PRINTED: 08/01/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		155616	B. WING			R-C 07/29/2019	
NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150			29/2019
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	S	{F 0	00}			
	This visit was the 23 survey exited on 7/19 Jeopardy not remove						
	The Immediate Jeop	ardy has been removed.					
	Survey date: July 29						
	Facility number: 001 Provider number: 18 AIM number: 20012	55616					
	Census Bed Type: SNF/NF: 81 Residential: 8 Total: 89						
	Census Payor Type: Medicare: 3 Medicaid: 76 Other: 2 Total: 81						
	the Immediate Jeopa previously cited at F6 implementation of sy included an effective the retraining of staff wanderguards, week administration audits weekly, increase in r completion of elopen	r was found to have removed ardy deficient practice 689 as of 7/29/19 with the estemic correction that removal plan which included on elopement risk residents, ally elopement drills, treatment and definition of door alarms, the nent risk residents upon exations, and increased					
_ABORATORY	 DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATUF	<u> </u>		TITLE		(X6) DATE

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 90 days 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 14 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.

CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		R-		
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NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER			2	201 E ELM ST		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
The noncompliance re and severity level of is but potential for more not Immediate Jeopar This visit only reviewe	emained at the lower scope solated with no actual harm than minimal harm that is rdy.	{F 0)00}			
accordance with 410 Quality review comple Free of Accident Haza	eted on July 31, 2019 ards/Supervision/Devices	{F 6	889}			
§483.25(d) Accidents. The facility must ensu §483.25(d)(1) The result as free of accident hat §483.25(d)(2)Each result as REQUIREMENT by: Based on interview a failed to ensure adequivas in place when a redementia and a wand building at 5:25 p.m., the side door betweer room and hall 4 and the away from the facility staff member at 6:53 reviewed for accidents.	ire that - sident environment remains zards as is possible; and sident receives adequate tance devices to prevent is not met as evidenced and record review, the facility state care and supervision resident (Resident B) with reguard in place exited the without supervision, through a the assisted living dining then ambulated 0.7 miles before she was found by a p.m. for 1 of 3 residents s/supervision.					
	OVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page The noncompliance re and severity level of is but potential for more not Immediate Jeopard This visit only reviewe at Immediate Jeopard This deficiency reflect accordance with 410 If acc	Continued From page 1 The noncompliance remained at the lower scope and severity level of isolated with no actual harm but potential for more than minimal harm that is not Immediate Jeopardy. This visit only reviewed the noncompliance cited at Immediate Jeopardy in the 7/29/19 visit. This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 31, 2019 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §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 adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced	OVIDER OR SUPPLIER INTY NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 The noncompliance remained at the lower scope and severity level of isolated with no actual harm but potential for more than minimal harm that is not Immediate Jeopardy. This visit only reviewed the noncompliance cited at Immediate Jeopardy in the 7/29/19 visit. This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 31, 2019 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(2)Each resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure adequate care and supervision was in place when a resident (Resident B) with dementia and a wanderguard in place exited the building at 5:25 p.m., without supervision, through the side door between the assisted living dining room and hall 4 and then ambulated 0.7 miles away from the facility before she was found by a staff member at 6:53 p.m. for 1 of 3 residents reviewed for accidents/supervision. This deficient practice resulted in an Immediate	DVIDER OR SUPPLIER INY NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 The noncompliance remained at the lower scope and severity level of isolated with no actual harm but potential for more than minimal harm that is not Immediate Jeopardy. This visit only reviewed the noncompliance cited at Immediate Jeopardy in the 7/29/19 visit. This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 31, 2019 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) (Accidents. The facility must ensure that - §483.25(d)(2)Each resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. 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This REGUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure adequate care and supervision was in place when a resident (Resident B) with dementia and a wanderguard in place exited the building at 5:25 p.m., without supervision, through the side door between the assisted (living dining room and hall 4 and then ambulated 0.7 miles away from the facility before she was found by a staff member at 6:35 p.m., without supervision. This deficient practice resulted in an Immediate	The noncompliance remained at the lower scope and severity level of isolated with no actual harm but potential for more than minimal harm that is not immediate Jeopardy. This deficiency reliects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 31, 2019 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) Each resident reviews a dequate supervision and assistance devices to prevent accidents. 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NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150	1 01/23/2013	
