STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155236	A. BUILDING 00 B. WING	06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00401425 and IN00402596. Complaint IN00401425 - No deficiencies related to the allegations are cited. Complaint IN00402596 - No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey dates: June 19 and 20, 2023 Facility number: 000141 Provider number: 155236 AIM number: 100283860 Census Bed Type: SNF/NF: 117 Residential: 26 Total: 143 Census Payor Type: Medicare: 12 Medicaid: 82 Other: 23 Total: 117 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 29, 2023.	F 0000	**The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.**	
F 0558 SS=E Bldg. 00	483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ashley Brummitt	RN, DON	07/06/2023

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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	services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. Based on observation, interview, and record review, the facility failed to ensure call lights were within reach for 7 of 13 residents randomly observed for call light placement (Residents D, F, H, L, M, P, and Q). Findings include: 1. During an initial pool interview on 6/19/23 at 10:45 a.m., Resident D was observed lying in bed watching television, her call light button was on her right side down between the bed and mattress out of sight of the resident. Resident D requested assistance with her the call light button as she could not find it. Resident D's record was reviewed on 6/20/23 at 8:42 a.m. Diagnoses on Resident D's profile included, but were not limited to, hemiplegia (paralysis) affecting the right side. A current care plan for Resident D indicated the resident was at risk for falls related to weakness. The goal was for the resident interventions to minimize the risk for falls resulting in serious injury. Interventions included to be assisted back to bed upon request and to have personal items that were used frequently within reach. 2. During the initial pool tour, on 6/19/23 at 10:57 a.m., Resident F was observed lying in bed, eyes closed, legs slowly moving under the covers. The resident's call light was hanging down between the side rail and mattress out of sight and reach of resident. Registered Nurse (RN) 7 indicated the	F 0558	The facility will ensure this requirement is met through the following corrective measures: 1. No residents were harmed. Administrative staff noted the call lights not in reach shortly following the surveyor and ensured they were within reach for residents D, F, H, L, M, P, and Q. 2. All residents have the potential to be affected and rounds were completed to ensure call lights were within reach. 3. The policy entitled "Resident Call System" was reviewed and no changes were indicated. Facility staff will be re-educated on this policy. The DON or her designee will make rounds daily, 7 days a week, at random times, to ensure call lights are within reach for 4 weeks and until 100% compliance is achieved, then twice weekly for five months and until 100% compliance is maintained. 4. The findings of these audits will be reviewed during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.	07/07/2023

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	resident was primarily dependent on others, could not transfer independently, and did not always use the call light. Resident F's record was reviewed on 6/20/23 at 8:52 a.m. Diagnoses on Resident F's profile included, but were not limited to, history of falling. A quarterly risk evaluation, dated 4/7/23, a score of 8.0 indicated moderate fall risk. A significant change Minimum Data Set (MDS) assessment, completed on 6/8/23, assessed the resident as having the ability to make herself understood and to understand others. Staff were unable to complete the Brief Interview for Mental Status (BIMS) assessment. Resident F required extensive assistance of 2 or more persons physical assist for bed mobility, total assistance of 2 or more persons physical assist for transfers, and the resident's mobility devices included a wheelchair. A current care plan for Resident F indicated at risk for falls related to weakness. The goal was for the resident interventions to minimize the risk for falls resulting in serious injury. Interventions included bolsters on the bed to remind resident of bed boundaries, personal items within reach, and assistive devices to be kept within reach. 3. During the initial pool tour, on 6/19/23 at 11:07 a.m., RN 10 was observed to enter Resident H's room to take her blood pressure. The resident was lying on her left side facing the window, her call light was hanging behind her from the bed rail on the right side of the bed, out of sight and reach of the resident. Resident H's record was reviewed on 6/20/23 at			

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	9:04 a.m. Diagnoses on Resident H's profile included, but were not limited to, Alzheimer's disease, and repeated falls. A quarterly risk evaluation, dated 5/19/23, a score of 13.0 indicated moderate fall risk. An annual MDS assessment, completed on 5/17/23, assessed the resident as having the ability to make herself understood and to understand others. A BIMS score of 1 out of 15 indicated severe cognitive impairment. Resident H required extensive assistance of 2 or more persons physical assist for bed mobility and transfers. Resident H's mobility devices included a wheelchair. Resident H had one fall since prior assessment without injury. A current care plan for Resident H, indicated at risk for falls related to a history of falls, impaired cognition, and impaired mobility. The goal was for the resident interventions to minimize the risk for falls resulting in serious injury. Interventions included bolsters on the bed to remind resident of bed boundaries, keep personal items used frequently within reach, and encourage to use call light when needing assistance prior to transfers. 4. During the initial pool tour, on 6/19/23 at 11:19 a.m., Resident L was observed lying in bed with eyes closed, television on, call light laying on the bottom bed frame under the top of the bed, out of sight and reach of the resident. Licensed Practical Nurse (LPN) 6 indicated the resident required stand by assistance for transfers. LPN 6 indicated the resident required 2 person assist for transfers and did not routinely use her call light to call for assistance. Resident L's record was reviewed on 6/20/23 at			

