

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

PRINTED: 12/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155286		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/16/2023	
NAME OF PROVIDER OR SUPPLIER AVALON VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 200 KINGSTON CIR LIGONIER, IN 46767			
(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
F 0000 Bldg. 00	<p>This visit was for the Annual Recertification and State Licensure survey.</p> <p>Survey date: November 12, 13, 14, 15, and 16, 2023</p> <p>Facility number: 000184 Provider number: 155286 AIM number: 100267210</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 5 Medicaid: 36 Other: 11 Total: 52</p> <p>Avalon Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Annual Recertification and State Licensure survey.</p> <p>Quality review completed November 21, 2023.</p>			F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance</p> <p>Requesting Desk Review</p>		
F 0558 SS=D Bldg. 00	<p>483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive 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</p>			F 0558	Requesting Desk Review		12/08/2023

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

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 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>review the facility failed to ensure an adaptive call light was available and within reach for 1 of 15 residents reviewed (Resident 30).</p> <p>Findings include:</p> <p>During an observation on 11/12/23 at 10:13 AM, Resident 30 was observed lying in bed in her room. Resident 30 had severe contractures of her bilateral upper arms. Her elbows were bent at a tight angle and her hands were in a tight fist position. Her hands were positioned near her face. Her call light cord was observed against the wall behind the bed. The call light activation handle was observed lying on the floor. The call light was observed to be a standard call light. Resident 30 indicated she could not reach her call light.</p> <p>During an interview on 11/12/23 at 10:35 AM, Certified Nurse Aide (CNA) 4 indicated the call light should be within Resident 30's reach. CNA 4 placed the call light on resident's upper torso. When asked to have Resident 30 demonstrate activation of her call light, CNA 4 placed the call light near Resident 30's right hand. Resident 30 indicated she was unable to activate the call light with her hand and needed to use her mouth to activate the call light. CNA 4 placed the call light on Resident 30's lower lip and Resident 30 attempted to activate the call light without success.</p> <p>During an observation and interview on 11/12/23 at 11:38 AM, Resident 30 was observed lying in bed in the same position as observed earlier that morning. A soft touch call light with a gripper back was observed lying on Resident 30's lower abdomen. When asked to activate her call light, Resident 30 indicated she could not reach it. The</p>				<p>F558 Reasonable Accommodation of Needs/Preferences</p> <p>1. Residents 30, was immediately assessed to ensure an adaptive call light was available and within resident reach. Careplan was updated.</p> <p>2. There were no other residents affected by this practice. All other residents were assessed by staff to ensure call light was appropriate and within reach. Residents who prefer an adaptive call light were given the call light and a careplan that accurately reflect this preference.</p> <p>3. Staff educated by the Director of Nursing on call light placement to ensure within reach and reporting any need for an adaptive call light to the nurse. Nurses educated on providing adaptive call lights as needed along with therapy referrals as needed. Residents will be reviewed by IDT upon admission, and with careplan reviews to ensure resident has appropriate call light and careplans are updated. Frequent rounds will be completed to ensure residents have an appropriate call light in reach.</p> <p>4. To ensure compliance, DNS or Designee is responsible for completing the call light CQI audit tool weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least 6 months. The form will be reviewed during facility</p>		

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	<p>Minimum Data Set (MDS) Coordinator indicated Resident 30 would not be able to reach the call light where it was positioned. The MDS Coordinator placed the call light near her right hand and then under the left side of her chin. Resident 30 made movements in attempt to activate the light without success.</p> <p>During an observation on 11/15/23 at 2:59 PM, A grey angled pressure activated call device was placed resting below the left side of Resident 30's chin. Resident 30 could then activate the call light.</p> <p>Resident 30's record was reviewed on 11/13/23 at 2:45 PM. Diagnoses included spastic quadriplegic cerebral palsy, contracture of the right hand, contracture of the left hand, contracture of muscle, multiple sites, other reduced mobility, and need for assistance with personal care.</p> <p>A review of Resident 30's current quarterly Minimum Data Set (MDS) dated 10/19/23 indicated her Basic Interview for Mental Status (BIMS) score was 12 (mild cognitive impairment). The MDS indicated Resident 30 hand contractures of both upper extremities and was totally dependent in rolling back and forth in the bed.</p> <p>A review of Resident 30's current care plan titled Resident is at risk for falls ...dated 6/1/22 indicated Resident 30 was at risk for falls with a goal date of 1/25/24. Interventions included call light in reach. Another problem titled resident utilized adaptive call light ...dated 11/12/23 indicated Resident 30 utilized an adaptive call light with a goal date of 2/12/23. Interventions included a soft touch call pad initiated on 11/12/23.</p> <p>A document titled Activity Detail Report dated</p>				<p>CQI meeting. If 100% threshold is not achieved an action plan will be developed.</p> <p>5. Completion date: 12/8/23</p>		

