

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

PRINTED: 04/11/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2024	
NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF NOBLESVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 7235 RIVERWALK WAY N NOBLESVILLE, IN 46062			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00428364 and IN00423883.</p> <p>Complaint IN00428364 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423883 - State deficiencies related to the allegations are cited at R0117 and R0240.</p> <p>Survey dates: February 20 and 22, 2024</p> <p>Facility number: 004417</p> <p>Residential Census: 90</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed February 28, 2024.</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 0117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on</p>						

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

TITLE

(X6) DATE

Janice A. Pegues

Executive Director

03/11/2024

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 disclosable 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>site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure staffing levels in numbers sufficient to meet the needs of residents for 4 of 4 residents reviewed for ADL care. (Residents B, C, F, and E)</p> <p>Findings include:</p> <p>Review of the facility's desired staffing pattern, provided by the DON on 2/20/24 at 1:55 p.m., indicated the following was the ideal staffing pattern to meet the needs of the current facility population:</p> <p>Days (6:00 a.m. to 2:00 p.m.) - four CNAs (direct care staff) Evenings (2:00 p.m. to 10:00 p.m.) - four CNAs Nights (10:00 p.m. to 6:00 a.m.) - two CNAs</p> <p>Review of staffing schedules for February 11 to February 20, 202 (a ten day period) indicated the ideal staffing pattern was not obtained during the following days and shifts:</p> <p>On Saturday, 2/17/24, day shift - three CNAs assigned; evening shift- 1.5 CNAs assigned. On Sunday, 2/28/24, day shift- two CNAs assigned; evening shift- 1.5 CNAs assigned. On Tuesday, 2/20/2, day shift- three CNAs assigned.</p>			R 0117	<p>1. The nursing staffing scheduled will be reviewed and updated for (30) thirty days to ensure that sufficient staffing is scheduled routinely. The nursing schedule will be updated as necessary to reflect staffing level changes to ensure staffing accuracy, sufficient to meet the needs of the residents care levels.</p> <p>2. The nursing staffing schedule will be reviewed and updated daily and as changes occur to ensure that the staffing levels are sufficient to meet the needs of the residents care levels.</p> <p>3. The Director of Resident Care (DRC) and/or designee, in the absence of the DRC, will be responsible for overseeing and monitoring the nursing department schedule, ensuring that the staffing levels are sufficient to meet the care needs of the residents. The DRC and/or designee will ensure that staffing changes are documented in the scheduling system to reflect</p>		04/22/2024

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	<p>Confidential interviews were conducted during the survey.</p> <p>Staff interviews indicated the following concerns regarding the ability to complete resident showers:</p> <p>a. The suggested staffing was two direct care staff per unit. It required two staff to get all ADL care needs met. When there was only one staff member assigned to a unit, showers were not always completed. Staff tried to move the shower to the next day, but it didn't always work because there were already showers assigned to that day. When there was only one staff on duty, showers were often not done. Shifts frequently had only one direct care staff per unit.</p> <p>b. During waking hours, two staff were always needed on the dementia unit. All residents needed help with all ADLs such as toileting and showers. When there was only one staff on duty, showers did not always get done. In the morning, the nurse was handling medications on multiple units. Activity staff did not come in until after breakfast time. Morning showers were just not possible on these days. If one person went into the shower, no employee would be available to monitor and assist all the other residents who required over site do to dementia. One direct care staff per unit happened an average of two times a week.</p> <p>c. One direct care staff member, could not meet all the ADL requirements of the residents who resided on the dementia unit. When one direct care staff was assigned, showers were often not done. Although many nurses were helpful, they were going from one unit to the next and were</p>				<p>accuracy, scheduling staffing replacements as necessary due to staff call off/absences.</p> <p>4. Nursing department schedules will be reviewed daily to ensure that sufficient scheduling is in place to meet the care needs of the community residents.</p>		

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	<p>often not available. One direct care staff member happened frequently.</p> <p>d. It required two direct care staff to be assigned to each unit to ensure all showers were completed. When only one staff was assigned to a unit, showers were not always done. Staff tried to move them to the next day, but it wasn't always possible.</p> <p>e. It was not always possible to meet all the ADL needs if only one direct care staff was assigned to a unit. On the dementia care unit, it was almost impossible to meet all the ADL needs for the residents. Showers were often missed when only one direct care staff was assigned to the dementia unit. Staff prioritized toileting because it was the resident's number one need. One direct care staff member per unit often happened two times a week.</p> <p>A current CNA assignment sheet, provided by the DON on 2/22/24 at 11:08 a.m., indicated the following information about the residents on the dementia unit:</p> <p>On 2/19/24, there were 15 residents on the dementia unit, with one of the residents at the hospital.</p> <p>Eleven of the 15 residents required assistance from staff to toilet every two hours.</p> <p>Twelve of the 15 residents required assistance for all ADLs.</p> <p>One of the 15 residents required toileting assistance every hour.</p> <p>One of the 15 residents required two people to assist with ADLs.</p>						

