

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

PRINTED: 11/08/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155807		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/12/2023	
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1747 N RURAL ST INDIANAPOLIS, IN 46218			
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00414456 completed on 8/17/2023.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00417488 completed on 9/18/2023.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00418450 and IN00419246 completed on 10/12/2023.</p> <p>Complaint IN00414456 - Not corrected.</p> <p>Complaint IN00417488 - Corrected.</p> <p>Complaint IN00418450 - Federal/state deficiencies related to the allegations are cited at F600.</p> <p>Complaint IN00419246 - Federal/state deficiencies related to the allegations are cited at F600.</p> <p>Survey date: October 12, 2023</p> <p>Facility number: 000388 Provider number: 155807 AIM number: 100454140</p> <p>Census Bed Type: SNF/NF: 31 Total: 31</p> <p>Census Payor Type: Medicaid: 29 Other: 2 Total: 31</p>			F 0000	<p>The creation and submission of this Plan of Correction (POC) does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that this <i>CMS-2567 Plan of Correction</i> be considered the <i>Letter of Credible Allegation of Compliance</i> and requests a desk review in lieu of a post-survey review on, or after 10/31/2023.</p>		

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

TITLE

(X6) DATE

Dena Kerschner

RDO

10/31/2023

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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F 0921 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 19, 2023</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to maintain residents' rooms in good repair for 1 of 4 residents; rooms observed. (Resident F)</p> <p>Findings include:</p> <p>An observation and interview with Resident F was conducted in their room on 10/12/23 at 2:40 p.m. She indicated there was a concern with opening her bathroom door. While attempting to open the bathroom door the door handle was very loose and difficult to open. There was a significant gap around the door handle to where you could see within the hole meant for the doorknob. Resident F commented on how "it's hard to open at times".</p> <p>The plan of correction binder was reviewed on 10/12/23 at 3:00 p.m. There were no references to audits being conducted of resident rooms that consisted of the doors.</p> <p>An interview conducted with the Director of Nursing (DON), on 10/12/23 at 3:50 p.m., indicated there was no audits conducted of resident rooms. She commented "I guess I missed it". She did not</p>			F 0921	<p>TAG F921</p> <p>1.Address how corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>1.Resident F's bathroom door has been repaired 2.All Residents' room/bathroom doors have been audited for need of repair and repairs made as needed</p> <p>1.Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>1.All residents' room/bathroom doors have been audited for need of repair 2.Any areas noted to be in need of repair have been given to Maintenance Director and followed upon to ensure completion</p> <p>2.Address what measures will be put into place or systemic changes made to ensure that</p>		10/31/2023

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F 0925 SS=F Bldg. 00	<p>have audits in place for residents' rooms or doors.</p> <p>An interview conducted with the Maintenance Director (MD), on 10/12/23 at 3:55 p.m., indicated he received work orders generated by the staff in the facility for any room concerns. An audit was conducted daily to where the entire facility was observed to see the need for fixing of anything. He was not aware of Resident F's door handle being loose, but he will come in to repair such the evening of 10/12/23.</p> <p>A policy titled "Safe Environment", dated 8/1/23, was provided by the DON on 10/12/23 at 5:30 p.m. The policy indicated the following, "...It is the policy of the facility to provide a safe environment in accordance to State and Federal regulations...1. The facility will be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel, and the public...."</p> <p>3.1-19(f)</p> <p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program for 30 of 30 residents in the facility.</p> <p>Findings include:</p> <p>An observation conducted of the main dining</p>			F 0925	<p>the deficient practices will not occur.</p> <p>1.ADMIN/designee will audit residents' rooms to ensure rooms are in good repair.</p> <p>2.This audit will be conducted:</p> <p>i Working days x 1 month</p> <p>ii Weekly x 4 weeks</p> <p>iii Semi-monthly x 4months</p> <p>1.Indicate how the facility plans to monitor its performance to make sure that the solutions are lasting.</p> <p>a Any negative trends will be reviewed in monthly QAPI meetings. After 6 months, the IDT will determine the need and/or frequency of continued monitoring.</p> <p>b Admin/designee will continue the above audit process to ensure ongoing compliance</p> <p>1.Date of completion.</p> <p>a October 31, 2023</p> <p>1 Address how corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>a Pest Control now coming to facility twice weekly</p>		10/31/2023

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	<p>room by the entrance on 10/12/23 at 12:10 p.m., to where the nursing staff were conducting lunch service. There was a gnat flying around that common area adjacent to the kitchen entrance.</p> <p>An observation and interview conducted with Resident E, on 10/12/23 at 12:30 p.m., noted a gnat flying around her room during the interview.</p> <p>An observation and interview conducted with Resident C, on 10/12/23 at 12:40 p.m., noted a gnat flying around his room during the interview.</p> <p>An observation and interview conducted with Resident F, on 10/12/23 at 2:40 p.m., noted 2 gnats flying around her room during the interview. One was flying around Resident F's food tray and the other one landed on a piece of bread located in a cup on her rollator walker. Resident F indicated the gnats have been here "forever" and it "seems to be getting worse".</p> <p>An observation conducted of the Director of Nursing (DON) office, on 10/12/23 at 4:45 p.m., noted a gnat flying around the office.</p> <p>An interview conducted with the Maintenance Director (MD), on 10/12/23 at 3:55 p.m., indicated the pest control company installed a device in the kitchen approximately one and a half weeks ago. He purchased a blue light device to help kill the gnats and bought one for every room in the facility. The MD commented on how the pest control company couldn't address the gnats because of the season.</p> <p>A policy titled "Safe Environment", dated 8/1/23, was provided by the DON on 10/12/23 at 5:30 p.m. The policy indicated the following, "...11. The facility will maintain an effective pest control</p>				<p>b New pest control device installed</p> <p>c Bio-enzyme now being used in drains for gnat control</p> <p>d Facility inspected and identified for sources of gnat infestation.</p> <p>2 Address how the facility will identify other residents who have the potential to be affected by the same deficient practice.</p> <p>a Audits being conducted to ensure that implemented remedies are effective</p> <p>b Pest control company now coming to facility twice weekly</p> <p>3 Address what measures will be put into place or systemic changes made to ensure that the deficient practices will not occur again.</p> <p>a ADMIN/designee will audit/inspect all areas of the facility including resident rooms, dining area, kitchen, and employee offices to ensure that there is no presence of gnats.</p> <p>b This random audit will be conducted:</p> <p>i Working days x 1 month</p> <p>ii Weekly x 4 weeks</p> <p>iii Semi-monthly x 4 months</p> <p>4 Indicate how the facility plans to monitor its performance to make sure that the solutions are lasting.</p> <p>a Any negative trends will be reviewed in monthly QAPI</p>		

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	program so that the facility is free of pests and rodents...." 3.1-19(f)(4)		meetings. After 6 months, the IDT will determine the need and/or frequency of continued monitoring. b Audits will continue and remedies remain in place to ensure ongoing compliance 5 Date of completion a October 31, 2023		