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F 0561 SS=D Bldg. 00	<p>11/1/23 to 11/14/23 was received from the Social Worker on 11/14/23 at 2:03 PM. The Social Worker indicated the document detailed all activations of the call light in the noted time frame. Call light use was recorded on 11/12/23 at 2:19 PM and 11/13/23 at 4:28 AM. No records of call light use prior to 11/12/23 2:19 PM were recorded on the call light system.</p> <p>A review of a physical therapy evaluation and plan of care from the dates of 10/10/23 to 11/8/23 indicated Resident 30 had contractures. These limited her functional abilities. The evaluation and plan of care did not address Resident 30's ability to use her call light.</p> <p>A review of an occupational therapy evaluation and plan of care from the dates of 4/22/23 to 6/17/23 indicated Resident 30 had contractures limiting her functional abilities. The evaluation and plan of care did not address Resident 30's ability to use her call light.</p> <p>A current policy, titled Resident Rights, undated, provided by the Director of Nursing on 11/15/23 at 1:11 PM indicated residents have the right to reasonable accommodations of needs.</p> <p>In an interview on 11/16/23 at 11:34 AM the Administrator indicated the facility did not have a policy for call lights or use of adaptive call lights.</p> <p>3.1-3(v)(1)</p> <p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident</p>						

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	<p>choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on observation, interview, and record review the facility failed to ensure self-determination of visitors for 2 of 15 residents reviewed (Resident 30 and Resident 35).</p> <p>Findings include:</p> <p>1) During an observation on 11/12/23 at 10:13 AM, Resident 30 was observed lying in bed in her room. Resident 35 was observed standing beside her bed speaking nonsensically to Resident 30 and dancing to music playing on her radio. Resident 30 had severe contractures of her</p>			F 0561	<p>Requesting Desk Review</p> <p>F561 Self Determination 1. Resident 30 was immediately assessed and interviewed by DNS/SSD to ensure that resident rights were in place for self-determination of visitors. Appropriate call light in place and in reach. Careplan reviewed and accurate for this resident. Resident 35 was immediately assessed by DNS/SSD to ensure careplan was appropriate and</p>		12/08/2023

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	<p>bilateral upper arms. Her elbows were bent at a tight angle and her hands were in a tight fist position. Her hands were positioned near her face. Her call light cord was observed against the wall behind the bed. The call light activation handle was observed lying on the floor. Resident 30 indicated she could not reach her call light. Resident 30 indicated Resident 35 had not touched her, but she did not invite him into the room and his presence made her uncomfortable. She indicated he had been in her room the prior night also.</p> <p>Resident 30's record was reviewed on 11/13/23 at 2:45 PM. Diagnoses included spastic quadriplegic cerebral palsy, contracture of the right hand, contracture of the left hand, contracture of muscle, multiple sites, other reduced mobility, and need for assistance with personal care.</p> <p>A review of Resident 30's current quarterly Minimum Data Set (MDS) dated 10/19/23 indicated her Basic Interview for Mental Status (BIMS) score was 12 (mild cognitive impairment). The MDS indicated Resident 30 hand contractures of both upper extremities and was totally dependent in rolling back and forth in the bed.</p> <p>A review of Resident 30's current care plan titled psychosocial well-being dated 6/1/23 indicated she had a problem of a history of sexual abuse, with a goal date of 1/25/24. Interventions included ensure resident has a sense of emotional and physical safety. A current care plan titled Resident is at risk for falls ...dated 6/1/22 indicated Resident 30 was at risk for falls with a goal date of 1/25/24. Interventions included call light in reach.</p> <p>2) Resident 35's record was reviewed on 11/15/23</p>				<p>accurate for this resident. A stop sign was placed on the residents door.</p> <p>2. All other residents have the potential to be affected by this practice. All residents were reviewed to ensure resident rights for self determination of visitors were in place and preferences accurately reflect plan of care. All resident have appropriate call lights in place to alert staff if needed.</p> <p>3. Staff educated by the Social Services Director on resident rights and self determination of visitors. Staff educated on careplan approaches/interventions r/t intrusive wandering. Residents will be reviewed by IDT members upon admission review, annual, significant changes, quarterly MDS assessments to ensure approaches remain effective. Frequent rounds will be completed to ensure resident interventions for intrusive wandering remain effective. If interventions are ineffective, an action plan will be developed.</p> <p>4. To ensure compliance, the SSD or Designee is responsible for completing the CQI dignity and privacy audit tool weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least 6 months. The form will be reviewed during facility CQI meeting. If 100% threshold is not achieved an action plan will be developed.</p>		

