STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155354	A. BUILDING 00 B. WING	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NEWBURGH HEALTH CARE	10466 POLLACK AVE NEWBURGH, IN 47630

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00415380. Complaint IN00415380: Federal/state deficiencies related to the allegations are cited at F689. Survey dates: August 21, 22, & 23, 2023 Facility number: 000245 Provider number: 155354 AIM number: 100290800 Census bed type: SNF/NF: 54 Total: 54 Census payor type: Medicare: 3 Medicaid: 38 Other: 13 Total: 54 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 24, 2023.	F 0000	**Plan of Correction Statement** Preparation and or execution of this Plan of Correction in general or any other corrective action set forth herein, in particular, does not constitute an admission or agreement by Newburgh Health Care of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction and specific corrective actions are prepared and / or executed solely because of provisions of Federal and / or State law.	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ally Lopp	Assistant Administrator	09/12/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure adequate supervision was in place to prevent a resident with dementia from exiting the facility and returning home for 1 of 1 residents reviewed for elopement. (Resident C) Finding includes: During an observation on 8/21/23 at 8:40 A.M., the facility's front door was unlocked, and no staff were present at the front desk. During a review of facility reported incidents on 8/21/23 at 9:30 A.M., an incident reported by the DON on 8/4/23 included that Resident C was noted to not be in his room. Staff conducted a search on the unit, an elopement code was initiated for the building, and staff searched the facility grounds and neighboring area. Resident C's wife notified the facility around 12:00 P.M. that Resident C was attempting to walk home and requested a ride from someone. Resident C was discovered after his wife arrived home from an appointment. During record review on 8/21/23 at 9:45 A.M., Resident C's diagnoses included, but were not limited to dementia with behavioral disturbance, heart failure, chronic kidney disease, anxiety, depression, type II diabetes, and obesity. Resident C's most recent admission MDS (Minimum Data Set) assessment dated 6/12/23, indicated the resident's cognition was severely impaired, the resident required limited assistance with walking in room, supervision with walking in the corridor, and extensive assistance of 1 staff	F 0689	**CORRECTIVE ACTION** This resident had the alarming elopement device applied and was observed by staff that morning, however the resident cut off the alarming elopement device and exited the building. Resident received 1:1 supervision upon return to the facility up until 8/14/2023 (day of discharge). The care plan was reviewed and updated 8/4/2023 and reviewed for updates on 8/10/2023 which included 15-minute checks to continue on the day and evening shift. On the 10p-6a shift every 30-minute checks were the primary responsibility for the assigned nurse and CNA. The resident was observed to be asleep during this time. The front door is locked from 5pm until 9am the following day. The back door is always locked with a code to get in and out of. The elopement binder was reviewed and updated at both nursing units and the front desk. **OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED** This Residents elopement assessment was reviewed and updated to reflect the current elopement. All other residents were assessed for potential for elopement and no other residents	09/28/2023

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	with toileting. Resident C's physician orders included but were not limited to code alert bracelet applied to right wrist for wandering management (started 7/24/23), code alert: check with front door transmitter every day and evening shift for wandering management (started 7/25/23), and code alert: check with transmitter every day shift every Wednesday for wandering management (started 7/26/23). Resident C's care plan included but was not limited to; may be at risk for elopement/wandering possibly leaving the facility unattended due to being disoriented to new facility, poor safety awareness, and confusion related to a diagnosis of dementia (initiated 7/27/23). An elopement risk assessment completed at admission on 6/5/23 indicated Resident C was at little to no risk of elopement. Resident C's nurse's notes included the following: 7/24/23 at 2:59 P.M. - Wife informed management that resident made comment he would walk 14 miles to get home. Wife voiced concerns to staff. Code alert applied to right wrist after explaining what it was, and the alarm will sound if he attempts to go out the door. Resident laughed and stated, okay. 8/4/23 at 11:01 A.M. - Staff noted resident in not in his room. Paged resident. Staffing rounding facility to locate resident. Resident is up ad lib (as desired) throughout facility. 8/4/23 at 12:01 P.M. - Resident's wife called facility. Resident got a ride and is home. States he has some scratches on his leg from a fall and does not have a code alert bracelet on.		were assessed to be at high-risk. The elopement binder was reviewed and updated at both nursing units and the front desk. Residents identified as high-risk for elopement will be asked if they have sharps in their room or allow staff to look for sharps in their room. The facility will continue to check placement and functioning of elopement device and document on the TAR. The front door is locked from 5pm until 9am the following day. The back door is always locked with a code to get in and out of. **MEASURES OR SYSTEMIC CHANGES** A care conference was held with this resident's representative and resident daughter-in-law to discuss alternate placement (secured unit). The facility will continue elopement assessments upon admission and put in appropriate interventions for high-risk residents. If after admission a resident scores a high-risk on the elopement assessment by way of a condition change or quarterly assessment resident or resident representative will meet with Interdisciplinary team to discuss further interventions or alternative placement. Residents who verbalize attempts to elope or if families alert facility staff that the resident voices an	

