

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155377		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/31/2023	
NAME OF PROVIDER OR SUPPLIER SEYMOUR CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 707 S JACKSON PARK DR SEYMOUR, IN 47274			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00415761.</p> <p>Complaint IN00415761 - Federal/State deficiencies related to the allegations are cited at F550 and F677 .</p> <p>Survey dates: August 30 and 31, 2023</p> <p>Facility number: 000272 Provider number: 155377 AIM number: 100274710</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 1 Medicaid: 55 Other: 11 Total: 67</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 7, 2023.</p>			F 0000	<p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited. This submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. We respectfully request a desk review and ask that your office accept this plan as our facility's compliance. Please review the attachments provided with this plan of correction, which include audit and re-education tools. Please feel free to contact Jay Myers, Executive Director, should you need any additional information to support the desk review at 812-522-2416. Thank you for your consideration.</p>		
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p>						

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

TITLE

(X6) DATE

Heather Castetter

RN/ DNS

09/21/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on record review and interview, the facility failed to ensure the residents' rights to a dignified existence related to resident preferences for 1 of 4 residents reviewed for Activities of Daily Living. (Resident C)</p>			F 0550	<p>It is the standard of this facility to ensure the residents' rights to a dignified existence related to resident preferences.</p> <p>1)</p>		09/27/2023

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	<p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 8/30/23 at 2:16 p.m. A Quarterly MDS (Minimum Data Set) assessment, dated 6/16/23, indicated the resident required extensive assistance of two staff members for mobility, transfer and extensive assistance of one staff member for personal hygiene.</p> <p>A Care Plan, dated 8/18/22, for ADLs (activities of daily living) indicated the resident required assistance with ADLs of bed mobility, transfers, eating and toileting; related to a complete traumatic amputation between the left hip and knee. The interventions included, but were not limited to, staff assistance with dressing, grooming, and hygiene as needed. The staff may use a sit-to-stand lift for toileting transfers.</p> <p>The Resident Council Meeting Minutes, dated 6/6/23, indicated Resident C had a grievance of not being assisted with getting up and dressed for the day until 12:00 p.m. and he wanted to be up by 10:00 a.m.</p> <p>The Resident Council Meeting Minutes, 7/11/23, indicated Resident C had a grievance of not being assisted with getting up and dressed for the day. An inservice of staff was completed.</p> <p>The Resident Council Meeting Minutes, dated 8/1/23, indicated Resident C was still being monitored for his grievance and concern about not being assisted with getting up and dressed for the day.</p> <p>During an interview on 8/30/23 at 2:56 p.m., Resident C indicated he would like to be up around 9:30 a.m., but most days it was noon when</p>				<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident C does receive assistance with Activities of Daily living per his preferences daily. ASC Preferences for Customary Routine & Activities was completed on 9/27/23 for Resident C, changes added to residents care plan.</p> <p>2) 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. All residents requiring assistance with Activities of Daily Living have the potential to be affected. A preference audit will be for all residents requiring assistance with Activities of Daily Living completed on 9/27/23. Resident care plans/profiles will be updated to include resident preferences as appropriate. The DNS/designee will re-educate the facility nursing staff on IDT Comprehensive Care Plan Policy, Resident Rights, Abuse Prohibition, Reporting and Investigation Policy.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not re</p>		

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	<p>staff got him up. Today, they had someone in the shower so they could not get him up until noon. At 3:03 p.m., Resident C indicated he had told all the staff he wanted to be up before noon.</p> <p>During an interview on 8/30/23 at 3:01 p.m., LPN 3 indicated Resident C had never indicated he wanted to be up earlier than noon. At 3:31 p.m., LPN 3 indicated there was no documentation as to why Resident C was not assisted with getting up before noon. They could not get him up that morning because there was a resident in the shower that required the lift. "I guess they could have taken the lift and then brought it back."</p> <p>During an interview on 8/31/23 at 9:21 a.m., CNA 6 indicated the care provided for Resident C in the morning was for staff to do a bed check, take him his breakfast, after breakfast, they assisted him on the bed pan and off the bed pan, gave him his clothes, he would get himself dressed, then he would put on his call light, and she would go and assist him with getting up, usually around 10:30 a.m.</p> <p>During an interview on 8/31/23 at 10:43 a.m., CNA 7 indicated Resident C required the use of a sit to stand transfer, he received his showers on second shift, and he got up between 9:30 to 10:00 a.m. Another resident required toileting at 2:00 a.m., 5:00 a.m., and 9:00 a.m., and had to be up by 9:15 a.m. Because of that resident staff could not get Resident C up by 9:30 a.m.</p> <p>The current facility policy titled, "IDT (Interdisciplinary Team) Comprehensive Care Plan Policy" was provided by the Administrator on 8/30/23 at 10:52 a.m. The policy indicated, " ...The care plan will include ...resident specific</p>				<p>cur? The DNS/designee will re-educate facility nursing staff on IDT Comprehensive Care Plan Policy, Resident Rights, Abuse Prohibition, Reporting and Investigation Policy. Activities. The DNS/designee will complete a review of the neurological assessments schedule during the daily clinical meeting. DNS/Designee will conduct rounds to ensure residents preferences with ADLs are completed per resident preference and care plan.</p> <p>4) 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? To ensure compliance the DNS/Designee will complete Resident's Rights CQI Tool weekly x 4 weeks, monthly x 6 months, then quarterly for 6 months. If a 100% threshold is not achieved, a different action plan will be developed to ensure compliance. Results will be reported to QAPI committee.</p>		