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F 0699 SS=D Bldg. 00	<p>at 1:31 PM. Diagnoses included Diagnoses included Alzheimer's disease with late onset, cognitive communication deficit, and generalized anxiety disorder.</p> <p>A review of Resident 35's current quarterly Minimum Data Set (MDS) dated 11/1/23 indicated his Basic Interview for Mental Status (BIMS) score was 3 (cognitively impaired).</p> <p>Resident 35's care plan titled Resident is at risk for intrusive wandering ...indicated Resident 35 had a problem of entering the wrong room with a goal date of 2/1/24. Approaches included providing 1:1 attention and conversation as needed.</p> <p>In an interview on 11/14/23 at 2:23 PM, Licensed Practical Nurse (LPN) 5 indicated staff tried to keep a close eye on Resident 35 when he was up walking in the halls to keep him from going in other resident's rooms.</p> <p>A current policy, titled Resident Rights, undated, provided by the Director of Nursing on 11/15/23 at 1:11 PM indicated residents have the right to choose to receive or deny visitors.</p> <p>3.1-3(u)3</p> <p>483.25(m) Trauma Informed Care §483.25(m) Trauma-informed care The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p>				5. Completion date: 12/8/23		

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	<p>Based on observation, interview and record review the facility failed to ensure direct care staff was made aware of the identified triggers for a resident with a history of trauma for 1 of 2 residents reviewed. (Resident 48)</p> <p>Findings include:</p> <p>On 11/12/23 at 11:59 AM, Resident 48 was observed ambulating with bare feet in the hallway. Resident 48 had their arms folded tightly across their chest. Resident 48's lips were turned downward at the corners. Resident 48 grabbed a container of applesauce from a medication cart and clutched the container to their chest. A Certified Nurse Aide (CNA) was overheard stating the resident was combative.</p> <p>Resident 48's record was reviewed on 11/14/23 at 10:33 AM. Diagnoses included hallucinations, unspecified dementia with psychotic disturbances and anxiety disorder.</p> <p>Resident 48's current Comprehensive Minimum Data Set (MDS) dated 9/27/23 indicated the resident had severe cognitive impairment. The MDS indicated Resident 48's communication was rarely or never understood. The MDS indicated Resident 48 had exhibited behavioral symptoms such as hitting self, scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, screaming and making disruptive sounds daily. The MDS indicated Resident 48 exhibited behaviors of wandering and refusal of care less than daily.</p> <p>A Social Services Assessment dated 9/27/23 at 10:06 AM indicated Resident 48 had experienced</p>			F 0699	<p>Requesting Desk Review</p> <p>F 699 Trauma Informed Care</p> <p>1. Resident 48 was immediately assessed to ensure behavioral interventions are appropriate and effective. Care sheets and careplans updated with triggers for trauma and appropriate interventions for resident.</p> <p>2. All other residents have the potential to be affected by this practice. All residents were reviewed to ensure trauma informed careplan reflects triggers from assessment and interventions reflected on the careplan and interventions on the care sheets.</p> <p>3. SSD educated by ED on trauma informed care. Staff educated by the SSD on trauma informed care and behavioral interventions of residents. Staff educated on utilizing resident careplans and caresheets for approaches/interventions r/t behavior management and trauma (if identified). Residents will be reviewed by IDT members upon admission review, annual, significant changes, quarterly MDS assessments to ensure approaches remain effective. Frequent rounds will be completed to ensure resident interventions remain effective. If interventions are ineffective, an action plan will be developed.</p> <p>4. To ensure compliance, the DNS</p>		12/08/2023

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	<p>trauma in their life. The assessment indicated Resident 48 may feel uncomfortable around males. The assessment indicated loud noises were a trigger that made Resident 48 feel unsafe or stressed.</p> <p>A current care plan focus of mood state dated 9/27/23 and revised on 11/14/23 indicated Resident 48 had a history of sexual abuse trauma and was at risk of re-traumatization, feeling unsafe / untrusting and/or distressed. The goal was to eliminate or reduce triggers that may cause re-traumatization by 12/27/23. Interventions included encouragement of socialization, communication, physical safety, emotional safety, family participation in the care plan as the resident's daughter held a PhD in psychology. The care plan did not include resident specific identified triggers of loud noises and males. These triggers could cause Resident 48's re-traumatization. The care plan did not include Resident 48's behaviors of refusal of care or combativeness.</p> <p>Resident 48's record did not include documentation of behavioral tracking.</p> <p>A physician order dated 9/21/23 indicated Resident 48 may receive psychiatric services.</p> <p>A progress note entered by Male Nurse 1 dated 9/22/23 at 1:46 PM indicated Resident 48 had multiple episodes of violence against the staff. Resident 48 had hit and scratched 5 staff members. Resident 48 had attempted to bite the male nurse. The progress note indicated it had taken 4 staff members to get Resident 48 into the shower room.</p> <p>A progress note dated 9/23/23 at 8:45 AM</p>				<p>or Designee is responsible for completing the CQI behavior audit tool weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least 6 months. The form will be reviewed during facility CQI meeting. If 100% threshold is not achieved an action plan will be developed.</p> <p>5. Completion date: 12/8/23</p>		

