

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

PRINTED: 10/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155352		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/12/2023	
NAME OF PROVIDER OR SUPPLIER ELKHART MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 2600 MOREHOUSE AVE ELKHART, IN 46517			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: September 6, 7, 8, 11 & 12, 2023</p> <p>Facility number: 000243 Provider number: 155352 AIM number: 100289830</p> <p>Census Bed Type: SNF/NF: 46 Total: 46</p> <p>Census Payor Type: Medicare: 0 Medicaid: 40 Other: 6 Total: 46</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 9/19/2023.</p>			F 0000	<p>The facility requests that this plan of correction be considered its credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We respectfully request a desk review for compliance instead of a post visit review on or before October 7th, 2023.</p>		
F 0582 SS=D Bldg. 00	<p>483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may</p>						

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

TITLE

(X6) DATE

Evan Wiedeman

Executive Director

10/07/2023

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 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>be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or</p>						

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	<p>on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>Based on record review and interview, the facility failed to ensure notification of change in Medicare covered services was provided for 1 of 2 residents reviewed for Medicare services. (Resident 99)</p> <p>Finding includes:</p> <p>A record review was completed on 9/7/2023 at 2:55 P.M. Diagnoses included, but not limited to: dementia without behavioral disturbances, type 2 diabetes and hypertension. Resident 99 was readmitted back to the facility on 2/9/2023 and was receiving Medicare Part A Services. Review of the record indicated the resident's last covered Medicare Part A service day was 3/23/2023.</p> <p>During an interview, on 9/7/2023 at 3:02 P.M., the Business Office Manager indicated that a skilled care ABN (Advanced Beneficiary Notice of Non-Coverage) form and a NOMNC (Notice of Medicare Non-Coverage) form were not issued to Resident 99. Resident 99 chose to remain a resident of the facility after 3/23/2023. He was not aware that he was discharged from therapy and both forms should have been provided to the resident.</p> <p>On 9/7/2023 at 3:10 P.M., the Business Office Manager provided NOMNC Instructions and indicated that it was all that they had and what they followed. The form instructions for the NOMNC form indicated a completed copy was to be delivered to the resident and/or their representative two calendar days prior to Medicare covered services ending. He indicated he did not have anything on the ABN.</p>			F 0582	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>All residents that are receiving Medicare part-A services that are discharged from Medicare Part-A services are to receive notification of change in Medicare covered services.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents that are receiving Medicare part-A services have the potential to be affected by the deficient practice. BOM has been educated on ensuring notification of change in Medicare covered services is provided to resident/responsible party. Any resident who have recently planned to be discharged from Medicare Part A was reviewed to ensure the NOMNOC notification was provided.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>When a resident is having a change in Medicare part-A covered</p>		10/07/2023

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	3.1-4(f)(2)		<p>services the Director of Therapy will communicate with the Business office manager and the social services director 7 days prior to ensure notification of change in Medicare part-A services is communicated to resident/responsible party.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed; BOM will complete the Monthly BOM QAPI tool to ensure that all residents/Responsible parties that are discharged from Medicare Part-A services are to receive notification of change in Medicare covered services. QAPI tool will be completed weekly for 4 weeks, and monthly for 6 months If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up. Deficiencies corrected by 10/7/23</p>		
F 0641 SS=A Bldg. 00	<p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. Based on record review, observation, and interview, the facility failed to ensure a MDS</p>	F 0641	What corrective action(s) will be accomplished for those	10/07/2023	

