

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

PRINTED: 11/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155270		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/26/2023	
NAME OF PROVIDER OR SUPPLIER CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP COD 510 W MEDCALF ROAD DALE, IN 47523			
(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 Investigation of Complaints IN00419708 and IN00416081.</p> <p>Complaint IN00419708: No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416081: Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: October 25 & 26, 2023</p> <p>Facility number: 000170 Provider number: 155270 AIM number: 100287490</p> <p>Census Bed Type: SNF/NF: 36 Total: 36</p> <p>Census Payor Type: Medicaid: 35 Other: 1 Total: 36</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 30, 2023.</p>			F 0000	<p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. The facility is requesting paper compliance for this tag.</p>		
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record</p>			F 0677	The facility is requesting paper		11/24/2023

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

TITLE

(X6) DATE

Lorri Maples

Administrator

11/09/2023

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 disclosed 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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	<p>review, the facility failed to provide assistance with activities of daily living (ADLs) for 3 of 4 residents reviewed for bathing. Residents requiring assistance with bathing were not offered bathing regarding their preferences or regarding their plan of care. (Resident B, Resident D, Resident F)</p> <p>Findings include:</p> <p>1. During a review of facility grievances on 10/25/23 at 1:00 P.M., a grievance dated 8/25/23 included that Resident B had not been receiving bathing.</p> <p>During record review on 10/25/23 at 9:30 A.M., Resident B's diagnoses included, but were not limited to amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), neuromuscular disorder, chronic pain syndrome, muscle wasting and atrophy.</p> <p>Resident B's most recent quarterly Minimum Data Set (MDS) assessment, dated 10/7/23, indicated the resident had functional limitation in range of motion impairment to both sides of upper extremities, and was dependent for showers/bathing.</p> <p>Resident B's care plan included but was not limited to; preferences - resident prefers showers twice weekly (updated 10/12/23), and resident is dependent for bathing due to diagnosis of ALS, weakness, and chronic pain (updated 10/12/23).</p> <p>Resident B's documented bathing from 8/3/23 thru 10/25/23 included no documentation that bathing was offered from 8/10/23 thru 8/24/23 (15 days).</p> <p>2. During an observation on 10/25/23 at 9:00 A.M.,</p>				<p>compliance for this tag.</p> <p>1 Immediate action(s) taken for the resident(s) found to have been affected include: Showers were provided for resident(s) # B, D & F and have been given showers routinely. The Director of Nursing Services has updated the shower list for resident preferences.</p> <p>2 Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected.</p> <p>3 Actions taken/systems put into place to reduce the risk of future occurrence include: An in-service education program was conducted by the Director of Nursing Services with all direct care staff addressing resident preferences and documentation of the showers, whether given or refused and to notify the nurse of refusals. The shower schedule was updated by the Director of Nurses to include preference of time/day of showers.</p> <p>4 How the corrective action(s) will be monitored to ensure the practice will not recur: Nurses on each unit will monitor showers for residents who refuse and will ask throughout their shift if they are ready for their shower. If residents continue to refuse, the</p>		

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	<p>Resident D was sitting in a common area near the West Hall's nurse's station. Resident D's hair was uncombed and appeared oily.</p> <p>During an observation on 10/26/23 at 11:32 A.M., Resident D was sitting in the dining room. Resident D's hair was uncombed and appeared oily. The resident had a dried, dark brown substance that appeared to have dripped from the right side of his mouth and ran down part of chin.</p> <p>During a record review on 10/25/23 at 1:30 P.M., Resident D's diagnoses included, but were not limited to alcoholic dementia, diabetes with neuropathy, osteoarthritis, and repeated falls.</p> <p>Resident D's most recent quarterly MDS assessment, dated 9/30/23, included that the resident required partial to moderate assistance with showers/bathing.</p> <p>Resident D's care plan included but was not limited to; preferences- resident prefers showers twice weekly (updated 9/30/23), and resident requires extensive assistance with bathing due to dementia and use of psychotropic medications (updated 10/3/23).</p> <p>Resident D's documented bathing from 8/3/23 thru 10/25/23 included no documentation that bathing was offered since a shower was documented on 10/16/23 (9 days).</p> <p>3. During record review on 10/25/23 at 12:30 P.M., Resident F's diagnoses included, but were not limited to dementia, anoxic brain damage, psychosis, and neurocognitive disorder.</p> <p>Resident F's most recent quarterly MDS assessment, dated 9/16/23, indicated the resident</p>				<p>nurse will have the SSD intervene and speak with the resident and then the shower sheet documentation will be forwarded to the DON.</p> <p>The Director of Nursing Services, or designee, will conduct audits 5 days a week, of the prior day showers, for 2 months, to ensure all were given and if refused, the nurse or social worker were communicated to and/or intervened to offer another time/day. Then will audit, 3 days a week for 2 months, then once a week for 2 months or until substantial compliance is achieved or as otherwise determined by the Quality Assurance Committee.</p> <p>This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.</p> <p>Corrective action completion date: 11/24/23.</p>		

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	<p>required partial to moderate assistance with showers/bathing.</p> <p>Resident F's care plan included, but was not limited to; preferences - resident prefers showers 3 times per week (updated 9/24/23), and resident requires extensive assistance with bathing due to dementia and anoxic brain damage (updated 9/21/23).</p> <p>Resident F's documented bathing from 8/3/23 thru 10/25/23 included no documentation that bathing was offered from 8/3/23 through 8/29/23 (26 days).</p> <p>During an interview on 10/25/23 at 10:45 A.M., LPN 3 indicated residents should receive bathing per their preference at least 2 - 3 times weekly. If a resident refuses a shower, staff should make 3 separate attempts to offer bathing and notify the nurse of the refusal. Staff document bathing or refusals on the shower sheets and the DON (Director of Nursing) collects the sheets for the resident records.</p> <p>On 10/26/23 at 1:25 P.M., the DON supplied a facility policy titled, Activities of Daily Living (ADLs), dated 10/2022. The policy included, "...Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care..."</p> <p>This citation relates to complaint IN00416081.</p> <p>3.1-38(a)(3)(B)</p>						