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	<p>indicated Resident 48 had struck staff members while resisting care.</p> <p>A progress note dated 9/25/23 at 1:59 PM indicated Resident 48 disliked direct care, had been combative towards the staff and was unable to understand their environment. The progress note indicated Resident 48's care plan had been updated and interventions were revised as applicable.</p> <p>A progress note entered by Male Nurse 2 dated 9/26/23 at 11:16 AM indicated Resident 48 had bitten a staff member.</p> <p>A progress note dated 10/2/23 at 2:57 PM indicated Resident 48's son in law had no insight to any approaches that could help settle the resident during episodes of restlessness and wandering.</p> <p>A progress note entered by Male Nurse 1 dated 10/20/23 at 8:09 AM indicated they had been unable to assess Resident 48 after they had fallen due the resident being combative.</p> <p>A progress note dated 11/3/23 at 4:15 PM indicated Resident 48 had displayed increased agitation and restlessness after having had a shower.</p> <p>A Behavioral Health Monthly Review (review) dated 11/10/23 at 12:51 PM indicated Resident 48 had not had any new or worsening behaviors. The review indicated the resident had a high risk for restlessness and difficulty understanding their present environment. The review indicated Resident 48's care plan had been updated with effective interventions.</p>						

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	<p>A progress note dated 11/14/23 at 2:40 PM indicated Resident 48's daughter declined facility counseling services for the resident. The progress note indicated the resident's other daughter had a PhD in counseling and would assure Resident 48 would have counseling services as needed.</p> <p>In an interview on 11/14/23 at 3:42 PM the Social Service Director (SSD) indicated Resident 48 did not receive a Trauma Informed Care assessment upon admission d/t the resident's daughter was a PhD at a counseling service and was qualified to treat the resident. The SSD indicated Resident 48's daughter had declined the Trauma Informed Care assessment twice. The SSD indicated they did not know how the direct care staff were made aware of resident specific behaviors. The SSD indicated they would have to ask the Director of Nursing (DON).</p> <p>In an interview on 11/15/23 at 2:40 PM the DON indicated the facility no longer used behavior tracking forms. The DON indicated new or worsening behaviors were documented in the progress notes. The DON indicated they were unaware of how direct care staff knew resident specific behaviors were new or worsening.</p> <p>In an interview on 11/15/23 at 2:42 PM the SSD indicated they collected behavior information from all sources. The SSD indicated new or worsening behaviors were recorded in the progress notes and they read all progress notes. The SSD indicated they used a monthly behavior template to document behaviors in the progress notes. The SSD indicated there was no behavior information located at the nurse station. The SSD indicated they were unaware of how direct care staff knew resident specific behaviors were common, new or worsening.</p>						

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OMB NO. 0938-039

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	<p>In an interview on 11/15/23 at 2:44 PM Resident 48's daughter indicated the resident became agitated and combative when water was sprayed directly on them. The daughter indicated Resident 48 had bitten a staff member during a shower. The daughter indicated they had made the staff member aware of Resident 48's preference of not having water sprayed directly on them. The daughter indicated the staff member now sprays water onto wash clothes instead of placing the resident under the water stream and the resident has not become agitated during showers provided by that particular staff member. The daughter indicated Resident 48 became fearful and nervous around men and became anxious when they heard loud noises.</p> <p>In an interview on 11/16/23 at 11:45 AM CNA 2 indicated their resident assignment sheets did not include specific resident behaviors or interventions. CNA 2 indicated there was no information for resident specific behaviors or interventions at the nurse station. CNA 2 indicated they were to verbally report observed behaviors to the nurse. CNA 2 indicated they were unaware of how to determine specific behaviors of new residents. CNA 2 indicated they were unaware of how to determine if a resident's behavior was common, new or worsening.</p> <p>A current policy dated 2/20 provided by the DON on 11/14/23 at 12:50 PM indicated each resident would be screened for trauma during the Social Services Assessment upon admission. The policy indicated the plan of care would be routinely evaluated to determine if the interventions had been effective in reducing the impact of identified triggers that may cause re-traumatization.</p>						