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	<p>(Minimum Data Set) assessment was completed to accurately reflect resident's restraint status for 1 of 1 Residents. (Resident 12).</p> <p>Finding Includes:</p> <p>A clinical record review was completed for Resident 12, on 9/8/2023 at 9:00 A.M. Diagnoses included but were not limited to: vascular dementia, unspecified severity, with other behavioral disturbance, hypertensive heart disease without heart failure, generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus, muscle wasting and atrophy, not elsewhere classified, multiple sites.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 7/5/2023, indicated in Section P (restraint) that the resident had a trunk restraint used less than daily. Section G functional status of the assessment indicated that resident required the following assistance from staff: bed mobility, transfers, and toileting total dependent of two staff, eating and dressing total dependent of one staff.</p> <p>A Physician Order, dated 3/8/2022, indicated Broda chair with foot buddy for proper positioning and body alignment, and Hoyer lift for transfers with two staff members to assist, scoop mattress to define bed boundaries.</p> <p>A Care Plan, dated 6/27/2018 and revised 9/3/2023, indicated Resident requires assistance with ADL's (Activity of Daily Living) including bed mobility, transfers, eating and toileting related to diagnosis of cognitive communication deficit, hypertensive heart disease without heart failure, lack of coordination, muscle weakness, history of</p>				<p>residents found to have been affected by the deficient practice; MDSC immediately modified quarterly MDS assessment for resident #5 to indicate that the resident does not utilize any restraints at any time.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by the deficient practice. MDSC educated on inputting accurate information in the MDS. All resident MDS were reviewed regarding restraint use to ensure accuracy by the DNS/Designee.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; MDSC immediately modified quarterly MDS assessment for resident #5 to indicate that the resident does not utilize any restraints at any time. MDSC educated on inputting accurate information in the MDS. All MDS regarding restraint use will be reviewed by DNS/Designee to ensure accuracy of the MDS.</p> <p>How the corrective action(s)</p>		

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	<p>fracture, history of fall, vascular dementia, muscle wasting and atrophy. Resident has a desire to maintain current functional status. Interventions as follows: broda chair for proper positioning, utilizes foot buddy to wheelchair to increase positioning to maintain proper alignment, hoist lift with 2 assists for all transfers, assist with bed mobility as needed, assist with dressing/grooming/hygiene as needed. Encourage resident to do as much for self as possible.</p> <p>An observation, on 9/7/2023 at 12:30 P.M., Resident 12 was up in Broda chair, offloading boots intact, staff assisting resident with meal, no waist restraint noted.</p> <p>An observation, on 9/7/2023 1:59 P.M., found Resident 12 up in Broda chair in activity room. The television was on, and hymns were playing. Resident 12 in clean clothing, hair combed, off load boots intact. No waist restraint noted.</p> <p>An observation, on 9/8/2023 at 9:30 A.M., of Resident 12's room found no lap buddy noted in the room.</p> <p>An observation on, 9/11/2023 at 10:33 A.M., Resident 12 noted to be up in Broda chair with offloading boots intact, clean clothing on and sitting in activity room with TV on. No waist restraint noted.</p> <p>An interview, on 9/8/2023 at 9:42 A.M., Employee 1 indicated that the facility does not use any restraints for residents and indicated that resident does not have any lap buddy or restrictive device that goes across resident's body.</p> <p>An interview, on 9/8/2023 at 10:00 A.M., the MDS</p>				<p>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed; MDSC/designee will complete the MDS Accuracy QAPI tool weekly for 4 weeks, monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>Deficiencies corrected by 10/7/23</p>		

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F 0679 SS=D Bldg. 00	<p>(Minimum Data Set) nurse indicated that no restraints are used in facility and that the selection indicating the resident required a trunk restraint was marked incorrectly on the Quarterly MDS (Minimum Data Set) assessment dated 7/5/2023.</p> <p>A Policy provided, on 9/11/2023 at 10:20 A.M. by the Administrator, titled "Resident Assessment RAI" with a date of 1/2016 and a revision of 8/2019 and 4/2023. The Policy indicated that " ...It is the policy of American Senior Communities to conduct an initial and periodic assessment for each resident per the Omnibus Budget Reconciliation Act of 1987 (OBRA). The Resident Assessment Instrument (RAI) process is the basis for the accurate assessment of each resident. The MDS (Minimum Data Set) Coordinator, in conjunction with the Interdisciplinary Team will schedule, complete and transmit MDS (Minimum Data Set) assessments as described in the RAI manual, Chapter 2"</p> <p>3.1-31(a)</p> <p>483.24(c)(1) Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. Based on observations, record reviews, and interviews, the facility failed to provide activities</p>			F 0679	What corrective action(s) will be accomplished for those		10/07/2023

