

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

PRINTED: 11/29/2023

FORM APPROVED

OMB NO. 0938-039

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 11/06/2023	
NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF NOBLESVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 7235 RIVERWALK WAY N NOBLESVILLE, IN 46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00420022 and IN00420707.</p> <p>Complaint IN00420022 - State deficiencies related to the allegations are cited at R0217.</p> <p>Complaint IN00420707- No deficiencies related to the allegations are cited.</p> <p>Survey date: November 6, 2023</p> <p>Facility number: 004417</p> <p>Residential Census: 88</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed November 13, 2023.</p>			R 0000	<p>The submission of this Plan of Correction does not constitute admission by this provider of any conclusion set forth in the statement of deficiencies or any violation of regulations.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered for desk review in lieu of Post Survey Review.</p>		
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires</p>						

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

TITLE

(X6) DATE

Janice Pegues

Executive Director

11/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 30 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>change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure service plans were signed by the resident or resident representative and failed to ensure service plans were reviewed and updated after falls per facility policy for 4 of 4 resident reviewed for falls. (Residents B, C, D and E).</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 11/6/23 at 11:13 a.m. Diagnosis included hypertension and osteoporosis.</p> <p>A current service plan, dated 6/26/23, indicated the resident was a low fall risk and was independent with transfers. The service plan lacked a resident or resident representative signature.</p> <p>A resident care note, dated 4/19/23, indicated the resident experienced a fall.</p> <p>2. Resident C's clinical record was reviewed on 11/6/23 at 12:03 p.m. Diagnosis included hypertension, atrial fibrillation, and diabetes</p>			R 0217	<p>R0217</p> <p>1. The Service Plan and Fall prevention plans will be reviewed and updated, dating back for five (5) months to ensure accuracy, updating the plans to accommodate resident safety. The Service Plans will be reviewed with residents and/or family designees and signatures will be updated to the plans.</p> <p>2. The fall interventions and Service Plans for residents will be reviewed and updated at the weekly IDT meeting with therapy services (Interdisciplinary Team Meeting). The 72-hour follow up will also be reviewed at the IDT meeting. The resident and/or family designee will be informed/updated during the review of the fall interventions and Service Plans and signatures will be</p>		12/31/2023

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	<p>mellitus type 2.</p> <p>A current service plan, dated 1/13/23, indicated the resident required stand by supervision for transfers. The service plan lacked a resident or resident representative signature.</p> <p>Review of a "72-hour follow-up charting", dated 4/4/23, indicated the resident experienced a fall.</p> <p>A resident care note, dated 4/9/23, indicated the resident required extensive assistance from three people for transfers.</p> <p>Review of a "72-hour follow-up charting", dated 6/20/23, indicated the resident experienced a fall attempting to transfer.</p> <p>A resident care note and "72-hour follow-up charting", dated 7/24/23, indicated the resident experienced a fall and required emergency services to assist with getting off the floor.</p> <p>Review of a "72-hour follow-up charting", dated 9/14/23, indicated the resident experienced a fall.</p> <p>Review of a "72-hour follow-up charting", dated 9/22/23, indicated the resident experienced a fall attempting to transfer.</p> <p>3. Resident D's clinical record was reviewed on 11/6/23 at 11:55 a.m. Diagnosis included hypertension and diabetes mellitus type 2.</p> <p>A current service plan, dated 5/30/23, indicated the resident needed ambulation assistance, required staff monitoring for falls, and needed physical assistance for transfers. The service plan lacked a resident or resident representative signature.</p>				<p>acquired at this time.</p> <p>3. The Director of Resident Care (DRC) will be responsible for working with the nursing team to upload/retain the fall interventions and Service Plans into the charting/document tracking system for each specified resident. The DRC will be responsible for in-servicing the nursing team members regarding the Fall Management and Investigation Policy.</p> <p>4. Twenty-four hour reports will be reviewed daily to ensure that residents will falls are listed to be reviewed at the weekly IDT meeting.</p> <p>5. 12/31/23</p>		

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	<p>Review of a "72 hour follow-up charting", dated 4/25/23, indicated the resident experienced a fall.</p> <p>A resident care note, dated 7/29/23, indicated the resident was found on the floor by staff after having lost their balance.</p> <p>Review of a "72-hour follow-up charting", dated 9/13/23, indicated the resident experienced a fall when they attempted to pick up something from the floor.</p> <p>A resident care note, dated 11/4/23, indicated the resident was found lying on their back on the floor with a walker on top of them.</p> <p>4. Resident E's clinical record was reviewed on 11/6/23 at 11:42 a.m. Diagnosis included hypertension and benign prostatic hyperplasia.</p> <p>A current service plan, dated 4/5/23, indicated the resident needed assistance with ambulation, required staff monitoring for falls and was independent with transfers. The service plan lacked a resident or resident representative signature.</p> <p>A fall risk evaluation, dated 7/2/23, indicated the resident had experienced a fall, which was their seventh, and was assessed as a high fall risk.</p> <p>Review of a "72 hour charting", dated 10/26/23, indicated the resident had a purple bruise to the left side of the forehead and left shoulder pain.</p> <p>A resident care note, dated 10/26/23, indicated an X-ray was ordered related to left shoulder pain.</p> <p>A resident care note, dated 10/27/23, indicated an</p>						

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	<p>acute left proximal humeral shaft and neck fracture.</p> <p>During an interview with Resident E's family, on 11/6/23 at 10:42 a.m., they indicated the resident did not know how their injury occurred. The resident had dementia and might not remember how the fall occurred. The facility told them they were concerned about the resident's increased need for assistance.</p> <p>During an interview, on 11/6/23 at 4:15 p.m., the Director of Resident Services indicated the current service plans were not signed, were not in the appropriate charts, and she had located them in her office. She had only been in this position for a month and was still learning the responsibilities.</p> <p>Review of a current, revised policy, dated 5/11/18, titled " Fall Management and Investigation", provided by the Administrator on 11/6/23 at 1:28 p.m., indicated the following:"... B. Service Plan/Interventions and Evaluations. 1. A service plan regarding Falls is developed with 8 hours of move-in, and updated with level of Care ("LOC") and significant change in status, post-Fall, or otherwise if required by state law or regulation, addressing potential risk factors and suggested interventions...."</p> <p>This citation relates to Complaint IN00420022.</p>						