(X4) ID PREFIX TAG			ENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		ULD BE COMPLETION	
{F 689}	female resident, wit exited the facility th between the assisted. The resident ther from the facility and from the wastewate store. The Health F Director of Nursing Jeopardy on 7/17/1 Findings include: The incident report, indicated Resident another resident was member alerted stathe activity director building. The resident place. The clinical record from 7/17/19 at 10:29 were not limited to, disturbance and sclutter of the care plan, date resident was a risk increased agitation, cognition. Interventing a wanderguard to the treatment of the resident was a risk increased agitation, cognition. Interventing the care plan in the resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation. The resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation. The resident was a risk increased agitation, cognition. Interventing the resident was a risk increased agitation.	when a cognitively impaired h a wanderguard in place, rough a side door located ed living dining room and hall in ambulated 0.7 miles away was found across the street or treatment plant and a liquor acility Administrator and were notified of the Immediate 9 at 2:50 p.m. I dated 7/14/19 at 5:25 p.m., B exited the building while as coming in and a family east to the east had a wanderguard in east of the east had a wanderguard in east of the for Resident B was reviewed a.m. Diagnoses included, but dementia without behavior enizophrenia. I d 3/16/17, indicated the for elopement due to pacing, exit seeking, and decreased ons were to ensure basic ovide activities of choice, and	{F 689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	[` '			(3) DATE SURVEY COMPLETED	
	155616 B. WING				-C 29/2019			
NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER				201	EET ADDRESS, CITY, STATE, ZIP CODE E ELM ST N ALBANY, IN 47150	1 011	23/2019	
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{F 689}	schizophrenia; ambuwandered aimlessly; to go home; had a hi or other facility; and at the exit door waitin. The nurse's note, daindicated the facility duty staff member the facility. The nurse's note, daindicated the facility. The nurse's note, daindicated the resident Director. During an interview of Director of Nursing in the AL (assisted living the kitchen and laung facility when another into the building. And member alerted staff resident was out of the staff member, LPN (also saw the resident notify staff. She was who brought her backweekend only the kit present with no staff are working they can side door opens for the with a wanderguard door, it does not make staff. No one can reaside door. It flashes a you can't hear it". If the	noses of dementia and plated independently; verbally expressed a desire story of elopement at home had been observed standinging for someone to let her out. Ited 7/14/19 at 5:30 p.m., was made aware by an off at the resident was out of the sted 7/14/19 at 6:55 p.m., at was found by the Activities on 7/17/19 at 9:35 a.m., the endicated the resident was in g) dining room (located by dry). The resident exited the resident was coming back other resident's family in the parking lot that the	{F 6	89}				

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	155616	B. WING			R-C 7/ 29/2019	
NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150		1 01/25/2010	
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE	
flashing. The written statemer member LPN (Licens 7/14/19 and untimed to work for his shift a high rise apartment. and thought he saw not get a full view du no place to pull over facility at approximat to the nurse on the 1 resided, and inquired building. Resident B another staff member where the resident we could not locate the incompany and the same plant and the same	at from the off duty staff sed Practical Nurse) 4, dated indicated LPN 4 was driving and was 2 blocks away by the LPN 4 was in heavy traffic a resident walking. LPN 4 did in the to the traffic, and there was or park. LPN 4 came into the ely 5:40 p.m., went straight 23 hall where the resident if Resident B was in the was not found. LPN 4 and if went back to the area has first seen. However, they resident. In 7/17/19 at 9:56 a.m., the stated she located the resident cross from the wastewater the liquor store at 6:53 p.m. At to the building. The resident jacket, pink shirt, long pants, at from the Director of 19 and untimed, indicated sturn to the facility she was set and appeared to be side ranged between 90 and 19 from 4:56 p.m. and 6:56	{F 68	9}			
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag flashing. The written statemer member LPN (Licens 7/14/19 and untimed to work for his shift a high rise apartment. and thought he saw a not get a full view du no place to pull over facility at approximat to the nurse on the 1 resided, and inquired building. Resident B another staff membe where the resident w could not locate the resident with a mile away act treatment plant and the and brought her back was wearing a black and boots. The written statemer Nursing, dated 7/14/1 upon Resident B's rewearing a black jacked flushed. The temperature out 91 degrees on 7/14/1/19.m. During an interview of CNA (Certified Nursing).	