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	<p>that support the physical, mental, and psychosocial well-being for 4 of 14 residents reviewed for activities. (Residents 1, 30, 42, and 5)</p> <p>Findings include:</p> <p>1. During an interview, on 9/6/2023 at 10:09 A.M., Resident 1 indicated that she enjoys listening to music and dancing, but doesn't participate in too many activities.</p> <p>A record review was conducted, on 9/7/2023 at 11:04 A.M., Resident 1's diagnoses included, but were not limited to: metabolic encephalopathy and multiple sclerosis.</p> <p>An Annual MDS (Minimum Data Set) assessment, dated 8/16/2023, indicated moderate cognitive impairment. Activity preferences indicated that it was very important to Resident 1 to participate in group activities, go outside for fresh air, attend religious services, and to do her favorite activities such as music.</p> <p>A care plan dated 10/16/2015 and reviewed/revised on 8/10/2023, included but was not limited to: the resident frequently prefers to watch TV in her room, but may enjoy going outside when the weather is nice, and used to enjoy cooking. She may be interested in coming to food related activities or church services. She enjoys music, and likes dogs. She also likes bingo, Parcheesi, trivia, and word searches. The goal was for the resident to participate in activities of interest. Interventions included, but were not limited to: Give verbal reminders to activities of interest. Provide assist to activities as needed.</p> <p>During an observation, on 9/7/2023 at 11:02 A.M., Resident 1 was in the activity room but no activity</p>				<p>residents found to have been affected by the deficient practice; All activity staff have been educated on providing activities that support the physical, mental, and psychosocial well-being of all the residents, giving verbal reminders to residents regarding activities of interest, providing assistance as needed with activities, encouraging engagement/participation with activities, providing supplies for independent activity in room, assisting residents to activities as needed, and following the activity calendar. Activity director to audit activity care plans to ensure activity preferences are met. Residents activity preferences will be reviewed at a minimum of quarterly with care conferences. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents that reside in the facility have the potential to be affected by the deficient practice. All activity staff have been educated on providing activities that support the physical, mental, and psychosocial well-being of all the residents, giving verbal reminders to residents regarding activities of interest, providing assistance as needed with</p>		

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	<p>was going on at the time. At 1:49 P.M., religious music was playing and the resident was actively listening and singing along at times. Staff was not present in the room.</p> <p>On 9/8/2023, at 9:46 A.M., Resident 1 was observed in the activity room for Daily Chronicle. Staff read articles but resident was not encouraged to comment or engage in conversation about the information. At 10:30 A.M., the activity calendar indicated Cooking Club but the activity did not take place.</p> <p>On 9/11/2023, at 10:30 A.M., the activity calendar indicated Cake Creations. Resident 1 was present in the activity room but the activity did not take place.</p> <p>On 9/12/2023, at 9:37 A.M., a staff member was reading the Daily Chronicle, but again, Resident 1 was not encouraged to participate.</p> <p>Documentation of activity participation indicated Resident 1 attended 1 to 2 activities per day that were passive observation of movies, tv, or music.</p> <p>During an interview, on 9/11/2023 at 10:12 A.M., employee 2 indicated attendance at activities was documented in MatrixCare.</p> <p>During an interview, on 9/12/2023 at 9:49 A.M., the Activity Director indicated that she meets with staff about engaging residents in activities. They also have the yearly dementia inservices that include information about activities for such residents. When planned activities don't take place it is due to having to be flexible with this population. She plans on adjusting the schedule but she is also the social worker in the facility and therefore has limited time to lead activities herself.</p>				<p>activities, encouraging engagement/participation with activities, providing supplies for independent activity in room, assisting residents to activities as needed, and following the activity calendar. Activity director to audit activity care plans to ensure activity preferences are met. Residents activity preferences will be reviewed at a minimum of quarterly with care conferences.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; All activity staff have been educated on providing activities that support the physical, mental, and psychosocial well-being of all the residents, giving verbal reminders to residents regarding activities of interest, providing assistance as needed with activities, encouraging engagement/participation with activities, providing supplies for independent activity in room, assisting residents to activities as needed, and following the activity calendar. Activity director to audit activity care plans to ensure activity preferences are met. Non-compliance with education to result in disciplinary action up to and including termination. Residents activity preferences will be reviewed at a minimum of</p>		

