STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING _____ B. WING _____	R-C 07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY NURSING AND REHABILITATION CENTER	**201 E ELM ST NEW ALBANY, IN 47150**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000}	INITIAL COMMENTS	{F 000}		

This visit was the 23 day Revisit to the Complaint survey exited on 7/19/19 with Immediate Jeopardy not removed at F689.

The Immediate Jeopardy has been removed.

Survey date: July 29, 2019

Facility number: 001145
Provider number: 155616
AIM number: 200120200

Census Bed Type:
SNF/NF: 81
Residential: 8
Total: 89

Census Payor Type:
Medicare: 3
Medicaid: 76
Other: 2
Total: 81

During the visit, New Albany Nursing and Rehabilitation Center was found to have removed the Immediate Jeopardy deficient practice previously cited at F689 as of 7/29/19 with the implementation of systemic correction that included an effective removal plan which included the retraining of staff on elopement risk residents, wanderguards, weekly elopement drills, treatment administration audits, door alarms/tones checked weekly, increase in range/tone of door alarms, completion of elopement risk residents upon return from hospitalizations, and increased staffing on the weekends.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING _____ B. WING _____	R-C 07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY NURSING AND REHABILITATION CENTER	201 E ELM ST NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000}	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	{F 000}		
{F 689} SS=J	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 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 Jeopardy. The Immediate Jeopardy began on	{F 689}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING _____ B. WING _____	R-C 07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY NURSING AND REHABILITATION CENTER	201 E ELM ST NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 689}	Continued From page 2	{F 689}		

7/14/19 at 5:25 p.m. when a cognitively impaired female resident, with a wanderguard in place, exited the facility through a side door located between the assisted living dining room and hall 4. The resident then ambulated 0.7 miles away from the facility and was found across the street from the wastewater treatment plant and a liquor store. The Health Facility Administrator and Director of Nursing were notified of the Immediate Jeopardy on 7/17/19 at 2:50 p.m.

Findings include:

The incident report, dated 7/14/19 at 5:25 p.m., indicated Resident B exited the building while another resident was coming in and a family member alerted staff. The resident was found by the activity director and brought back to the building. The resident had a wanderguard in place.

The clinical record for Resident B was reviewed on 7/17/19 at 10:29 a.m. Diagnoses included, but were not limited to, dementia without behavior disturbance and schizophrenia.

The care plan, dated 3/16/17, indicated the resident was a risk for elopement due to pacing, increased agitation, exit seeking, and decreased cognition. Interventions were to ensure basic needs were met, provide activities of choice, and a wanderguard to the wrist.

The nurse's note, dated 7/11/19 at 1:10 p.m., indicated the resident had been pacing up and down the hallway.

The re-admission elopement assessment, dated 7/13/19, indicated the resident was cognitively

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING _____ B. WING _____	R-C 07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY NURSING AND REHABILITATION CENTER	201 E ELM ST NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 689}	Continued From page 3	{F 689}		

impaired with a diagnoses of dementia and schizophrenia; ambulated independently; wandered aimlessly; verbally expressed a desire to go home; had a history of elopement at home or other facility; and had been observed standing at the exit door waiting for someone to let her out.

The nurse's note, dated 7/14/19 at 5:30 p.m., indicated the facility was made aware by an off duty staff member that the resident was out of the facility.

The nurse's note, dated 7/14/19 at 6:55 p.m., indicated the resident was found by the Activities Director.

During an interview on 7/17/19 at 9:35 a.m., the Director of Nursing indicated the resident was in the AL (assisted living) dining room (located by the kitchen and laundry). The resident exited the facility when another resident was coming back into the building. Another resident's family member alerted staff in the parking lot that the resident was out of the building and they immediately began to look for her. An off duty staff member, LPN (Licensed Practical Nurse) 4, also saw the resident and called the facility to notify staff. She was found by the activity director who brought her back to the building. During the weekend only the kitchen and laundry staff were present with no staff in the front lobby. When they are working they cannot hear the alarm. If the side door opens for too long and then someone with a wanderguard walks through the alarming door, it does not make a different sound to alert staff. No one can really hear the alarm from the side door. It flashes at the nurse's station, " but you can't hear it". If the nurse was not at the nurse's station then they would not see the light

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING _____ B. WING _____	R-C 07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY NURSING AND REHABILITATION CENTER	201 E ELM ST NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 689}	Continued From page 4	{F 689}		

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 p.m.

During an interview on 7/17/19 at 12:31 p.m., CNA (Certified Nursing Assistant) 4 indicated she worked the 4 hall on 7/14/19 but was providing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING _____ B. WING _____	R-C 07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY NURSING AND REHABILITATION CENTER	201 E ELM ST NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 689}	Continued From page 5	{F 689}		

care at the time of the incident. It was hard to hear the side door alarm at the opposite end of the 4 hall where she was working.

The current policy titled "Elopement Identification, Prevention and Management" and dated 1/6/16 included, but was not limited to, "Purpose...It is the policy of this facility to ensure that each resident receives adequate supervision...Elopement occurs when a resident leaves the premises or a safe area without authorization...and/or any necessary supervision to do so. A resident who leaves a safe area may be at risk of...heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle...."

The Immediate Jeopardy began on 7/14/19 when when a cognitively impaired female resident, with a wanderguard in place, exited the facility through a side door located between the assisted living dining room and hall 4. The Health Facility Administrator and Director of Nursing were notified of the Immediate Jeopardy on 7/17/19 at 2:50 p.m. The Immediate Jeopardy that began on 7/14//19 at 5:25 p.m. was removed on 7/29/19 at 4:30 p.m. when the facility completed staff education on elopement procedures,elopement risk residents, wanderguards, weekly elopement drills, treatment administration audits, door alarms/tones checked weekly, increase in range/tone of door alarms, completion of elopement risk residents upon return from hospitalizations, and increased staffing on the weekends. The Immediate Jeopardy was removed on 7/29/19, but noncompliance remained at the lower scope and severity of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING _____ B. WING _____	R-C 07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY NURSING AND REHABILITATION CENTER	201 E ELM ST NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 689}	Continued From page 6 because not all staff had been educated on elopement procedures, elopement risk residents, wanderguards, weekly elopement drills, treatment administration audits, door alarms/tones checked weekly, increase in range/tone of door alarms, completion of elopement risk residents upon return from hospitalizations, and increased staffing on the weekends. This Federal tag relates to Complaint IN00301128 3.1-45(a)(2)	{F 689}		