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F 0677 SS=D Bldg. 00	<p>interventions based on resident needs and preferences to promote the resident's highest level of functioning including medical, nursing, mental, and psychosocial needs ..."</p> <p>The current facility policy titled, "Resident Rights" was provided by the Administrator on 8/31/23 at 10:30 a.m. The policy indicated, " ...This document informs each resident ...of his/her rights ...Facility must ensure that the resident can exercise his or her rights ...All staff members recognize the rights of residents at all times ..."</p> <p>The current facility policy titled, " Abuse Prohibition, Reporting, and Investigation" was provided by the Unit Manager on 8/30/23 at 11:08 a.m. The policy indicated, " ...provide each resident with an environment free from ...neglect ...established policies and procedures which would provide facility personnel with the knowledge and training to ensure each resident was treated with individual respect and dignity ...Definitions/Examples of Abuse: ...Neglect - Failure to provide ...services to a resident necessary to avoid ...mental anguish, or emotional distress ...Failing to provide personal hygiene ..."</p> <p>This Federal Tag relates to Complaint IN00415761.</p> <p>3.1-3(a) 3.1-3(a)(1) 3.1-3(t) 3.1-32(a)</p> <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</p>						

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	<p>hygiene; Based on interview and record review, the facility failed to ensure residents that required extensive assistance for Activities of Daily Living received appropriate services for 3 of 4 residents reviewed for dependent resident. (Residents B, C, and D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 8/30/23 at 11:16 a.m. An Admission MDS (Minimum Data Set) assessment, dated 8/22/23, indicated the resident was cognitively intact. The resident required the extensive assistance of two staff members for mobility, transfer, and extensive assistance of one staff member for personal hygiene.</p> <p>A Care Plan, dated 8/16/23, indicated Resident B required assistance with ADLS (activities of daily living) related to limited mobility and a recent hospitalization. The interventions included, but were not limited to, assist with dressing/grooming/hygiene as needed.</p> <p>A Care Plan, dated 8/16/23, indicated Resident B required assistance with toileting due to a history of falls, a recent hospitalization, psychological or psychiatric problems, medication regimen, and limited mobility. The interventions included, but were not limited to, assist with incontinent care as needed and check every 2 hours for incontinence.</p> <p>A Care Plan, dated 8/17/23, indicated Resident B had impaired vision related to the use of prescription glasses that were currently at home. The interventions included, but were not limited to, keep call light in reach at all times.</p> <p>A Progress Note dated 8/20/23 at 7:35 a.m.,</p>			F 0677	<p>It is the standard of this facility to ensure residents that required extensive assistance with Activities of Daily Living received appropriate services.</p> <p>1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident B, and D do receive assistance with Activities of Daily living as needed and per their preferences daily. ASC Preferences for Customary Routine & Activities was completed on 9/27/23 for Resident B, C, changes added to residents care plan. Resident D discharged home 9/13/23.</p> <p>2) 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. All residents requiring assistance with Activities of Daily Living have the potential to be affected. A preference audit will be for all residents requiring assistance with Activities of Daily Living completed on 9/27/23. Resident care plans will be updated to include resident preferences as appropriate. The DNS/designee</p>		09/27/2023

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	<p>indicated Resident B came up to the RN (Registered Nurse), and stated she wanted to file a complaint. She waited awhile to be put to bed last night and then once in bed, "that night shift nurse made sure I couldn't reach my call light." She went all night last night without her call light. Per the day shift CNAs (Certified Nursing Aide), the resident required a total bed change and was saturated with urine that morning.</p> <p>During an interview on 8/30/23 at 11:54 a.m., Resident B indicated on the night of 8/19/23 she did not get her medication and she laid in urine all night long. She did not have the call light.</p> <p>During an interview on 8/31/23 at 9:38 a.m., CNA 4 indicated when she went into Resident B's room, on 8/20/23, she was complaining and crying and indicated she filed a grievance on the third shift staff. CNA 4 indicated staff were supposed to go in every two hours to check that the resident was dry. That Sunday, when she went into Resident B's room around 6:00 a.m., the resident was crying, she was not in bed, but was standing up by the table. The resident was soaked, she did not have anything on, she had a pull-on brief down by her feet and it was soaked, and the floor was soaked. The CNA washed her up and dressed her. The resident said she could not find the call light because someone on third shift moved it, and she could not find it. The CNA could not find the call light. The resident's bed was completely soaked. The CNA found the cord while stripping the bed and the call light was hanging over the head of bed. The call light button was on the wall side of the headboard. The resident was not normally that wet in the morning.</p> <p>2. The clinical record for Resident C was reviewed on 8/30/23 at 2:16 p.m. A Quarterly MDS</p>				<p>will re-educate the facility nursing staff on IDT Comprehensive Care Plan Policy, Resident Rights, Abuse Prohibition, Reporting and Investigation Policy and provisions of ADL care.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The DNS/designee will re-educate facility nursing staff on IDT Comprehensive Care Plan Policy, Resident Rights, Abuse Prohibition, Reporting and Investigation Policy. Activities and provision of ADL care. The Activity Director/designee will complete ASC Preference for Customary Routine & Activities quarterly/annually/and with significant change MDS. DNS/designee will round each shift to ensure resident's ADL needs are met including cleanliness of resident, incontinence care, call light placement, administration of medications timely, assistance with eating and getting resident up per resident preference.</p> <p>4) 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? To ensure compliance the</p>		