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	8/4/23 at 2:43 P.M. - Physician notified. States resident will need a secured unit. 8/4/23 at 2:53 P.M. - Resident's daughter in law here. States resident is refusing to return to facility. Informed of concern for resident's safety. Requesting facility to see if resident will return with a staff member. 8/4/23 at 4:45 P.M. - Resident returned to facility with administrator and assistant administrator. In room eating. Code alert bracelets obtained to reapply. Previous bracelet located in top drawer with other items. Bracelet has been cut off. During an interview on 8/21/23 at 11:25 A.M., LPN 5 indicated she was Resident C's nurse on the morning on 8/4/23. LPN 5 stated she had observed Resident C eating breakfast that morning and that a wanderguard bracelet was on his right wrist. At around 9:30 A.M. on 8/4/23 LPN 5 had realized she had not seen Resident C in his room and began checking around the facility for him as he could walk by himself and often did walk around inside the facility on his own. After checking the dining room and checking with staff, including therapy staff, LPN 5 knew she needed to find Resident C. The DON was in the hall and was made aware that Resident C had not been seen and a facility wide search began. During an interview on 8/21/23 at 11:45 A.M., the DON and facility administrator indicated that Resident C had exited the front door the morning of 8/4/23 at 7:49 A.M. per facility camera. The resident had been in the activity room waiting for a chance to exit without being noticed by staff. Resident C had told staff that he would be in the bathroom awhile and staff was providing the		attempt to elope then the facility will implement 1:1 supervision. The facility will designate staff to interview the resident in an attempt determine a plan, or reason for elopement. The interdisciplinary team will meet to discuss additional interventions such as increased family visits, visits home, change of placement of elopement device, increase in facility activities, or any other suggestions the resident's representative may offer that the facility is able to provide. The resident's representative and the attending physician will be notified of the changes in the plan of care and the effective goal date for a period of 30 days. If the revised plan of care is not effective for a period of 30 days, then alternative placement will be discussed with the resident / representative. The policy and procedure for elopement was reviewed and changes were made. The elopement binder was reviewed and updated at both nursing units and the front desk. Facility will continue to check placement and functioning of the elopement device and document on the TAR. The front door is locked from 5pm until 9am the following day. The back door is always locked with a code to get in and out of. **Addendum** All staff will be re oriented to the	

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	resident privacy. At around 9:30 A.M. on 8/4/23, staff began a facility wide search for the resident in and around the facility. When unable to locate the resident and prior to submitting a "silver alert" to authorities, Resident C's wife called the facility to alert them that the resident was in their home. During an interview on 8/21/23 at 1:15 P.M., the DON indicated that the facility had not notified the family, physician, or authorities prior to Resident C's spouse alerting the facility that she had found him inside their home. The DON indicated staff was still looking for the resident in and outside of the facility at the time Resident C's spouse called. During an interview on 8/23/22 at 12:15 P.M., RN 7 indicated that a resident with a wandergaurd bracelet should be checked on at least every 2 hours by staff. During an interview on 8/23/22 at 9:40 A.M., the MDS nurse indicated an elopement assessment is completed at admission and then quarterly or at the time of a significant change. If a resident presents increased wandering, attempts to elope, or verbalizes ideas of elopement, a new elopement assessment should be completed. The MDS nurse indicated that Resident C should have had an elopement assessment completed by a nurse following his wife's concern regarding a statement made on 7/24/23 about walking home prior to his elopement on 8/4/23. On 8/21/23 at 1:20 P.M., the DON provided an undated facility policy titled, Resident Elopement. The policy included, "1. Staff shall promptly report any resident who tries to leave the premises or is suspected of being missing to the Charge Nurse or Director of Nursing. ...4. If an employee		update Elopement policy changes. Residents who score high risk will also be checked for whereabouts hourly each shift. This documentation will appear on the Treatment Record and (TAR) CNA Documentation (POC) **MONITOR** Monthly elopement drills every shift for 3 months. Quarterly in-service on elopement. Upon hire all staff will be in-service on the facility elopement policy and procedure. The policy and procedure for elopement was reviewed and changes were made. The facility will assess all residents for elopement risk each month for 3 months. The elopement binder will be updated based on the elopement assessments and the resident's risk. The facility will continue to check placement and functioning of elopement device and document on the TAR. The above information (elopement drills, quarterly in-services, new hire documentation, elopement binder, house-wide assessment, TAR completion will be addressed at the QAPI meeting each month to review and ensure completion. The front door is locked from 5pm until 9am the following day. The back door is always locked with a code to get in and out of.	

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	discovers that a resident is missing from the facility, he/she shall: ...b. If the resident was not authorized to leave, initiate a search of the building(s) and premises; c. If the resident is not located, notify the Administrator and Director of Nursing Services, the resident's legal representative (sponsor), the Attending Physician, law enforcement officials, and (as necessary) volunteer agencies (i.e., Emergency Management, Rescue Squads, etc.) d. Provide search teams with resident identification information ...F. INITIATE AN EXTENSIVE SEARCH OF THE SURROUNDING AREA..." This Federal tag relates to Complaint IN00415380. 3.1-45(a)(2)		**Date this deficiency will be corrected:** 9/28/2023	