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	<p>Two of the 15 residents needed assistance from staff when walking.</p> <p>Three of the 15 residents required a wheelchair with staff assistance for purposeful mobility.</p> <p>Review of the CNA assignment sheet information for the Assisted Living Unit indicated 34 of 75 residents required assistance with showering.</p> <p>During an interview on 2/22/24 at 2:40 p.m., the DON indicated the ideal staffing for waking hours was two direct care staff per unit. Sometimes the facility was unable to provide two direct care staff per unit per shift due to call offs and staffing difficulties. The schedules reviewed may not accurately reflect the coverage obtained. He did not always document the corrections. He was relatively new to the facility. The Dementia Unit Director and himself did review the ADL flow records, but had not yet developed a system to address identified concerns, educate staff about identified concerns, and/or develop a plan to prevent recurrence.</p> <p>1. Resident B's closed clinical record was reviewed on 2/20/24 at 11:39 a.m. Discharge diagnoses included dementia, depression, and chronic pain. The resident had resided on the secured dementia unit. Resident B was discharged 2/17/24, with an anticipated return to the facility.</p> <p>The resident had a most current, 12/10/23, service plan need which indicated the resident needed bathing assistance. Approaches to this problem included " I am dependent on staff for my entire bathing activity."</p>						

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	<p>Review of the resident's ADL flow sheets indicated, in January 2024, the resident received one shower for the month and eight partial baths. In February 2024, through 2/14/24, the resident had received one shower and four partial baths in the 14 day period.</p> <p>2. Resident C's closed clinical record was reviewed on 2/20/24 at 11:58 a.m. Discharge diagnoses included dementia and hypertension. The resident had resided on the secured dementia unit. The resident was discharged from the facility on 2/15/24, with an anticipated return to the facility.</p> <p>The resident had a most current 12/13/23 service plan need which indicated the resident required assistance with bathing. Approaches to this problem included , "I need physical assist with bathing but I can participate in part of the bathing activity."</p> <p>Review of the resident's ADL flow sheets indicated in January 2024, the resident received 13 stand-by assistance showers. In February 2024, the resident had not bathed or showered.</p> <p>3. Resident F's clinical record was reviewed on 2/20/24 at 2:46 p.m. Current diagnoses included dementia and depression. The resident had resided on the secured dementia unit.</p> <p>The resident had a most current, 12/14/23, service plan need which indicated needing assistance for bathing. Approaches to this problem included, "I am dependent on staff for my entire bathing activity."</p> <p>Review of the resident's ADL flow sheets indicated in January 2024, the resident received</p>						

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	<p>four showers and seven partial baths for the month. In February 2024, through 2/20/24, the resident received two showers and four partial baths.</p> <p>4. Resident E's clinical record was reviewed on 2/20/24 at 2:35 p.m. Current diagnoses included dementia and hypertension. The resident had resided on the secured dementia unit.</p> <p>The resident had a most current 12/17/23 service plan need which indicated the resident needed assistance with bathing. Approaches to this problem included, "I need physical assist with bathing but I can participate in part of the bathing activity."</p> <p>Review of the resident's ADL flow sheets indicated in January 2024, the resident had received seven partial baths and no full baths or showers. In February 2024, through 2/21/24) the resident received three partial baths and no full baths or showers.</p> <p>A current, 5/12/23, facility policy titled, "Resident Service Plan", which was provided by the DON on 2/22/24 at 3:03 p.m., indicated the following: "...This policy provides guidelines on documenting, via individualized service plans, the services required and provided to individual residents...</p> <p>F. The continent of service plans includes the following:</p> <ol style="list-style-type: none">1. Areas if resident needs/concerns (ADLs...2. What services shall be provided and by whom.3. When/how often the service shall be provided...." <p>This finding relates to complaint IN00423883.</p>						

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R 0240 Bldg. 00	<p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on interview and record review, the facility failed to ensure residents received needed shower assistance for 4 of 4 residents reviewed for "Activities of Daily Living" (ADL) assistance (Residents B, C, E and F).</p> <p>Findings include:</p> <p>1. Resident B's closed clinical record was reviewed on 2/20/24 at 11:39 a.m. Discharge diagnoses included dementia, depression, and chronic pain. The resident had resided on the secured dementia unit. Resident B was discharged 2/17/24, with an anticipated return to the facility.</p> <p>The resident had a most current, 12/10/23, service plan need which indicated the resident needed bathing assistance. Approaches to this problem included " I am dependent on staff for my entire bathing activity."</p> <p>Review of the resident's ADL flow sheets indicated, in January 2024, the resident received one shower for the month and eight partial baths. In February 2024, through 2/14/24, the resident had received one shower and four partial baths in the 14 day period.</p> <p>2. Resident C's closed clinical record was reviewed on 2/20/24 at 11:58 a.m. Discharge diagnoses included dementia and hypertension. The resident had resided on the secured dementia unit. The resident was discharged from the facility on 2/15/24, with an anticipated return to</p>			R 0240	<p>1. Resident Activities of Daily Living (ADL)/showers will be monitored daily for (30) thirty days to ensure that sufficient staffing is scheduled routinely to allow for adequate resident ADL's/showers. The nursing schedule will be updated as necessary to reflect staffing level changes to ensure staffing accuracy, sufficient to provide resident ADL's/showers.</p> <p>2. The nursing staffing schedule will be reviewed and updated daily and as changes occur to ensure that the staffing levels are sufficient to provide resident ADL's/showers. Resident ADL's/showers will be monitored for completion.</p> <p>3. The Director of Resident Care (DRC) and/or designee, in the absence of the DRC, will be responsible for overseeing and monitoring the nursing department schedule, ensuring that the staffing levels are sufficient to meet the ADL/shower care needs of the residents. The DRC and/or designee will ensure that staffing changes are documented in the scheduling system to reflect accuracy, scheduling staffing replacements as necessary due to</p>		04/22/2024