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F 0740 SS=D Bldg. 00	<p>483.40 Behavioral Health Services §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.</p> <p>Based on observation, interview and record review the facility failed to ensure behavioral care plan interventions were followed for 1 of 5 residents reviewed. (Resident 35)</p> <p>Findings include:</p> <p>During an observation on 11/12/23 at 10:13 AM, Resident 30 was observed lying in bed in her room. Resident 35 was observed standing beside her bed speaking nonsensically to Resident 30 and dancing to music playing on her radio. Resident 35 placed Resident 30's trash can on top of her overbed table and pushed it around the room while mumbling non-sensical words. Resident 35 walked out to the hallway and grabbed a hooyer (a large mechanical device used to lift dependent residents) lift device that was sitting in the hallway and began pushing it down the hallway. An unidentified CNA approached Resident 35 and redirected him away from the hooyer lift device.</p> <p>Resident 35's record was reviewed on 11/15/23 at 1:31 PM. Diagnoses included Diagnoses included</p>			F 0740	<p>Requesting Desk Review</p> <p>F740 Behavioral Health Services- 1. Resident 35 was immediately assessed by DNS and SSD to ensure careplan was appropriate and accurate for this resident. Careplan was updated with new interventions to address resident behaviors. 2. All other residents have the potential to be affected by this practice. An audit was conducted to ensure residents with behavioral careplans were assessed and careplans were accurate and appropriate for these residents. 3. Staff educated by SSD on behavioral interventions and reflection of behaviors and interventions on the resident careplans and caresheets. An audit was completed to ensure all behavioral interventions were listed on the resident careplans and caresheet for all residents.</p>		12/08/2023

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	<p>Alzheimer's disease with late onset, cognitive communication deficit, and generalized anxiety disorder.</p> <p>A review of Resident 35's current quarterly Minimum Data Set (MDS) dated 11/1/23 indicated his Basic Interview for Mental Status (BIMS) score was 3 (cognitively impaired).</p> <p>A review of progress notes dated 11/4/23 at 4:25 AM indicated Resident 35 had wandered into a female resident's room, laid down in the extra bed in the room and attempted to pull down his brief and urinate on the floor.</p> <p>Resident 35's care plan titled Behavioral Symptoms, initiated 8/16/23, with a goal date of 2/1/24 was reviewed. The care plan indicated the following problems:</p> <ol style="list-style-type: none"> 8/15/23 at 12:00 noon increased agitation as evidenced by verbal aggression toward staff; 8/15/23 at 1:00 PM following lunch and returning to room, physical agitation toward staff with physical combativeness; 8/16/23 slapped nurse's hand when attempting to replace cervical collar; 8/22/23 sexual comment to staff; Escalated emotional response to staff including being aggressive and holding on to a staff's shirt collar; 9/10/23 wandered into another resident's room wearing only a brief and gripper socks; 9/12/23 Sexual proposition of female staff; 9/14/23 Physical aggression and inappropriate speech toward staff; 10/9/23 Physically combative toward staff. <p>Approaches included creating a safe space for the resident to move self about while promoting safety and maintaining staff supervision and increased supervision by staff as needed.</p>				<p>Residents will be reviewed by IDT members upon admission review, annual, significant changes, quarterly MDS assessments to ensure approaches remain effective. Frequent rounds will be completed to ensure resident interventions remain effective. If interventions are ineffective, an action plan will be developed.</p> <p>4. To ensure compliance, the DNS or Designee is responsible for completing the CQI Social Services Careplan audit tool weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least 6 months. The form will be reviewed during facility CQI meeting. If 100% threshold is not achieved an action plan will be developed.</p> <p>5. Completion date: 12/8/23</p>		

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F 0745 SS=D Bldg. 00	<p>Resident 35's care plan titled Resident is at risk for intrusive wandering ...indicated Resident 35 had a problem of entering the wrong room with a goal date of 2/1/24. Approaches included providing 1:1 attention and conversation as needed.</p> <p>In an interview on 11/14/23 at 2:23 PM, Licensed Practical Nurse 5 indicated staff tried to keep a close eye on Resident 35 when he is up walking in the halls to keep him from going in other resident rooms.</p> <p>In an interview on 11/15/23 at 11:45 AM CNA 2 indicated they provided direct care to the residents according to resident care assignment sheets. CNA 2 indicated resident behaviors were not included on the resident care assignment sheets. CNA 2 indicated when an unusual behavior was observed, the behavior was verbally reported to the nurse. CNA 2 indicated they were unaware of how to determine when resident behaviors were common for the specific resident. CNA 2 indicated they were not aware of a behavior tracking method.</p> <p>A current policy titled Behavior Management, last revised 8/22 provided by the Director of Nursing on 11/15/23 at 1:08 PM indicated the interdisciplinary team should review all behaviors having potential for risks to others including intrusive wandering and the direct care staff should be educated as to the interventions for residents reviewed by the interdisciplinary team.</p> <p>3.1-37(a)</p> <p>483.40(d) Provision of Medically Related Social Service §483.40(d) The facility must provide</p>						

