STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GLASSWATER CREEK OF LAFAYETTE, LLC	208 BECK LANE LAFAYETTE, IN 47909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00398338. Complaint IN00398338 - Substantiated. State Residential Finding related to the allegations is cited at R0052. Survey dates: January 18 and 19, 2023 Facility number: 014148 Residential Census: 134 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on January 25, 2023.	R 0000		
R 0052 Bldg. 00	410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on interview and record review, the facility failed to ensure a resident with a diagnosis of dementia, was free from neglect, when the resident exited the facility through an alarmed exit door and was off facility property for 1 of 4 residents reviewed for neglect (Resident B). This deficient practice resulted in Resident B ambulating with his walker outside the facility grounds, traveling one mile.	R 0052	1. Resident B was placed in a memory care unit on 12.30.2022. 2. Residents with diagnosis of Dementia have potential to be affected by alleged deficient practice. An audit was completed with 58 residents that could be	02/19/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
DeAnna Zimmerman	Director of Nursing	02/06/2023

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	Finding includes: A document, titled "Indiana State Department of Health Survey Report System," dated 12/29/2022 at 1:27 p.m., provided by the Administrator in Training on 1/18/2023 at 12:50 p.m., indicated the facility was notified by the local police department, on 12/29/2022 at 2:10 p.m., they would be returning Resident B to the facility. Resident B left the facility to go look for an apartment. The resident had no injury and was placed on frequent checks. The record for Resident B was reviewed on 1/18/2023 at 2:58 p.m. Diagnoses included, but were not limited to, dementia, anemia, insomnia, chronic atrial fibrillation, gastro-esophageal reflex disease, arthritis, and benign prostatic hyperplasia. Resident B had previously left the facility unattended 10/22/22 and was returned by the police. A service plan, dated 11/24/2022, indicated to monitor for cognition, increased confusion, or disorientation. The service plan included 30-minute safety checks or 1:1 observation for safety while alternative placement was found with 24-hour supervision required due to cognition. A progress note, dated 12/21/2022, indicated the SLUM examination assessment was completed. The resident score was 16 which was an indication of dementia. A communications log entry, dated 1/19/2023 (late entry) at 11:11 a.m., indicated the resident had been on 30-minute checks on 12/27/2022 without		potentially at risk. 3. Elopement assessment and Safety Awareness Assessment will be completed on identified residents. Residents found to be at risk will have information placed in At Risk for Elopement binder. Director of Nursing and/or designee will in-service staff on At Risk for Elopement binder, nursing staff will consult with MD if resident triggers for at risk for elopement and obtain documentation that resident is appropriate for an AL setting/needs memory care, family will be notified for a care plan meeting. Residents will have 1:1 service if actively exit seeking until permanent placement in alternative higher care setting. 4. Director Of Nursing and/or Designee to audit annual SLUMS assessments due each month or for change of condition for decline in cognition and ensure steps are completed on At Risk for Elopement residents. QA committee will review audit monthly x 9 months and make recommendations for need for on-going audits. 5. Date of compliance 2/19/23	

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	incident. A communications log entry, dated 1/19/2023 (late entry) at 11:19 a.m., indicated the resident had been on 30-minute checks on 12/28/2022 without incident. A communications log entry, dated 1/19/2023 (late entry) at 11:56 a.m., indicated the resident had been on 30-minute checks on 12/29/2022 without incident. A progress note, dated 12/29/2022 at 3:36 p.m., indicated the resident was seen leaving the facility on video camera, at 1:27 p.m., through an alarmed door and was returned to the facility by the local police. The resident was found one mile away at the Sun Villa Apartments. The resident was wearing a coat and was using his rollator/walker. Resident B indicated he was looking for an apartment because he was leaving the facility to go somewhere else, and the place could not take all his things. His son told him he could only take one box of belongings to the new residency. The resident wanted a bigger place to live so he went out of the facility to find an apartment. The resident was unharmed. The family and the primary care physician (PCP) were notified. The resident was placed on 1:1 observation until his discharge. During an interview, on 1/18/2023 at 11:30 a.m., the Administrator in Training indicated all the facility outside doors have an alarm. Resident B left the facility by an outside door and the alarm sounded but the resident was not found. The facility had no locked doors and the residents were free to leave the facility. The residents were to sign in and out if they leave the facility grounds in the logbook at the reception desk. Resident B did go			

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	out on excursions with his family, and he was aware of the procedure for signing in and out with his departures. The staff were not aware the resident had left the facility, on 12/29/2022, until the alarm sounded. The resident was last observed by the staff, at 1:05 p.m., the alarm sounded, and the staff initiated a search of the facility and grounds for the missing resident. Resident B was seen on the facility video leaving the facility, on 12/29/2022 at 1:27 p.m. The family and the PCP were notified of the resident elopement. A call from the local police department, on 12/29/2022 at 2:10 p.m., indicated they had found the resident and they were returning the resident to the facility. The resident was returned to the facility, on 12/29/2022 at 2:30 p.m. The resident was found at the Sun Villa apartments (1 mile away from the facility). The resident was not harmed and was wearing appropriate clothing. The resident was placed on 1:1 observation until he was discharged, on 12/30/2022. The AIT did not call the police prior to the police contacting the facility. The police found the resident before the facility notified the police of the missing resident. Resident B was gone from the facility for 43 minutes before the facility was contacted by the police During an interview, on 1/19/2023 at 1:50 p.m., CNA 3 indicated if the alarm sounded, all staff were to search outside the facility for the missing resident, then staff would check resident rooms, if a resident was found missing the Director of Nursing or the Administrator was notified, and they would notify the police. During an interview, on 1/19/2023 at 1:59 p.m., CNA 4 indicated if the alarm sounded, all staff			

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	were to search outside the facility for the missing resident, then staff would check resident rooms, if a resident was found missing the Director of Nursing or the Administrator was notified. During an interview, on 1/19/2023 at 2:10 p.m., Dietary Aide (DA) 5 indicated if the alarm sounded, all staff were to search outside the facility for the missing resident, then staff would check resident rooms, if a resident was found missing the Director of Nursing or the Administrator was notified, and they would call the police and family. During an interview, on 1/19/2023 at 2:15 p.m., LPN 6 indicated if the alarm sounded, she could locate the door which sounded and send staff to search for the resident outside. If the resident was not found outside, she would initiate the bed check and resident location search. If a resident was found to be missing the Director of Nursing or the Administrator was notified. The family, PCP and the police were notified. During an interview, on 1/19/2023 at 2:30 p.m., Dietary Manager (DM) 7 indicated if the alarm sounded, some staff were designated to search outside the facility for the missing resident, then staff would check resident rooms, if a resident was found missing the Director of Nursing or the Administrator was notified. A current facility policy, titled "Daily Wellness Check," dated as revised on 07/2019 and provided by the Administrator in Training on 1/18/2023 at 4:10 p.m., indicated "...A. It is the responsibility of the C.N.A. to check on each Resident, by visually laying eye on them at least once daily...C. It is the responsibility of the C.N.A. to notify the Director of Nursing if the resident is not in their apartment			

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	and secure other staff assistance in locating the resident...D. It is the Director of Nursing responsibility to notify the Administrator if the resident isn't located. The Administrator will follow the Administrator Reporting Policy and refer to Elopement Policy...." This State finding relates to Complaint IN00398338.			