STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155793	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00413414. Complaint IN00413414 - Federal/state deficiencies related to the allegations are cited at F689. Survey date: July 27, 2023 Facility number: 012644 Provider number: 155793 AIM number: 201046710 Census Bed Type: SNF/NF: 54 SNF: 52 Residential: 65 Total: 171 Census Payor Type: Medicare: 18 Medicaid: 35 Other: 53 Total: 106 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 3, 2023	F 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after August 18, 2023.	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Allie Craycraft | Executive Director | 08/14/2023

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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	possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure a dependent resident didn't fall out of bed during personal care and ensure nursing staff followed the resident's (Resident C's) plan of care for accidents for 1 of 3 residents reviewed for accidents. Findings include: The clinical record for Resident C was reviewed on 7/27/23 at 1:30 p.m. The diagnoses included, but was not limited to, cerebral infarction, aphasia, congestive heart failure, convulsions, hemiplegia and hemiparesis, and cerebral infarction. An admission minimum data set (MDS) assessment, dated 2/10/23, indicated severe cognitive impairment and the need for extensive assist with 2 staff for bed mobility, transfers, dressing, toilet use, and personal hygiene. A Physical Therapy evaluation, dated 2/8/23, indicated Resident C with maximal assistance with bed mobility. A quarterly MDS, dated 5/30/23, indicated severe cognitive impairment and the need for extensive assist with 2 staff for bed mobility, transfers, and toilet use. A care plan with the category of "CNA [certified nursing assistant] Assignment Sheet", edited on 7/25/23, indicated the approach to have extensive assistance with two staff for bed mobility that was	F 0689	1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident C was assessed by therapy to determine assistance needed for bed mobility. CNA assignment sheet updated. 1.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents who have experienced a fall have the potential to be affected by the alleged deficient practice and have been audited to ensure ADL interventions have been implemented and are being followed per the care plan. 1.What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur Nursing associates educated to ensure ADL interventions are implemented and followed. Education will be provided upon hire and annually. 1.How the corrective action(s) will be monitored to ensure the	08/18/2023

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	created on 6/20/23. A progress note, dated 6/22/23 at 7:32 a.m., indicated the following, "...CNA's were changing and getting resident up and resident slid out of bed causing a small bump and small contusion to left side of head...." A progress note, dated 6/22/23 at 8:35 a.m., indicated Resident C was transferred to the hospital related to falling and being on an anticoagulant medication. Another Physical Therapy evaluation, dated 7/6/23, indicated Resident C with partial/moderate assistance with bed mobility. A fall care plan, edited 7/25/23, indicated Resident C was at risk for falling related to required need for staff assistance with transfers. An approach, dated 6/28/23, indicated assist with 2 staff for bed mobility and ADL (activities of daily living) care. A care plan for ADLs, edited on 7/25/23, indicated the following, "...Staff assist x2 for bed mobility and ADL care when in bed...." An interview conducted with CNA 4, on 7/27/23 at 2:00 p.m., indicated she primarily works on the unit where Resident C resides. Resident C was a total assistance with ADLs and cannot participate in such activity. Resident C can be fidgety with her arms. She likes to do repetitive movements like stroking her hair back. Resident C was not able to turn herself. Sometimes Resident C will move her leg back on the bed in the motion to place her back on the bed. In that case, you have to assist with Resident C staying on her side. CNA 4 indicated she utilizes one staff for bed mobility. Some people feel comfortable with utilizing 2 staff,		deficient practice will not recur, i.e., what quality assurance program will be put into place. DON or designee will audit/observe 5 residents to ensure ADL interventions have been implemented and are followed. Audits will occur daily x 30 days, weekly x 12 weeks, then monthly for 6 months. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting. Frequency and duration of reviews will be adjusted as needed if compliance is below 100%. Ongoing frequency and duration will be determined by the Quality Assurance Committee 5. By what date the systemic changes for each deficiency will be completed: 8/18/23	

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	but CNA 4 was alright with doing care for Resident C by herself. An interview conducted with the Director of Nursing (DON), on 7/27/23 at 2:25 p.m., indicated there was only one CNA that was conducting personal care when the incident occurred. It was CNA 2. An interview conducted with CNA 2, on 7/27/23 at 2:30 p.m., indicated she was in the middle of changing Resident C and Resident C is known for moving her legs by stretching them out a lot. CNA 2 had her left hand on Resident C's back and buttocks area to ensure the resident doesn't fall out of bed. CNA 2 removed her left hand to reach towards the nightstand to obtain wipes and that's when Resident C fell onto the floor. The staff would place pillows towards the end of the bed to avoid Resident C's feet from coming off of the bed, but CNA 2 removed those to conduct personal care the morning on 6/22/23. CNA 2 had cared for Resident C prior to 6/22/23 but she had another staff person in the room during care. CNA 2 mentioned she doesn't feel comfortable with working on the unit where Resident C resides. She mentioned that but the staffing person put her back there anyways. She asked a staff person for assistance with caring for Resident C, on 6/22/23, but they were busy assisting another CNA with a resident. She just worked with Resident C, again, on 7/21/23. During that shift she got Resident C cleaned and dressed her by herself. She went to get another CNA to assist with the utilization of a Hoyer lift (mechanical lift) transfer. An interview conducted with Therapy Director, on 7/27/23 at 3:54 p.m., indicated Resident C had been a maximum assistance with one staff for bed mobility since she had been on therapy caseload.			

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	Resident C had been on therapy since her admission in February of 2023. Resident C does have a leg she likes to move up and down. A hospital discharge summary, dated 6/27/23, indicated the following, "...DISCHARGE DIAGNOSES...1. Traumatic subarachnoid hemorrhage...8. Consultations to Neurosurgery, critical Care...HOSPITAL COURSE...Patient was admitted after a fall resulting in subarachnoid hemorrhage...She is on warfarin. She received vitamin K. Neurosurgery was consulted. No surgery was done...Neurological: Awake and alert. Says yes and no. Does not speak much. Oriented to self. Chronic left upper extremity weakness...." A policy titled "Fall Prevention Policy and Procedure", dated May 2016, was provided by the DON on 7/27/23 at 12:15 p.m. The policy indicated the following, "...Step Three: Strategies of Prevention...Strategies to prevent falls are unique for each community. Each fall risk factor is unique for every resident. The community will discuss and analyze fall risk factors and utilize existing resources and create new education plans to reduce fall...Step Four: Strategies of Intervention...Strategies for intervention to prevent falls will be individual for each patient. Each section of the fall risk assessment tool should be considered and staff should receive education pertaining to these risk factors to reduce falls...Step Six: Care Planning...Care plans are a vital part of the nursing process and serve as an individualized pathway used by all care givers. Fall risk care plans will be kept current...Individualized interventions on the fall care plan will be duplicated onto care sheets to ensure care plan strategies are integrated into the health system...."			

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	This Federal tag relates to Complaint IN00413414. 3.1-45(a)(2)			