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	<p>medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review the facility failed to ensure resident specific, non-pharmacological interventions were attempted for 1 of 2 residents reviewed. (Resident 48)</p> <p>Findings include:</p> <p>On 11/12/23 at 11:59 AM, Resident 48 was observed ambulating in the hallway with bare feet. Resident 48 had their arms folded tightly across their chest. Resident 48's lips were turned downward at the corners. Resident 48 grabbed a container of applesauce from a medication cart and clutched the container to their chest. A Certified Nurse Aide (CNA) was overheard stating the resident was combative.</p> <p>Resident 48's record was reviewed on 11/14/23 at 10:33 AM. Diagnoses included hallucinations, unspecified dementia with psychotic disturbances and anxiety disorder.</p> <p>Resident 48's current Comprehensive Minimum Data Set (MDS) dated 9/27/23 indicated the resident had severe cognitive impairment. The MDS indicated Resident 48's communication was rarely or never understood. The MDS indicated Resident 48 had exhibited behavioral symptoms such as hitting self, scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, screaming and making disruptive sounds daily. The MDS indicated Resident 48 exhibited behaviors of wandering and refusal of care less than daily.</p>			F 0745	<p>Requesting Desk Review</p> <p>F745 Provision of Medically Related Social Services</p> <p>1. Resident 48 was immediately assessed by SSD to ensure all behavioral interventions are listed on the careplan, accurate for the resident and reflected on the care sheet. The careplan was updated to include resident specific triggers of loud noises and men and interventions to address the triggers. These interventions will be implemented prior to the use of pharmacological interventions.</p> <p>2. All residents have the potential to be affected by this practice. An audit was conducted to ensure appropriate triggers careplaned and interventions were effective and implemented and listed on the care sheets.</p> <p>3. Staff educated by the SSD on implementation on non pharmacological intervention to behaviors. Residents will be reviewed by IDT members upon admission review, annual, significant changes, quarterly MDS assessments to ensure approaches remain effective. Frequent rounds will be completed to ensure resident interventions remain effective. If interventions are ineffective, an action plan will</p>		12/08/2023

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	<p>A Social Services Assessment dated 9/27/23 at 10:06 AM indicated Resident 48 had a history of trauma and may feel uncomfortable around males. The assessment indicated loud noises were a trigger that made Resident 48 feel unsafe or stressed.</p> <p>A current care plan focus of mood state dated 9/27/23 indicated Resident 48 had a risk of signs and symptoms of anxiety such as wandering, restlessness, agitation, worried facial expressions, irritability, tremors, insomnia, nausea, sweating, shortness of breath and sweating with a goal target date of 12/27/23. The care plan focus did not address Resident 48's identified stressors of loud noises and being around men.</p> <p>A current care plan focus of mood state dated 9/27/23 and revised on 11/14/23 at 3:25 PM indicated Resident 48 had a history of sexual abuse and was at risk of feeling unsafe, untrusting and/or distressed. The goal was to eliminate or reduce triggers that may cause re-traumatization by 12/27/23. Interventions included encouragement of socialization, communication, physical safety, emotional safety, family participation in the care plan as the resident's daughter holds a PhD in psychology. The care plan did not include resident specific identified triggers of loud noises and men that could cause Resident 48 to become distressed. The care plan did not include Resident 48's behaviors of refusal of care or combativeness.</p> <p>A physician order dated 9/21/23 indicated Resident 48 may receive psychiatric services.</p> <p>A progress note entered by Male Nurse 1 dated 9/22/23 at 1:46 PM indicated Resident 48 had multiple episodes of violence against the staff.</p>				<p>be developed.</p> <p>4. To ensure compliance, the DNS or Designee is responsible for completing the CQI psychoactive management tool weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least 6 months. The form will be reviewed during facility CQI meeting. If 100% threshold is not achieved an action plan will be developed.</p> <p>5. Completion date: 12/8/23</p>		

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	<p>Resident 48 had hit and scratched 5 staff members. Resident 48 had attempted to bite the male nurse. The progress note indicated it had taken 4 staff members to get Resident 48 into the shower room.</p> <p>A progress note dated 9/23/23 at 8:45 AM indicated Resident 48 had struck staff members while resisting care.</p> <p>A progress note dated 9/25/23 at 1:59 PM indicated Resident 48 disliked direct care, had been combative towards the staff and was unable to understand their environment. The progress note indicated Resident 48's care plan had been updated and interventions were revised as applicable.</p> <p>A progress note entered by a Male Nurse 1 dated 9/26/23 at 11:16 AM indicated Resident 48 had bitten a staff member.</p> <p>A progress note dated 9/26/23 at 3:29 PM indicated Resident 48 had continued to be restless, agitated and combative with the staff.</p> <p>A progress note dated 9/27/23 at 9:20 AM indicated Resident 48 had benefitted from a new topical anti-anxiety medication.</p> <p>A physician order dated 9/27/23 indicated Resident 48 was to be administered lorazepam (anti-anxiety medication) 1 milligram by rubbing onto the resident's skin twice daily.</p> <p>A progress note dated 10/2/23 at 2:57 PM indicated Resident 48's son in law had no insight to any approaches that could help settle the resident during episodes of restlessness and wandering.</p>						

