or hall 4 nurse's station. As of 06/18/2019</p> <p>3.Assisted Living residents will also be educated not to let any resident out when they are entering or exiting the building. Completion date – 06/18/19.</p> <p>4.All employees who worked on 06/06/2019 were put on a performance improvement plan for 90 days and we will re-evaluate their performance in every 30 days. If the performance is satisfactory they will continue to work if not then further disciplinary action will be taken.</p> <p>5.Staff education on elopement will be ongoing in our monthly in-service.</p> <p>6.If anyone has exit seeking behavior, we will assess them immediately and if they need wander guard we will put a wander guard, we will call the doctor and follow the orders of doctors. The behavior sheet will be completed</p> | | | | |

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| | <p>engaged in care.</p> <p>During an interview on 6/18/19 at 2:08 p.m., Laundry Staff 2 indicated on 6/6/19 she was in the lobby on the bottom floor of her apartment building when the resident walked up the ramp to the front doors. The resident entered the front doors and Laundry Staff 2 recognized her. She asked the resident to sit down beside her. Laundry Staff 2 told the resident she would walk her back to the facility. From the first encounter with the resident to the time she walked her back to the building, 25 to 30 minutes had passed.</p> <p>During an interview on 6/18/19 at 2:23 p.m., CNA (Certified Nursing Assistant) 3 indicated she had gone out the 400 hall exit door to take a break when Laundry Staff 2 walked up with Resident B. CNA 3 assisted the resident back into the building, notified the Director of Nursing, and then took the resident back upstairs to the dementia unit. Staff on the dementia unit were unaware the resident was gone.</p> <p>On 6/18/19 at 3:10 p.m., the apartment building was observed to be four blocks from the facility and located across the street from the interstate exit ramp. The resident had to cross four cross walks on the way the apartment building that were heavy traffic flow areas.</p> <p>The current policy titled "Elopement Identification, Prevention and Management" dated 1/6/16, included, but was not limited to, "Purpose...It is the policy of this facility to ensure that each resident receives adequate supervision...Elopement occurs when a resident leaves the premises or a safe area without authorization...and/or any necessary supervision to do so. A resident who leaves a safe area may</p> | | | | <p>and it is brought to IDT in morning meeting. The care plan will be updated in the morning meeting and it will be added to the assignment sheet.</p> <p>1.The code of the doors of dementia unit has been changed. The pharmacy delivery drivers educated to leave all medications (of Harbor unit) at Hall 4 nurse's station which is downstairs. The vendors will not be allowed to go to Harbor unit exclude the doctors and physicians assistants which were in-serviced over the phone. Wander guard system has been enlarged to cover the dementia unit. Code to enter the dementia unit has been changed and only employees that work on that unit know the code. Door bell has been placed on outside of door for any one requesting entrance to the dementia unit. No deliveries of any kind will be made to the second floor. All deliveries are left at receptionist desk, 400 hall nurses station, or hall 123 nurses station. Wander guard on resident will be checked every shift and signed on TAR. Daily checks of wander guard system on dementia unit will be checked daily times one month, than weekly continuous. Resident will be audited daily times one month for exit seeking behavior, than 3 times a week for one month, than weekly times 4 months.</p> | | |

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| F 0744 SS=D Bldg. 00 | <p>be at risk of...heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle...."</p> <p>The Immediate Jeopardy that began on 6/6/19 at 4:15 p.m. was removed on 6/20/19 at 12:32 p.m. when the facility completed staff education on elopement procedures, updated elopement risk binders, updated resident assessments for elopement risks and care plans, vendor education on entering/exiting the secured unit, and resident education on entering/exiting the building. The Immediate Jeopardy was removed on 6/20/19, but noncompliance remained at the lower scope and severity of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy because not all staff had been educated on elopement procedures, updated elopement risk binders, updated resident assessments for elopement risks and care plans, vendor education on entering/exiting the secured unit, and resident education on entering/exiting the building.</p> <p>This Federal tag relates to Complaint IN00297536</p> <p>3.1-45(a)(2)</p> <p>483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>Based on interview and record review, the facility failed to ensure an individualized plan of care was in place for a resident (Resident B) with dementia and exit seeking behaviors for 1 of 3 residents reviewed for dementia care.</p> | | | <p>Audits will be in monthly QA till 100 % compliance is obtained. Facility alleges compliance by July 07/15/2019 Please see Exhibit: A</p> | | | |
| | | | F 0744 | <p>Resident B care plan was immediately corrected to reflect exit seeking behavior/elopement risk. An audit of all residents care plans</p> | | 07/15/2019 | |

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| | <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 6/18/19 at 12:04 p.m. Diagnosis included, but were not limited to, dementia with behavioral disturbance.</p> <p>The plan of care indicated the resident required placement on the secured unit due to dementia, pacing, and exit seeking. The interventions were to assess the resident as needed to ensure placement was appropriate and observe for signs/symptoms of depression.</p> <p>The care plan conference note, dated 6/4/19, indicated Resident B resided on the secure unit to ensure safety.</p> <p>The nurse's notes, dated 5/28/19 at 3:20 p.m., 5/28/19 at 8:00 p.m., 5/29/19 at 11:00 a.m., and 5/29/19 at 8:45 p.m., indicated the resident was exit seeking and pacing.</p> <p>The nurse's notes, dated 6/1/19 at 4:00 p.m., 6/2/19 at 3:40 p.m. and 6/4/19 at 4 p.m., indicated the resident was pushing on the exit doors.</p> <p>The social services note, dated 5/29/19, indicated the nursing staff reported the resident was very restless and pacing.</p> <p>The activities admission summary note, dated 6/4/19 at 4:49 p.m., indicated the resident enjoyed walking outdoors and prior to admission to the facility the resident would walk for hours.</p> <p>The dementia plan of care for Resident B lacked documentation of the interventions related to the exit seeking behaviors and pacing.</p> | | | | <p>were completed by MDS and designee to validate all care plans were current and updated. The MDS person was in-serviced on care plan revision and timeliness. Daily morning meetings any new information will be discussed and care plans updated.</p> <p>DON or her designee will audit 5 care plans per week for three months and then 5 care plans a month for three months and then audit care plans as assessments are due.</p> <p>The audits will be reviewed monthly by the QAPI committee. If threshold of 100 % is not achieved an action plan will be developed. Facility alleges compliance by July 07/15/2019</p> <p>Please see Exhibit: B</p> | | |

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| | <p>During an interview on 6/18/19 at 4:47 p.m., the Director of Nursing indicated the interventions related to the exit seeking behaviors and pacing were added after the resident eloped from the facility.</p> <p>This Federal tag relates to Complaint IN00297536</p> <p>3.1-37</p> | | | | | | |