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	<p>assessment, dated 6/16/23, indicated the resident required the extensive assistance of two staff members for mobility, transfer, and extensive assistance of one staff member for personal hygiene.</p> <p>A Care Plan, dated 8/18/22, indicated the resident required assistance with ADLs including bed mobility, transfers, eating and toileting; related to a complete traumatic amputation between the left hip and Knee. The interventions included, but were not limited to, assist with dressing/grooming/hygiene as needed. The resident may use a sit-to-stand lift for toileting transfers.</p> <p>During an interview on 8/30/23 at 2:56 p.m., Resident C indicated he would like to be up around 9:30 a.m., but most days it was noon when staff got him up. Today, they had someone in the shower, so they did not get him up until noon.</p> <p>During an interview on 8/30/23 at 3:31 p.m., LPN 3 indicated there was no documentation as to why Resident C was not gotten up before noon. They could not get him up that morning because there was a resident in the shower that required the lift. "I guess they could have taken the lift and then brought it back."</p> <p>During an interview on 8/31/23 at 10:43 a.m., CNA 5 indicated Resident C required a sit to stand lift for transfers, and he got up between 9:30 a.m. and 10:00 a.m. Another resident (Resident F) had to be toileted at 2:00 a.m. and 5:00 a.m., and at 9:00 a.m. staff would go in to get Resident F up since that resident wanted to be gotten up by 9:15 a.m. Due to the other resident using the lift the staff could not get Resident C out of bed by 9:30 a.m.</p>				<p>DNS/Designee will complete Accommodation of Needs CQI Tool weekly x 4 weeks, monthly x 6 months, then quarterly for 6 months. If a 100% threshold is not achieved, a different action plan will be developed to ensure compliance. Results will be reported to QAPI committee.</p>		

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	<p>3. The clinical record for Resident D was reviewed on 8/30/23 at 10:25 a.m. A Quarterly MDS assessment, dated 6/27/23, indicated the resident required the extensive assistance of two staff members for mobility and transfer, and the extensive assistance of one staff member for personal hygiene.</p> <p>A Care Plan, dated 1/20/22, indicated Resident D required assistance with ADLs, including but not limited to, bed mobility, transfers, and toileting, related to weakness/decreased mobility, back pain, incontinence, heart disease, and obesity. The interventions included, but were not limited to, dated 6/19/23, Sit to stand lift for functional transfers as needed; staff assistance with dressing, grooming, and hygiene as needed.</p> <p>During an observation and interview on 8/31/23 at 10:10 a.m., Resident D was lying in bed. The resident's hair was not combed. He was wearing a tee shirt and was covered with a blanket. The resident indicated he required the assistance of two staff with a lift to get up. Staff usually got him up after lunch. Some days he would prefer to be up in the morning, but staff were usually busy with other things.</p> <p>During an interview on 8/31/23 at 10:43 a.m., CNA 5 indicated Resident D did not get up a lot and she had only seen him up once in the two months she had been there, and it was on second shift. He had never asked her to get him up. She had only gone in and changed him. She had not asked him if he wanted to get up.</p> <p>The current facility policy titled; "IDT Comprehensive Care Plan Policy" was provided by the Administrator on 8/30/23 at 10:52 a.m. The policy indicated, " ...The care plan will include</p>						

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	<p>...resident specific interventions based on resident needs and preferences to promote the resident's highest level of functioning including medical, nursing, mental, and psychosocial needs ..."</p> <p>The current facility policy titled; " Abuse Prohibition, Reporting, and Investigation" was provided by the Unit Manager on 8/30/23 at 11:08 a.m. The policy indicated, " ...provide each resident with an environment free from ...neglect ...established policies and procedures which would provide facility personnel with the knowledge and training to ensure each resident was treated with individual respect and dignity ...Definitions/Examples of Abuse: ...Neglect - Failure to provide ...services to a resident necessary to avoid ...mental anguish, or emotional distress ...Failing to provide personal hygiene ..."</p> <p>This Federal Tag relates to Complaint IN00415761.</p> <p>3.1-38(a)(2) 3.1-38(a)(3)</p>						