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	<p>A progress note entered by Male Nurse 2 dated 10/20/23 at 8:09 AM indicated they had been unable to assess Resident 48 after they had fallen due the resident being combative.</p> <p>A progress note dated 11/3/23 at 4:15 PM indicated Resident 48 had displayed increased agitation and restlessness after having had a shower.</p> <p>A Behavioral Health Monthly Review (review) dated 11/10/23 at 12:51 PM indicated Resident 48 had not had any new or worsening behaviors. The review indicated the resident had a high risk for restlessness and difficulty understanding their present environment. The review indicated Resident 48's care plan had been updated with effective interventions.</p> <p>A progress note dated 11/14/23 at 2:40 PM indicated Resident 48's daughter had declined facility counseling services. The progress note indicated the resident's other daughter had a PhD in counseling and would assure Resident 48 would have counseling services as needed.</p> <p>In an interview on 11/14/23 at 3:42 PM the Social Service Director (SSD) indicated the resident's daughter had a PhD at a counseling service and was qualified to treat the resident. The SSD indicated they were not aware of the need to identify specific triggers or stressors that had preceded the resident's behaviors. The SSD indicated they did not know how the direct care staff were made aware of resident specific stressors or behaviors. The SSD indicated they would have to ask the Director of Nursing (DON).</p> <p>There were no notes to indicate psychiatric</p>						

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	<p>services had been obtained for the resident.</p> <p>In an interview on 11/15/23 at 2:40 PM the DON indicated the facility no longer used behavior tracking forms. The DON indicated new or worsening behaviors were documented in the progress notes. The DON indicated they were unaware of Resident 48's specific stressors that could lead to behaviors. The DON indicated they were unaware of how direct care staff knew resident specific behaviors were new or worsening.</p> <p>In an interview on 11/15/23 at 2:42 PM the SSD indicated they collected behavior information from all sources. The SSD indicated new or worsening behaviors were recorded in the progress notes and they read all progress notes. The SSD indicated they used a monthly behavior template to document behaviors in the progress notes. The SSD indicated there was no behavior information located at the nurse station. The SSD indicated they were unaware of how direct care staff knew resident specific behaviors were common, new or worsening. The SSD indicated she was unaware of any psychiatric services notes.</p> <p>In an interview on 11/15/23 at 2:44 PM Resident 48's daughter indicated the resident became agitated and combative when water was sprayed directly on them. The daughter indicated Resident 48 had bitten a staff member during a shower. The daughter indicated they had made the staff member aware of Resident 48's preference of not having water sprayed directly on them. The daughter indicated the staff member now sprays water onto wash clothes instead of placing the resident under the water stream and the resident has not become agitated during showers provided by that particular staff member. The daughter</p>						

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F 0921 SS=D Bldg. 00	<p>indicated Resident 48 became fearful and nervous around men and became anxious if they heard loud noises. The daughter did not indicate the facility had sought psychiatric services for the resident from the family member.</p> <p>In an interview on 11/16/23 at 11:45 AM CNA 2 indicated their resident assignment sheets did not include specific resident behaviors or interventions. CNA 2 indicated there was no information for resident specific behaviors or interventions at the nurse station. CNA 2 indicated they were to verbally report observed behaviors to the nurse. CNA 2 indicated they were unaware of how to determine specific behaviors of new residents. CNA 2 indicated they were unaware of how to determine if a resident's behavior was common, new or worsening. CNA 2 was not aware of any specific stressors that could possibly lead to Resident 48's behaviors.</p> <p>A current policy dated 2/22 provided by the DON on 11/14/23 at 12:50 PM indicated each resident would receive behavioral health services to attain or maintain the highest practicable physical, mental and psychosocial well-being. 3.1-37 3.1-43</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review the facility failed to ensure a clean call light and a clean urinal were provided to 2 of 15 residents reviewed (Resident 1, and Resident 30).</p>			F 0921	<p>Requesting Desk Review</p> <p>F921- Safe/Functional/Sanitary/Comfortable Environment</p>		12/08/2023

