

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

PRINTED: 05/11/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155800		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/13/2023	
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES				STREET ADDRESS, CITY, STATE, ZIP COD 9802 COLDWATER ROAD FORT WAYNE, IN 46825			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: April 10, 11, 12, and 13, 2023</p> <p>Facility number: 012657 Provider number: 155800 AIM number: 201131260</p> <p>Census Bed Type: SNF/NF: 46 SNF: 35 Total: 81</p> <p>Census Payor Type: Medicare: 12 Medicaid: 36 Other: 33 Total: 81</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 14, 2023</p>			F 0000	<p>F0000</p> <p>Please accept this as our credible allegation of compliance with our recent IDOH Annual Survey that was completed on 4/13/23. Submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of facts alleged or the corrections set forth on the statement of deficiencies.</p> <p>Please also consider this Plan of Correction for Paper Compliance.</p> <p>Supportive Documents Uploaded: In-Service Training Agenda In-Service Sign-In Form Audit Form Completed Audit Form</p>		
F 0742 SS=D Bldg. 00	<p>483.40(b)(1) Treatment/Srvcs Mental/Psychosocial Concerns</p> <p>§483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>§483.40(b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services</p>						

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

TITLE

(X6) DATE

Ashley Douglas

Administrator

04/26/2023

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 disclosable 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>to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being;</p> <p>Based on observation, interview, and record review the facility failed to implement intervention strategies for agitation and refusal of care for 1 of 1 resident reviewed for behavioral services (Resident 74).</p> <p>Findings include:</p> <p>On 4/11/23 at 10:01 AM Resident 74 was observed verbalizing to staff that she did not require any help and she preferred to be left alone.</p> <p>A record review on 4/11/23 at 10:14 AM indicated the resident had diagnoses of unspecified dementia, psychotic disturbance, mood disturbance, and anxiety.</p> <p>A Comprehensive Minimum Data Set (MDS) Assessment dated 3/2/23 indicated the resident had severe cognitive impairment. The MDS indicated the resident was dependent on extensive staff assistance for activities of daily living.</p> <p>A behavior note dated 4/14/23 at 6:47 AM indicated the resident had formed fecal matter into balls. The progress note indicated a care plan intervention had been initiated for specific behavior.</p> <p>A behavior note dated 3/25/23 at 8:00 PM indicated the resident had hit staff during care.</p> <p>A behavior note dated 3/26/23 at 12:34 PM indicated the resident was sitting on a couch with her pants down. The resident had been incontinent of bowel.</p>			F 0742	<p>1. Residents Identified: On 4/21/23, Administrator and Director of Social Services reviewed all documented behaviors and care plans for Resident 74 together. Administrator and Director of Social Services reviewed care plan for Resident 74, and the Director of Social Services updated the interventions for Resident 74's documented behaviors including agitation and refusal of care.</p> <p>2. Other Residents: On 4/21/23, Administrator and Director of Social Services reviewed together all documented behavior notes over the past 7 days to ensure care plans with interventions were present. No other issues identified. Also, Administrator and Director of Social Services reviewed together all residents followed in the Behavior Management Program to ensure care plans with interventions were present and applicable. No other issues were identified.</p> <p>3. Training: On --4/21/23, Administrator and Director of Social Services reviewed together the Behavioral Monitoring policy with no changes required. On 4/21/23, Administrator provided in-service to Social Service staff</p>		04/29/2023

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	<p>A behavior note dated 3/29/23 at 9:17 PM indicated the resident had refused care.</p> <p>A behavior note dated 3/30/23 at 6:33 AM indicated the resident had resisted care by pushing and pulling on staff.</p> <p>A behavior note dated 3/31/23 at 8:10 PM indicated the resident refused care by yelling at staff to get out of her house.</p> <p>A behavior note dated 4/3/23 at 7:42 AM indicated the resident refused care by physically pushing staff away. Verbal assurance was not effective. The provision of an alternate staff member was ineffective.</p> <p>A behavior note dated 4/3/23 at 5:37 PM indicated the resident refused vital sign assessment.</p> <p>A behavior note dated 4/4/23 at 6:24 AM indicated the resident was agitated with staff by yelling and pushing staff away.</p> <p>Behavior monitoring documentation dated 3/4/23 through 4/13/23 indicated the resident did not exhibit any behaviors.</p> <p>The resident's care plan did not address exhibited behaviors of care rejection, hitting staff, pushing staff, or yelling at staff.</p> <p>The resident's physician orders did not indicate the resident was a candidate for a psychiatric evaluation.</p> <p>During an interview on 4/12/23 at 1:13 PM LPN 2 indicated staff was made aware of new resident behaviors during daily morning meetings. She</p>				<p>on implementation of intervention strategies for agitation, refusal of care, and hitting staff along with behavior monitoring and care planning – see uploaded documents, In-Service Training Agenda and In-Service Sign- In Form.</p> <p>4. Quality: On 4/21/23, the Administrator developed audit tool – see uploaded document, Audit Form. The Administrator/designee will audit behavior notes weekly for 4 weeks then monthly for 5 months. The Administrator/designee will report results monthly at the QAA Meeting. The audit will continue for at least a minimum period of six months through October 2023 – see uploaded document, Completed Audit Form.</p>		

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	<p>indicated the Social Service Director (SSD) was responsible for behavioral documentation and monitoring.</p> <p>During an interview on 4/12/23 at 1:19 PM, the Administrator indicated the SSD updated care plans for behavioral issues. She indicated the SSD would be made aware of behavioral issues at daily morning meetings. She indicated Resident 74 should have received a psychiatric evaluation. She indicated the resident's care plan should reflect the resident's specific behaviors.</p> <p>A current policy titled "Behavior Monitoring/Documentation" provided by the Administrator on 4/12/23 at 1:40 PM indicated new behaviors were to be care planned with targeted interventions and goals. The policy indicated residents who exhibited behaviors such as hitting, pushing, yelling, or rejection of care are candidates for behavior management.</p> <p>3.1-43(a)(1)</p>						