TORRECTION IDENTIFICATION NUMBER: 155616 ROVIDER OR SUPPLIER ANY NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 flashing. The written statement from the off duty staff member LPN (Licensed Practical Nurse) 4, dated 7/14/19 and untimed, indicated LPN 4 was driving to work for his shift and was 2 blocks away by the high rise apartment. LPN 4 was in heavy traffic and thought he saw a resident walking. LPN 4 did not get a full view due to the traffic, and there was no place to pull over or park. LPN 4 came into the facility at approximately 5:40 p.m., went straight to the nurse on the 123 hall where the resident resided, and inquired if Resident B was in the building. Resident B was not found. LPN 4 and another staff member went back to the area where the resident was first seen. However, they could not locate the resident. During an interview on 7/17/19 at 9:56 a.m., the Activity Director indicated she located the resident about a mile away across from the wastewater treatment plant and the liquor store at 6:53 p.m. and brought her back to the building. The resident was wearing a black jacket, pink shirt, long pants, and boots. The written statement from the Director of Nursing, dated 7/14/19 and untimed, indicated upon Resident B's return to the facility she was wearing a black jacket and appeared to be flushed. The temperature outside ranged between 90 and 91 degrees on 7/14/19 from 4:56 p.m. and 6:56	The written statement from the off duty staff member LPN (Licensed Practical Nurse) 4, dated 7/14/19 and untimed, indicated upon Resident B was not found. LPN 4 and another staff member went back to the area where the resident was first seen. However, they could not locate the resident was wearing a black jacket, pink shirt, long pants, and boots. The written statement from the off duty staff member LPN (Licensed Practical Nurse) 4, dated 7/14/19 and untimed, indicated LPN 4 was driving to work for his shift and was 2 blocks away by the high rise apartment. LPN 4 was in heavy traffic and thought he saw a resident walking. LPN 4 did not get a full view due to the traffic, and there was no place to pull over or park. LPN 4 came into the facility at approximately 5:40 p.m., went straight to the nurse on the 123 hall where the resident resided, and inquired if Resident B was in the building. Resident B was not found. LPN 4 and another staff member went back to the area where the resident was first seen. However, they could not locate the resident. During an interview on 7/17/19 at 9:56 a.m., the Activity Director indicated she located the resident was wearing a black jacket, pink shirt, long pants, and boots. The written statement from the Director of Nursing, dated 7/14/19 and untimed, indicated upon Resident B's return to the facility she was wearing a black jacket and appeared to be flushed. The temperature outside ranged between 90 and 91 degrees on 7/14/19 from 4:56 p.m. and 6:56 p.m. During an interview on 7/17/19 at 12:31 p.m., CNA (Certified Nursing Assistant) 4 indicated she	TOURNETTON NUMBER 155616 B. WING STREETADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EGCH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOT TAGS) COntinued From page 4 flashing. The written statement from the off duty staff member LPN (Licensed Practical Nurse) 4, dated 77/41/9 and untimed, indicated LPN 4 was driving to work for his shift and was 2 blocks away by the high rise apartment. LPN 4 was in heavy traffic and thought he saw a resident walking. LPN 4 did not get a full view due to the traffic, and there was no place to pull over or park. LPN 4 came into the facility at approximately 5:40 p.m., went straight to the nurse on the 123 hall where the resident resided, and inquired if Resident B was in the building. Resident B was not found. LPN 4 and another staff member went back to the area where the resident was first seen. However, they could not locate the resident. During an interview on 7/17/19 at 9:56 a.m., the Activity Director indicated she located the resident about a mile away across from the wastewater treatment plant and the liquor store at 6:53 p.m. and brought her back to the building. The resident was wearing a black jacket, pink shirt, long pants, and boots. The written statement from the Director of Nursing, dated 7714/19 and untimed, indicated upon Resident B's return to the facility she was wearing a black jacket and appeared to be flushed. The temperature outside ranged between 90 and 91 degrees on 7/14/19 from 4:56 p.m. and 6:56 p.m. CNA (Certified Nursing Assistant) 4 indicated she	TODRECTION 155616 B. WIND STREET ADDRESS, CITY, STATE 2IP CODE 201 ELM ST NEW ALBANY, IN 47150	

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		155616	B. WING _			07/29/2019	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
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{F 689}	hear the side door the 4 hall where shall where shall where shall where shall where shall was revention and Maincluded, but was represented the policy of this faresident receives a supervisionElope leaves the premise authorizationand to do so. A resident be at risk ofheat and/or other medicibeing struck by a number of the limited of the lim	the incident. It was hard to alarm at the opposite end of e was working. Ititled "Elopement Identification, nagement" and dated 1/6/16 not limited to, "PurposeIt is cility to ensure that each dequate ement occurs when a resident s or a safe area without for any necessary supervision t who leaves a safe area may or cold exposure, dehydration al complications, drowning, or	{F 6				
		harm with potential for more that is not immediate jeopardy					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l l	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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		155616	B. WING _			07/29/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
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	Continued From page because not all staff lelopement procedure wanderguards, week administration audits, weekly, increase in racompletion of elopem return from hospitaliz staffing on the weeke	e 6 had been educated on es, elopement risk residents, ly elopement drills, treatment door alarms/tones checked ange/tone of door alarms, hent risk residents upon ations, and increased		CROSS-REFERENCED TO TH		DATE