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	<p>Findings include:</p> <p>1) During an observation on 11/13/23 at 9:47 AM Resident 1 was lying in bed with a urinal on the left side of his bed. The urinal was a whitish translucent plastic with brown debris around the opening. A 3mm and a 2 mm round pieces of brown debris were noted on the side of the urinal.</p> <p>During an observation on 11/14/23 at 9:34 AM, the urinal was observed in about the same place beside the resident with the debris appearing unchanged from the previous day's observation.</p> <p>During an interview and observation on 11/14/23 at 9:37 AM Nurse Aide in Training (NAIT) 3 indicated Resident 1 could use his urinal, but staff managed the emptying task due to Resident 1's mobility limitations. NAIT 3 indicated the urinal at Resident 1's bedside was dirty and the staff member who emptied his urinal after the last use should have provided the resident with a clean urinal instead of returning it to him dirty.</p> <p>Resident 1's record was reviewed on 11/14/23 at 11:16 AM. Diagnoses included paraplegia, unspecified, contracture of muscle, multiple sites, personal history of traumatic brain injury, and need for assistance with personal care.</p> <p>A review of Resident 1's current quarterly, Minimum Data Set (MDS) indicated his Basic Interview for Mental Status (BIMS) score was 10 (cognitively impaired). The MDS indicated the resident needed substantial assistance with toileting hygiene tasks.</p> <p>A review of Resident 1's current care plan titled Resident 1 prefers to keep his urinal near him ...</p>				<p>1. Residents 1 was immediately given a new urinal. The call light for resident 30 was immediately cleaned and placed appropriately within reach.</p> <p>2. There were no other residents affected by this practice. All other residents were assessed by staff to ensure urinals are free from discoloration or debris. All call lights were cleaned and given attachment devices to ensure they do not fall on the floor.</p> <p>3. Staff educated by the Director of Nursing on urinal cleaning and cleaning a call light routinely and if it falls on the floor. Frequent rounds will be completed to ensure residents utilizing attachment devices and that call lights are not on the floor and cleaned routinely. Frequent rounds also completed to ensure urinals are without discoloration or debris.</p> <p>4. To ensure compliance, DNS or Designee is responsible for completing the environmental rounds CQI audit tool weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least 6 months. The form will be reviewed during facility CQI meeting. If 100% threshold is not achieved an action plan will be developed.</p> <p>5. Completion date: 12/8/23</p>		

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

PRINTED: 12/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155286		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/16/2023	
NAME OF PROVIDER OR SUPPLIER AVALON VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 200 KINGSTON CIR LIGONIER, IN 46767			
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	<p>indicated the resident had a problem of wishing to have his urinal within reach, with a goal date of 1/19/24. Interventions included ensure urinal is clean and within reach with nursing rounds.</p> <p>In an interview on 11/15/23 at 3:15 PM, the Administrator indicated Resident 1 did not wish to have his urinal removed from his bedside, but it should have been returned to him clean after use.</p> <p>2) During an observation on 11/12/23 at 10:13 AM, Resident 30 was observed lying in bed in her room. The call light activation handle was observed lying on the floor. The call light was observed to be a standard call light. Resident 30 indicated she could not reach her call light.</p> <p>During an interview on 11/12/23 at 10:35 AM, Certified Nurse Aide (CNA) 4 indicated the call light should be within Resident 30's reach. CNA 4 reached over the bed and pulled the call light up off the floor by the cord. CNA 4 placed the call light on Resident 30's upper torso. When asked to have Resident 30 demonstrate activation of her call light, CNA 4 placed the call light near Resident 30's right hand. Resident 30 indicated she was unable to activate the call light with her hand and needed to use her mouth to activate the call light. CNA 4 placed the call light on Resident 30's lower lip. CNA 4 did not clean the call light at any time during the observation.</p> <p>During an interview on 11/14/23 at 10:00 AM, the Minimum Data Set Coordinator and the Social Worker both indicated the call light should have been cleaned prior to CNA 4 placing the call light on the resident's lip.</p> <p>Resident 30's record was reviewed on 11/13/23 at 2:45 PM. Diagnoses included spastic quadriplegic</p>						

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	<p>cerebral palsy, contracture of the right hand, contracture of the left hand, contracture of muscle, multiple sites, other reduced mobility, and need for assistance with personal care.</p> <p>A review of Resident 30's current quarterly Minimum Data Set (MDS) dated 10/19/23 indicated her Basic Interview for Mental Status (BIMS) score was 12 (mild cognitive impairment). The MDS indicated Resident 30 had contractures of both upper extremities and was totally dependent in rolling back and forth in the bed.</p> <p>In an interview on 11/16/23 at 11:34 AM the Administrator indicated the facility did not have a policy for call lights or use of adaptive call lights.</p> <p>A current policy titled Infection Control Program and Policy, last revised 5/2023 provided by the Administrator on 11/12/23 at 11:33 AM did not address instructions for cleaning urinals or call lights.</p> <p>No further policies were received at the time of exit from the facility.</p> <p>3.1-18(a)</p>						