

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

PRINTED: 12/19/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155779		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/21/2022	
NAME OF PROVIDER OR SUPPLIER  PRAIRIE LAKES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 9730 PRAIRIE LAKES BLVD EAST NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00394537</p> <p>Complaint IN00394537 - Substantiated. Federal/state deficiency related to the allegation is cited at F689 .</p> <p>Survey dates: November 21, 2022</p> <p>Facility number: 012305 Provider number: 155779 AIM number: 200987990</p> <p>Census Bed Type: SNF/NF: 28 SNF: 33 Residential: 67 Total: 128</p> <p>Census Payor Type: Medicare: 26 Medicaid: 14 Other: 21 Total: 61</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 23, 2022.</p>			F 0000	<p>The submission of this plan of correction does not indicate and admission by Prairie Lakes Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Prairie Lakes Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0689 SS=D Bldg. 00	<p>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</p>						

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

TITLE

(X6) DATE

Stacy Mevzek

Executive Director

12/15/2022

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>possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure staff provided safe transfer of a physically impaired resident. (CNA 1 and Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/21/2022 at 10:33 a.m. Diagnoses included, but were not limited to, cerebral infarction, vascular dementia, hypotension and heart failure.</p> <p>A 10/6/22, quarterly, Minimum Data Set (MDS) assessment indicated the resident required extensive assistance of 2 persons for transfers and was cognitively impaired.</p> <p>Review of a nursing progress noted, dated 11/12/2022 at 9:49 a.m., indicated during a transfer from the bed to a wheelchair, the resident encountered a loss of coordination and slid to the floor. The resident hit her head on the side rail and was unable to provide details of the incident due to a diagnoses of vascular dementia and post cerebral infarct. They had a 1.0 centimeter laceration of the scalp to the posterior of the head. The resident was sent to the emergency room for reevaluation and treatment and returned to the facility with three staples to the laceration.</p> <p>Review of the resident's "Care Plan History" indicated an intervention for two person assistance for transfers began on 3/11/2022 and ended on 11/21/2022. This document as provided by the DON and reviewed on 11/21/2022 at 1:37</p>			F 0689	<p>1. Resident B was affected by alleged insufficient practice; resident B was assessed for safe transfers. Resident reviewed for care planned transfers and care plan was updated to ensure appropriate interventions are in place. Resident physician is aware.</p> <p>2. All like residents have the potential to be affected by the alleged deficient practice. Nursing staff has been educated on proper transfer plan of care. IDT (interdisciplinary team) educated plan of care and care profile documentation for fall interventions and transfers. All like residents assessed for appropriate and transfer methods. All like resident's care plans reviewed to ensure that appropriate transfer modalities are in place.</p> <p>3. As a measure of ongoing compliance, the DHS and/or designee will audit to ensure appropriate transfers are completed. Audits will be completed on 5 residents per week for 4 weeks, then 3 times per week for 4 weeks, then 1 time per week for 4 months. DHS and/or designee will complete care plan audits to ensure appropriate fall</p>		12/12/2022

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	<p>p.m.</p> <p>Review of Resident B's current care plan for falls indicated an intervention for use of a mechanical lift was initiated on 11/14/2022. This document was provided by the DON and reviewed on 11/21/2022 at 1:37 p.m.</p> <p>During an interview, on 11/21/2022 at 12:00 p.m., the Director of Nursing (DON) indicated the resident was totally dependent for care. During the transfer, the resident had leaned back, slid down, and hit her head. The facility included an intervention to use a mechanical lift for transfers afterwards.</p> <p>During an interview, on 11/21/2022 at 12:20 p.m., CNA (Certified Nursing Aide) 1 indicated on 11/12/2022, she had transferred the resident without assistance. During the transfer, the resident started shaking. The CNA indicated she did not know the resident required 2 persons for transfer until afterwards. The resident had slid off the bed and hit her head on the bed frame. The last time she had gotten her up before this, her daughter had helped.</p> <p>During an interview, on 11/21/2022 at 1:29 p.m., RN 2 indicated CNA 1 had not followed proper protocol while attempting to transfer the resident without assistance. The resident's profile indicated she required two persons for transfers and CNA 1 should have known.</p> <p>During an interview, on 11/21/2022 at 1:42 p.m., RN 3 indicated Resident B had a history of becoming fearful before procedures, even if you explained them to her before doing anything. CNA 1 should not have attempted the transfer without assistance.</p>				<p>interventions and transfers are documented. Audits will be completed on 5 residents per week for 4 weeks, then 3 times per week for 4 weeks, then 1 time per week for 4 months.</p> <p>4. As a quality measure, the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained.</p>		

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	<p>Review of a current policy, dated 3/17/2022 and provided by the DON on 11/20/2022 at 1:37 p.m., titled "Resident Transfers" indicated the following:</p> <p>"...Overview...</p> <p>To ensure the safety of residents and staff when performing mobility/transfer tasks...</p> <p>3. Campuses determine the amount of assistance required for transfers and record this on the Nursing Admission Observation, the CareAssist profile, and the Resident Care Plan to provide communication to all staff regarding safe transfers...."</p> <p>This Federal tag relates to Complaint IN00394537.</p> <p>3.1-45(a)(2)</p>						