

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155831	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/01/2023
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NAME OF PROVIDER OR SUPPLIER BRIARCLIFF HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5024 WESTERN AVENUE SOUTH BEND, IN 46619
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00413753 and IN00416078.</p> <p>Complaint IN00413753 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416078 - Federal/State deficiencies related to the allegations are cited at F561.</p> <p>Survey dates: August 31 and September 1, 2023</p> <p>Facility number: 013420 Provider number: 155831 AIM number: 201293620</p> <p>Census Bed Type: SNF/NF: 81 Total: 81</p> <p>Census Payor Type: Medicare: 1 Medicaid: 63 Other: 17 Total: 81</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 9/8/2023.</p>	F 0000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. We kindly request consideration for Paper Compliance.</p>	
F 0561 SS=D Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christopher A Gill	Administrator	09/22/2023

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>specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on record review and interview, the facility failed to facilitate self-determination through resident choice, for 1 of 3 residents reviewed, when the facility allowed a resident to be showered by a person who was not an employee and who was not given permission by the resident or resident's responsible party, to shower the resident. (Resident C)</p> <p>Findings include:</p> <p>On 8/31/23 at 3:10 P.M., Resident C's record was reviewed. The resident was admitted to the facility with diagnoses that included Alzheimer's Dementia, dementia, and debility.</p>	F 0561	<p>F 561 Self-Determination</p> <p>What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p><i>Resident C no longer resides at the facility.</i></p> <p>How other residents having the potential to be affected by the same deficient practice be identified and what corrective</p>	09/29/2023

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	<p>Resident C's most recent comprehensive MDS (Minimum Data Set), was a Quarterly assessment dated 8/21/23, and indicated the resident was severely cognitively impaired, had no speech, was rarely able to make herself understood and rarely understood others. The resident required the extensive assistance of 2 people for transfers, required the assistance of 1 person for personal hygiene, and was dependent on a wheelchair for locomotion. The MDS did not code the resident for bathing and showers, which indicated the resident had not been bathed or showered by the facility in the 7 day look back assessment period.</p> <p>Resident C's Care Plans included: "[Resident C] is dependent on staff for meeting intellectual, physical, and social needs due to cognitive deficit..." Dated 11/21/2019.</p> <p>"[Resident C has and ADL (Activities of Daily Living) self-care performance deficit d/t [due to] cognitive impairment, restricted/impaired mobility, dementia...BATHING/SHOWERING: Showers twice/week [Resident C] requires staff assist..."</p> <p>On 8/31/23 at 11:20 A.M., during an interview with the Administrator, he indicated that Family Member 1 notified him that a distant relative had been coming to the facility and showering Resident C without permission. The Administrator indicated upon his investigation; he learned the person was a distant relative of Resident C's late husband. The Administrator indicated on 8/21/23 the distant relative came to the facility and he spoke with her. He indicated the distant relative reported she came to the facility every couple of weeks to help shower Resident C and to do her hair. The Administrator indicated there was no permission from the POA in the resident's records.</p>		<p>action (s) be taken?</p> <p><i>All residents have the potential to be affected by this alleged deficiency.</i></p> <p><i>IDT has reviewed resident face sheets and chart notes for any special instructions or restrictions on visitors or providers.</i></p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p><i>IDT will review face sheet contacts with residents and their representative at each scheduled care plan meeting to verify any visitation restrictions and if any individuals/outside caregivers are allowed to provide ADL care to the resident. These will be noted on the Face Sheet and internal staff communication as per past and ongoing facility practice.</i></p> <p><i>Director of Nursing/designee has educated nursing staff regarding the consent process for allowing family members and/or other outside caregivers to provide ADL care for a resident. The Aide will confirm with the nurse manager that the guest is allowed to assist with resident's ADL care. The guest will not be allowed to provide such care unless approved by the Power of Attorney/resident.</i></p> <p><i>Angel Care Representatives</i></p>	
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	<p>On 9/01/23 at 10:23 P.M., during an interview with Family Member 1, who was Resident C's POA (Power of Attorney), she indicated she received a call from her sister who had gone to the facility to collect the resident's laundry on 8/20/23 and was informed by RN 2 that another family member came in to shower the resident and also took the resident's laundry to wash. Family Member 1 indicated she questioned her family members, but no one had been in to shower her mother or take the laundry out. Family Member 1 indicated she called the facility and spoke to RN 2 who indicated she did not know who the person was that came to shower Resident C, but that she had been coming to shower the resident for about 4 months.</p> <p>On 9/01/23 at 10:38 A.M., during an interview with the Memory Care Unit Manager, she indicated she received a call on 8/20/23 from Family Member 1, who wanted to know who was coming to the facility to shower her mother. The Memory Care Unit Manager indicated she was not at work, so she called RN 2 who reported an unknown family member had been coming to shower the resident.</p> <p>On 9/01/23 at 11:28 A.M., during an interview with CNA 1, she indicated she had seen a person she thought was a family member come to shower Resident C at least 2 times.</p> <p>On 9/01/23 at 11:45 A.M., during a telephone interview with the distant family member, she indicated Resident C's late husband was her great uncle. The distant family member indicated she had been showering the resident for the past 3 or 4 months just to help out, and indicated she was given permission by someone in Resident C's family, but could not remember who.</p>		<p><i>educated on regularly reviewing with resident and/or their representative any visitation restrictions and/or permissions for individuals/outside caregivers to provide ADL care to the resident. Notes will be documented in the resident record and on their Face Sheet.</i></p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? <i>Unit Nurse Managers/designees will do rounds to ensure that only staff members or non-staff members/visitors with consent from resident and/or their POA/Guardian/Legal Representative, are providing ADL care to the residents. Audits will be completed daily x 4 days a week for four weeks, then 2 days a week for four weeks, then weekly x 4 weeks, then monthly thereafter, encompassing all shifts, including weekends, until compliance is maintained for two consecutive quarters.</i> <i>The Director of Nursing/designee will report on audit results at monthly QAPI meetings, The QAPI committee will identify any trends, patterns or concerns and make recommendations to revise this plan of correction if needed.</i></p>	

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

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OMB NO. 0938-039

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	<p>RN 2 was unavailable for interview.</p> <p>On 9/01/23 at 1:50 P.M., the Director of Nursing provided a current policy titled, "Activities of Daily Living (ADLs), Supporting," dated 3/2018, that indicated, "...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good...grooming and personal and oral hygiene...Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care..."</p> <p>This Federal tag relates to complaint IN00416078.</p> <p>3.1-3(a)(t)</p>		<p>Date of Compliance: September 29, 2023</p>		