

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

PRINTED: 02/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155292		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/18/2023	
NAME OF PROVIDER OR SUPPLIER  AMERICAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 2026 EAST 54TH ST INDIANAPOLIS, IN 46220			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00399028.</p> <p>Complaint IN00399028 - Substantiated. Federal/state deficiency related to the allegations is cited at F641.</p> <p>Survey dates: January 17 and 18, 2023</p> <p>Facility number: 000189 Provider number: 155292 AIM number: 100267330</p> <p>Census Bed Type: SNF/NF: 128 Total: 128</p> <p>Census Payor Type: Medicare: 14 Medicaid: 78 Other: 36 Total: 128</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 19, 2023</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint survey on January 18, 2023. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0641 SS=D 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 interview and record review, the facility failed to accurately code the cognitive abilities of 1 of 3 residents reviewed for falls. (Resident B)</p>			F 0641	<p>F641 Accuracy of Assessment</p> <p>What corrective action(s) will be accomplished for those residents</p>		02/03/2023

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

TITLE

(X6) DATE

Gina Couch

Executive Director

01/25/2023

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>Findings include:</p> <p>The clinical record of Resident B was reviewed on 1-17-23 at 10:45 a.m. Her diagnoses included, but were not limited to nontraumatic subarachnoid (brain) hemorrhage with aphasia (no speech), gastrostomy (feeding tube), generalized muscle weakness, age-related debility and a history of repeated falls.</p> <p>A review of Resident B's Minimum Data Set (MDS) assessment, an admission MDS assessment dated 9-26-22, indicated she was coded as being in a "persistent vegetative state, no discernable consciousness." This was identified in the same manner on a significant change MDS assessment, dated 11-11-22.</p> <p>In an interview on 1-17-23 at 12:45 p.m., with the Director of Nursing (DON), she indicated upon Resident B's admission, she was in "pretty bad shape" and there were questions of her survival. "Therapy did an amazing job with her rehab. By the end of October, she was starting to respond to us more. I don't know why they have her listed as in a vegetative state on that MDS, but that would have been correct when she first came to us." She explained at the time of the November MDS assessment, the facility's MDS Coordinator was out on leave, but did have corporate staff assistance in the facility for 2 to 3 days weekly helping with MDS assessments, plus an in-house assistant.</p> <p>In an interview with the MDS Coordinator on 1-17-23 at 11:20 a.m., she indicated at the time of the 11-11-22 significant change MDS assessment, she was on medical leave. She indicated at the time of the Resident B's admission MDS assessment, she was not able to do or say much</p>				<p>found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> <li>·Resident B no longer resides in facility</li> <li>·MDS assessment dated 11/11/22 was modified to accurately reflect cognition</li> </ul> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>·All residents have the potential to be affected by the alleged deficient practice</li> <li>·Audit completed of all resident's cognitive section of MDS to ensure accuracy.</li> <li>·SSA educated on MDS accuracy and the criteria for coding a resident in a vegetative state</li> <li>·All staff who complete sections of MDS assessments are educated on accuracy of assessments.</li> </ul> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>·SSA educated on MDS accuracy and the criteria for coding a resident in a vegetative state</li> <li>·All staff who complete sections of MDS assessments are educated on accuracy of assessments.</li> <li>·MDSC to verify cognitive status accuracy prior to submission of</li> </ul>		

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	<p>of anything. She explained sections B and C (cognition portion of the MDS) are generally what the Social Services Designee (SSD) completes. She added she had seen where the SSD had made a notation as to Resident B being unresponsive to conversation. The MDS Coordinator indicated the resident did have a cognitive improvement around this time period.</p> <p>Review of the progress notes in the weeks prior to 11-11-22 revealed the following: -10-26-22 nursing note identified Resident B as "alert and oriented." -11-1-22 note from PA #5 indicated Resident B "is able to answer questions with some words today as well as smiling and shaking her head yes or no...Alert and engaging. Was unable to answer orientation questions today. Good mood but flat affect."</p> <p>In an interview with a family member of Resident B on 1-17-22 at 12:53 p.m., she indicated in/around October, 2022, resident was starting to do more and by November, was beginning to talk and walk some.</p> <p>In an interview on 1-18-23 at 12:20 p.m., with the DON, she indicated the SSD did not yet correct the significant change MDS assessment, dated 11-11-22, for the cognitive status to indicate the resident was no longer comatose and/or in a vegetative state as was more likely the case at admission. "She has been educated on that particular question [which] needs to have an official diagnosis of that in order to mark it. The MDS has not been corrected yet, but it will be done." She indicated once that question is corrected, it will open up other related questions that will reflect the resident's mental status and pain status. She indicated the facility does not</p>				<p>MDS assessment</p> <p>How will the corrective action (s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>·POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director</p> <p>·If a threshold of 95% is not achieved, an action plan will be developed to ensure complianc</p>		

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	<p>have a particular policy or procedure for the MDS assessment, but uses the RAI manual for its use.</p> <p>"The Centers for Medicare &amp; Medicaid Services' Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual", effective as of October 1, 2018 indicates, for Section B, "Only code if a diagnosis of coma or persistent vegetative state has been assigned. For example, some residents in advanced stages of progressive neurologic disorders such as Alzheimer's disease may have severe cognitive impairment, be non-communicative and sleep a great deal of time; however, they are usually not comatose or in a persistent vegetative state, as defined here." It defines comatose as, "A pathological state in which neither arousal (wakefulness, alertness) nor awareness exists. The person is unresponsive and cannot be aroused; he/she does not open his/her eyes, does not speak and does not move his/her extremities on command or in response to noxious stimuli (e.g., pain)." Persistent vegetative status is defined by the RAI as, "Sometimes residents who were comatose after an anoxic-ischemic injury (i.e., not enough oxygen to the brain) from a cardiac arrest, head trauma, or massive stroke, regain wakefulness but do not evidence any purposeful behavior or cognition. Their eyes are open, and they may grunt, yawn, pick with their fingers, and have random body movements. Neurological exam shows extensive damage to both cerebral hemispheres."</p> <p>This Federal tag relates to Complaint IN000399028.</p> <p>3.1-31(c)(2) 3.1-31(c)(3) 3.1-31(c)(4) 3.1-31(c)(7) 3.1-31(c)(12)</p>						

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