STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155506	A. BUILDING 00 B. WING	06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HOLY CROSS REHABILITATION AND WELLNESS	17475 DUGDALE DR SOUTH BEND, IN 46635

(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	This visit was for the Investigation of Complaints IN00436381, IN00436497, IN00436505. Complaint: IN00436381 - Federal/State deficiency related to the allegations is cited at F689. Complaint: IN00436497 - No deficiencies related to the allegations are cited. Complaint: IN00436505 - No deficiencies related to the allegations are cited. Survey dates: June 24 and 25, 2024 Facility number: 001201 Provider number: 155506 AIM number: 100380860 Census Bed Type: SNF/NF: 73 Total: 73 Census Payor Type: Medicare: 30 Medicaid: 32 Other: 11 Total: 73 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on 7/3/2024.	F 0000	The facility requests paper compliance.	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents.			

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

Tonnya LaCava | DON | 07/18/2024

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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	The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interviews the facility failed to ensure a resident received the required transfer assistance for 1 of 2 residents reviewed for accident hazards. (Resident E) Finding includes: The record for Resident E was reviewed on 6/24/24 at 1:41 P.M. Resident E's diagnoses, included but were not limited to: cerebrovascular accident and osteoporosis. The Admission Minimum Data Set (MDS) assessment, dated 5/29/24, indicated Resident E's cognition was moderately impaired and she was dependent on staff to complete all activities of daily living (ADLs) including transfers. A care plan for Resident E, dated 5/23/24, indicated the resident had a self care deficit related to right side hemiparesis and staff were to transfer the resident with the extensive assistance of 2 staff members. During an interview on 6/24/24 at 1:53 P.M., Resident E's family member indicated during her visit on 6/6/24, the resident told her she had fallen and her leg was injured. During an interview on 6/24/24 at 1:42 P.M., the DON indicated during the investigation of the incident regarding a potential fall for Resident E	F 0689	**what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Resident E was discharged from the facility on 6/8/24. CNA 3 was re-educated on following the resident summary for accurate transfer instructions. **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;** IDT verified resident summaries are available on the kiosk for staff review including transfer status directions per care plan on 7/17/24. All written instructions were removed from resident rooms on 7/12/24. **what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:**	07/22/2024

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	and leg injury, all staff who had cared for Resident E on 6/6/2024 were interviewed and no one was aware and/or had witnessed any falls for Resident E. However, a CNA reported she had transferred the resident without any assistance from another staff person. An x-ray was completed on 6/8/24 for Resident E and indicated the resident had a non-displaced fracture of the right tibia and fibula. The Nursing Progress notes, dated 6/8/24, indicated the resident's family member was notified of the fracture, the resident was sent to the emergency room for an evaluation and was later admitted to the hospital. During an interview on 6/25/24 at 11:54 A.M., CNA 3 indicated when she received her assignments for her shift she checked the computer for any care information for her residents. There was a Resident Care Summary posted on the inside of the resident's closet doors. If a resident required a 2 person transfer, she would ask a co-worker for help. If another CNA was not available she would ask the nurse or a staff member from a nearby unit for help. CNA 3, when asked directly why she had transferred Resident E by herself previously, gave no reason for the incorrect transfer. CNA 3 kept repeated the above information regarding where she obtained resident information regarding the care needs of her assigned residents. During an interview on 6/25/24 at 11:32 A.M., the DON indicated the facility did not have a policy regarding following resident's plan of care. She initiated there had not been any other issues or resident injuries reported regarding CNA 3 not following the plans of care.		All active Nursing staff will be educated on the location of the resident summaries and following care plans for transfer instructions by 7/22/24. **how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** The DON/unit managers/designee will complete a random audit of resident transfers to assure resident transferred per care plan directives 2x/week for 4 weeks, then weekly for 4 weeks, then monthly x 4 months. Results of audits will be taken to QAPI for review/revision as appropriate.	

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	This citation relates to complaint IN00436381. 3.1-45(a)(2)			