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	9:15 a.m. Diagnoses on Resident L's profile included, but were not limited to dementia, and history of falling. A quarterly risk evaluation, dated 5/28/23, a score of 15.0 indicated high fall risk. An annual MDS assessment, completed on 5/25/23, assessed the resident as having the ability to make herself understood and to understand others. BIMS score of 3 out of 15 indicated severe cognitive impairment. Resident L required extensive assistance of two or more persons physical assist for bed mobility and transfers. Mobility devices included a wheelchair. A current care plan for Resident L, indicated at risk for falls related to dementia. The goal was for the resident interventions to minimize the risk for falls resulting in serious injury. Interventions included personal items that were used frequently within reach, and assistive devices to be kept within reach. 5. During the initial pool tour, on 6/19/23 at 11:24 a.m., Resident M was observed lying in bed propped with a pillow facing left towards the doorway, call light observed tethered to the bottom of the side rail on the right side of the bed out of sight and reach of the resident. The resident was alert and talkative and indicated if she needed assistance she would use her call button. Resident M's record was reviewed on 6/20/23 at 9:30 a.m. Diagnoses on Resident M's profile included, but were not limited to, generalized anxiety disorder, and history of falling. A quarterly risk evaluation, dated 5/15/23,			

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	indicated a score of 9.0 which was a moderate fall risk. An annual MDS assessment, completed on 4/12/23, assessed the resident as having the ability to make herself understood and to understand others. A BIMS score of 5 out of 15 indicated severe cognitive impairment. Resident M required extensive assistance of one person physical assist for bed mobility, and locomotion in the room, extensive assistance of 2 or more persons physical assist for transfers, and mobility devices included a walker. A current care plan for Resident M indicated at risk for falls related to impaired mobility. The goal was for the resident interventions to minimize the risk for falls resulting in serious injury. Interventions included to be assisted back to bed upon request and to have personal items that were used frequently within reach. 6. During the initial pool tour, on 6/19/23 at 11:34 a.m., Resident P was overheard yelling "help me." Resident P was observed propped in bed looking out the door, call light observed out of sight on the bedrail on left side of bed. Qualified Medication Aide (QMA) 14 and an unidentified aide were observed to walk by the resident room conversing about personal subjects and did not respond to the resident. LPN 12 indicated the resident was declining quickly and required staff assistance for bed mobility and transfers. On 6/20/23 at 7:52 a.m., the resident's call light was observed hanging down from the top of right handrail past bottom of rail out of sight and reach of resident. Resident P's record was reviewed on 6/20/23 at			

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	9:45 a.m. Diagnoses on Resident P's profiled included, but were not limited to, dementia. A quarterly risk evaluation, dated 5/25/23, indicated a score of 11.0 which was a moderate fall risk. An annual MDS assessment, completed on 4/7/23, assessed the resident as having the ability to make himself understood and to understand others. A BIMS score of 11 out of 15 indicated moderate cognitive impairment. Resident P required an extensive assistance of one person physical assist for bed mobility, locomotion in the room and corridor. The resident required an extensive assistance of 2 or more persons physical assist for transfers. Mobility devices included a wheelchair. A care plan for Resident P, indicated at risk for falls related to impaired mobility and impaired cognition. The goal was for the resident interventions to minimize the risk for falls resulting in serious injury. Interventions included to have personal items that were used frequently within reach and to educate to use the call light prior to attempting to transfer. 7. During the initial pool tour, on 6/19/23 at 11:38 a.m., Resident Q was observed lying in bed propped on her left side facing the door. The call light was observed laying on the floor below the right side of the bed. The resident was alert and talkative and indicated if she needed assistance from staff, she pushed her call button but always had a hard time finding it. LPN 12 indicated the resident required a Hoyer lift for transfers. On 6/20/23 at 7:41 a.m., the resident was observed having her bed adjusted by an unidentified aide			

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	setting the resident up for breakfast, the call light was tucked behind the right side of the pillow behind the resident's head, out of sight and reach of the resident. On 6/20/23 at 10:18 a.m., observation of the resident propped in bed, the call light continued to be tucked behind the right side of the pillow behind the resident's head, out of sight and reach of the resident. Resident Q's record was reviewed on 6/20/23 at 9:48 a.m. Diagnoses on Resident Q's profile included but were not limited to history of falling. A quarterly risk evaluation, dated 4/4/23, indicated a score of 14.0 which indicated moderate fall risk. A quarterly MDS assessment, completed on 4/6/23, assessed the resident as having the ability to make herself understood and to understand others. A BIMS score of 11 out of 15 indicated moderately impaired cognition. Resident Q required an extensive assistance of 2 or more persons physical assist for bed mobility and transfers. Mobility devices included a wheelchair and walker. A current care plan for Resident Q indicated the resident was at risk for falls related to weakness. The goal was for the resident interventions to minimize the risk for falls resulting in serious injury. Interventions included to have personal items that were used frequently within reach and to have assistive devices kept within reach. During an interview on 6/20/23 at 10:24 a.m., the Assistant Director of Nursing (ADON) indicated, there was a nurse and/or QMA on each hallway. All staff no matter the department should have			

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	made sure call lights were in reach when leaving a resident room, ultimately it fell on the nurse covering the hallway to make sure call lights were in place. Upon rounds the prior day, management staff had observed call lights not being in place. On 6/20/23 at 10:40 a.m., the ADON provided a Resident Call System policy, revised 10/22, and indicated the policy was the one currently being used by the facility. The policy indicated, "Purpose: The facility must be adequately equipped to allow residents to call for staff assistance though a communication system which relays the call directly to a staff member or a centralized staff work area ...The call light should be within reach of the resident whether in bed, sitting in a chair in their room, in the toilet and bathing area. The intent of this requirement is that residents, when in their rooms, toilet, and bathing areas, have a means of directly contacting caregivers...." 3.1-3(v)(1)			