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	<p>She currently has 5 assistants and will be hiring a 6th soon.</p> <p>2. During an observation, on 9/6/2023 at 9:44 A.M., Resident 30 was sitting in her room with the tv on but she was not watching it.</p> <p>On 9/7/2023, at 10:58 A.M., the resident was standing in the hallway. Documentation for activities that day indicated she spent 180 minutes watching tv, walking in the hall, interacted with staff, and observed activities.</p> <p>During a continuous observation, on 9/8/2023 from 9:42 A.M. to 10:40 A.M., the resident was in her room and did not attend activities. Staff did not encourage or ask resident if she wanted to go to the activity room. The activity scheduled at 9:45 A.M. was Daily Chronicle. Scheduled at 10:15 A.M. was Morning Coffee, but this activity did not take place.</p> <p>On 9/11/2023 at 9:45 A.M., Resident 30 was wandering in the hall but was not invited or encouraged to attend activity, Daily Chronicle.</p> <p>A record review conducted, on 9/11/2023 at 9:31 A.M., indicated Resident 30's diagnoses included, but were not limited to: Alzheimer's disease with late onset, adjustment disorder with mixed anxiety and depressed mood.</p> <p>A Quarterly MDS assessment, dated 6/23/2023, indicated severe cognitive impairment. Her mood assessment indicated minimal depression. No behavior problems were noted. She required limited assist of 1 staff for bed mobility and transfers. The resident was able to walk in her room and the corridors with supervision. The annual MDS, dated 12/14/2022, indicated that</p>				<p>quarterly with care conferences. ED/designee will ensure activities are provided per resident preferences by reviewing activity calendar/ and during discussion in morning meeting addressing resident activity preferences.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed; Activities director/designee will complete the Social Enrichment Program QAPI tool weekly for 4 weeks, monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>Deficiencies corrected by 10/7/23</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155352		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/12/2023	
NAME OF PROVIDER OR SUPPLIER ELKHART MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 2600 MOREHOUSE AVE ELKHART, IN 46517			
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	<p>being around animals and doing her favorite activities were very important to her, and having books or magazines and listening to music were somewhat important to her.</p> <p>Physician orders included, but were not limited to: on 8/26/2021 encourage resident to activities of choice at 3pm once a day.</p> <p>A care plan problem, dated 3/18/2021 and reviewed/revised 8/10/2023, included, but was not limited to: Resident 30 enjoys the following types of activities: reading, listening to music, being around animals, sometimes interested in the news, being outside when the weather is nice, participating in religious services/practices, crosswords/word searches, being active, and goes for walks in hallway as part of her daily routine. Goal was for Resident 30 to participate in activities weekly. Interventions included, but were not limited to: Give verbal reminders to activities of interest. Resident may participate in therapeutic, structured work activities Provide assist to activities as needed.</p> <p>Provide independent supplies for room as needed.</p> <p>During an interview, on 9/11/2023 at 10:12 A.M., employee 2 indicated attendance at activities was documented in MatrixCare.</p> <p>During an interview, on 9/12/2023 at 9:49 A.M., the Activity Director indicated that she meets with staff to about engaging residents in activities. They also have the yearly dementia inservices that include information about activities for such residents. When planned activities don't take place it is due to having to be flexible with this population. She plans on adjusting the schedule but she is also the social worker in the facility and therefore has limited time to lead activities herself.</p>						

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	<p>She currently has 5 assistants and will be hiring a 6th soon.</p> <p>3. A record review conducted, on 9/8/2023 at 10:11 A.M., indicated Resident 42's diagnoses included, but were not limited to: vascular dementia without behavioral disturbance, unspecified injury of head, and traumatic subdural hematoma.</p> <p>An Admission MDS assessment, dated 6/7/2023, indicated severe cognitive deficit. No mood or behavior issues noted. Activity preferences as relayed by family, indicated Resident 42 considered it very important to listen to music that he likes, be around animals, do things with groups of people, do favorite activities, and go outside to get fresh air. He required extensive assist of 1 staff for bed mobility and transfers. He walked in the corridors and his room with supervision of 1 staff person.</p> <p>A care plan, dated 6/9/2023 and reviewed/revised on 8/29/2023, indicated Resident 42 enjoys the following types of activities: listening to 50's and 60's music, being around animals such as pets, doing things with groups of people, and going outside to get fresh air when the weather is good. The goal was for the resident to participate in activities weekly. Interventions included, but were not limited to: Resident may participate in therapeutic, structured work activities. Provide assist to activities as needed. Give verbal reminders to activities of interest.</p> <p>During an observation, on 9/6/2023 at 10:19 A.M., Resident 42 was sitting in his room staring at the wall.</p> <p>On 9/7/2023 at 2:04 P.M., the resident was</p>						