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	<p>the facility.</p> <p>The resident had a most current 12/13/23 service plan need which indicated the resident required assistance with bathing. Approaches to this problem included , "I need physical assist with bathing but I can participate in part of the bathing activity."</p> <p>Review of the resident's ADL flow sheets indicated in January 2024, the resident received 13 stand-by assistance showers. In February 2024, the resident had not bathed or showered.</p> <p>3. Resident F's clinical record was reviewed on 2/20/24 at 2:46 p.m. Current diagnoses included dementia and depression. The resident had resided on the secured dementia unit.</p> <p>The resident had a most current, 12/14/23, service plan need which indicated needing assistance for bathing. Approaches to this problem included, "I am dependent on staff for my entire bathing activity."</p> <p>Review of the resident's ADL flow sheets indicated in January 2024, the resident received four showers and seven partial baths for the month. In February 2024, through 2/20/24, the resident received two showers and four partial baths.</p> <p>4. Resident E's clinical record was reviewed on 2/20/24 at 2:35 p.m. Current diagnoses included dementia and hypertension. The resident had resided on the secured dementia unit. T</p> <p>The resident had a most current 12/17/23 service plan need which indicated the resident needed assistance with bathing. Approaches to this</p>				<p>staff call off/absences, to ensure that the nursing department is able to meet the resident ADL/shower needs.</p> <p>4. Nursing department schedules and resident shower documents will be reviewed daily to ensure that sufficient scheduling is in place to meet the ADL/shower care needs of the community residents.</p>		

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	<p>problem included, "I need physical assist with bathing but I can participate in part of the bathing activity."</p> <p>Review of the resident's ADL flow sheets indicated in January 2024, the resident had received seven partial baths and no full baths or showers. In February 2024, through 2/21/24) the resident received three partial baths and no full baths or showers.</p> <p>Confidential interviews were conducted during the survey.</p> <p>Staff interviews indicated the following concerns regarding the ability to complete resident showers:</p> <p>a. The suggested staffing was two direct care staff per unit. It required two staff to get all ADL care needs met. When there was only one staff member assigned to a unit, showers were not always completed. Staff tried to move the shower to the next day, but it didn't always work because there were already showers assigned to that day. When there was only one staff on duty, showers were often not done. Shifts frequently had only one direct care staff per unit.</p> <p>b. During waking hours, two staff were always needed on the dementia unit. All residents needed help with all ADLs such as toileting and showers. When there was only one staff on duty, showers did not always get done. In the morning, the nurse was handling medications on multiple units. Activity staff did not come in until after breakfast time. Morning showers were just not possible on these days. If one person went into the shower, no employee would be available to monitor and assist all the other residents who</p>						

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	<p>required over site do to dementia. One direct care staff per unit happened an average of two times a week.</p> <p>c. One direct care staff member, could not meet all the ADL requirements of the residents who resided on the dementia unit. When one direct care staff was assigned, showers were often not done. Although many nurses were helpful, they were going from one unit to the next and were often not available. One direct care staff member happened frequently.</p> <p>d. It required two direct care staff to be assigned to each unit to ensure all showers were completed. When only one staff was assigned to a unit, showers were not always done. Staff tried to move them to the next day, but it wasn't always possible.</p> <p>e. It was not always possible to meet all the ADL needs if only one direct care staff was assigned to a unit. On the dementia care unit, it was almost impossible to meet all the ADL needs for the residents. Showers were often missed when only one direct care staff was assigned to the dementia unit. Staff prioritized toileting because it was the resident's number one need. One direct care staff member per unit often happened two times a week.</p> <p>During an interview on 2/22/24 at 2:40 p.m., the DON indicated he was relatively new to the facility. The Dementia Unit Director and himself did review the ADL flow records, but had not yet developed a system to address identified concerns, educate staff about identified concerns, and/or develop a plan to prevent recurrence.</p> <p>A current, 5/12/23, facility policy titled, "Resident Service Plan", which was provided by the DON on</p>						

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FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2024	
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
	2/22/24 at 3:03 p.m., indicated the following: "...This policy provides guidelines on documenting, via individualized service plans, the services required and provided to individual residents... F. The continent of service plans includes the following: 1. Areas if resident needs/concerns (ADLs... 2. What services shall be provided and by whom. 3. When/how often the service shall be provided...." This finding relates to complaint IN00423883.						