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	<p>wandering up and down the hall. A music activity was taking place in the activity room but staff did not invite the resident to attend.</p> <p>On 9/8/2023 at 9:46 A.M., Resident 42 was sitting in a chair in the activity room with his eyes closed. Activity staff were reading articles from the Daily Chronicle but did not attempt to engage the resident in the activity.</p> <p>Activity documentation indicated that the resident usually attends movie or music activities, walks in the hall, and interacts with staff. Documentation is noted only once or twice a day and did not vary from passive observation of activities. The record lacked documentation that staff attempted to engage resident or his response to such attempts.</p> <p>During an interview, on 9/11/2023 at 10:12 A.M., Employee 2 indicated attendance at activities was documented in MatrixCare.</p> <p>During an interview, on 9/12/2023 at 9:49 A.M., the Activity Director indicated that she meets with staff to about engaging residents in activities. They also have the yearly dementia inservices that include information about activities for such residents. When planned activities don't take place it is due to having to be flexible with this population. She plans on adjusting the schedule but she is also the social worker in the facility and therefore has limited time to lead activities herself. She currently has 5 assistants and will be hiring a 6th soon.4. A record review was completed for Resident 5 on 9/11/2023 at 9:39 A.M. Diagnoses included but were not limited to: vascular dementia with behavioral disturbances, spastic hemiplegia affecting left non dominant side, hemiplegia and hemiparesis following a</p>						

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	<p>cardiovascular disease affecting left non-dominant side and type 2 diabetes.</p> <p>During an observation, on 9/6/2023 between 9:39 A.M. to 11:00 A.M., Resident 5 was sitting in the activity room in his wheelchair with their eyes closed. A movie was playing on the TV. There was an activity aide present in the room sitting at a table doing a craft placing little sparkle pieces on a picture with a few residents sitting at the table. The activity aide did not engage any assistance from the residents and Resident 5 slept the whole time. No coffee was offered to the resident at 10:15 A.M. per the activity schedule.</p> <p>During an observation on 9/7/2023 at 9:20 A.M. to 10:18 A.M., Resident 5 was sitting in his wheelchair with eyes closed, there was a game show on the TV for the residents to answer questions but the activity aide did not assist to engage the resident involvements. At 9:45 A.M., an Activity Aide entered the room reading from a tablet the Daily Chronicle without resident involvement.</p> <p>During an observation, on 9/11/2023 at 10:06 A.M., the resident 5 was in bed sleeping.</p> <p>During an observation, on 9/11/2023 between 10:00 A.M. and 11:30 A.M., the Activity Aide entered the room at 11:07 A.M. and announced they were going to name that tune, put it up on the TV and left the room. The program played a tune and then the residents were to answer and it went onto the next tune and so on, there were 3 residents sitting in front of the TV with eyes closed, and two other Residents at a table with another Activity Aide reading a magazine to them. No one was present to engage resident involvement. Resident 5 was still in his room in</p>						

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	<p>bed sleeping.</p> <p>During an observation, on 9/11/2023 at 2:10 P.M., resident 5 was in bed sleeping.</p> <p>POC (Point of Care) history report/documentation for activities indicated that the resident was present and participated in activities on 9/11/2023.</p> <p>During an interview, on 9/12/2023 at 10:17 A.M., Activity Aide 2 indicated that the resident was present for both activities on 9/11/2023 in the morning and in the afternoon after lunch and participated. He was at the table with the other activity aide looking at a magazine and that he participated in trivia and watched TV in the A.M. She was unclear what he participated in after lunch prior to his afternoon nap.</p> <p>During an observation, on 9/12/2023 at 10:25 A.M., the activity was Morning Coffee at 10:15 A.M. and no activity aide was present with no coffee being consumed by the residents. The TV was on playing music. The activity room was full of residents. Resident 5 was present sitting in his wheelchair with his head down and eyes closed.</p> <p>An Annual MDS (Minimum Data Set) assessment, dated 4/12/2023, activity preference indicated that group activities, music, going outside for fresh air, religious services and doing his favorite activity is very important to him.</p> <p>A Care Plan, dated 3/17/2016, included but was not limited to: the resident enjoys playing chess, family/pastor visits, coffee and snacking on sweets, country music, trivia and reminiscing about the Marine and circus work.</p> <p>A current policy dated 1/06, provided on</p>						

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	9/12/2023 at 10:04 A.M., by the Executive Director, included, but was not limited to: " ...It is the policy of this facility to provide for an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident in accordance with the comprehensive assessment" 3.1-33(a)						