

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

PRINTED: 04/09/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155238		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2024	
NAME OF PROVIDER OR SUPPLIER YORKTOWN MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 2000 S ANDREWS RD YORKTOWN, IN 47396			
(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 Investigation of Complaints IN00428298, IN00427080, and IN00423945.</p> <p>Complaint IN00428298 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00427080 - Federal/State deficiency related to the allegations are cited at F689.</p> <p>Complaint IN00423945 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 20 and 21, 2024</p> <p>Facility number: 000143 Provider number: 155238 AIM number: 100283890</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicaid: 55 Other: 8 Total: 63</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 27, 2024.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective March 12, 2024, to the Complaint Survey completed on February 20/21, 2024. We respectfully request a desk review for paper compliance</p>		
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 -						

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 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 30 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>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to provide follow care plan interventions for a dependent resident (Resident C) when a staff member (CNA 1) left the resident unsupervised in an elevated bed in a compromised position which resulted in a fall.</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 2/20/24 at 10:21 a.m. Diagnoses include chronic congestive heart failure, stage 4 kidney, type 2 diabetes, hypertension, atrial fibrillation, anxiety, and restless leg syndrome.</p> <p>The most recent admission Minimum Data Set (MDS) assessment, dated 12/27/23, indicated the resident required substantial/maximum assistance for: dressing, bathing, toilet use, and transfers, and partial/moderate assistance for bed mobility.</p> <p>Review of the resident's Fall Risk Evaluations, dated 1/11/24, 1/12/24, and 1/20/24, indicated the resident was at high risk for falls.</p> <p>Review of a facility falls list, provided by the DON on 2/20/24 at 10:52 a.m., indicated the resident had sustained four falls from 1/10/24 through 1/22/24.</p> <p>Review of the resident's current fall care plan, dated 12/23/23, indicated the following interventions: bed in lowest position and half-rails placed on bed, dated 1/11/24.</p>			F 0689	<p>F689 Free of Accidents Hazards/Supervision/Devices</p> <p>It is the practice of Yorktown Manor Health Care to ensure all resident environment remains as free of accidents as possible, and each resident has adequate supervision and assistance to prevent accidents. I. Resident C has been discharged from the facility. II. All facility dependent residents have the potential of being affected by the alleged deficient practice. The bed rail evaluation and the care plan for falls were reviewed and updated as needed for all dependent residents. Information regarding the side rails was added to the C.N.A task list and care sheets if applicable. III. The policy "Falls Management System" was reviewed by the IDT. The nursing staff were in-serviced on the policy and facility protocols, including . A performance improvement tool has been developed that monitors that bed rails are being used if indicated from the bed rail evaluation, bed is at appropriate height when resident is left unattended and the care plan and task sheets include the</p>		03/12/2024

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	<p>Review of a progress note, dated 1/22/24 at 9:30 p.m. and authored by LPN 2, indicated CNA 1 had placed a bed pan for the resident. The bed was elevated and the resident was on her side. The CNA left the resident in the elevated bed while on her side, and took the bedpan to the bathroom. The resident fell from the bed. CNA 1 went to find LPN 2 to report the fall. When LPN 2 entered the room, the resident was found on the floor face down beside the bed and the heater (wall).</p> <p>During an interview on 2/20/24 at 2:30 p.m., CNA 1 indicated while assisting the resident off the bedpan, the bed was elevated. No side rails were in use. CNA 1 left the resident on her side in the elevated bed, resulting in the resident falling from the bed.</p> <p>During an interview on 2/20/24 at 5:51 p.m., LPN 2 indicated CNA 1 came to her and stated Resident C had fallen. When she entered the resident's room, the resident was found face down on the floor and the bed was elevated. No side rails were in use.</p> <p>During an interview on 2/21/24 at 9:53 p.m., LPN 3 indicated the side rails should have been in use and the bed should not have been left elevated while the resident was in it.</p> <p>During an interview on 2/21/24 at 10:10 a.m., CNA 5 indicated resident specific interventions were found on the Kardex and on the assignment sheets. At the beginning and end of each shift, walking rounds were done and reports given on each resident. CNA 5 indicated residents should not be left unsupervised in an elevated bed. If side rails were an intervention, they should have been in use.</p>				<p>information. IV. A Quality Assurance tool has been developed and implemented that randomly audits (5) five residents that a bed rail evaluation has been completed in the past quarter, bed rails are being used if indicated and bed is kept at appropriate height when resident is unattended by staff and the information is included on the resident care plan and the task and care sheets. This tool will be completed by the Director of Nursing and/or her designee weekly times three, then monthly times three and then quarterly times three. In the event any further concerns are identified, the issue will be immediately corrected, and additional training will be initiated. The outcomes will be reviewed through the facility Quality Assurance Program at least quarterly. V. Date of completion: 3/12/2024</p>		

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	<p>During an interview on 2/21/24 at 10:10 a.m., CNA 6 indicated resident specific interventions were found on the Kardex and on the assignment sheets. At the beginning and end of each shift, walking rounds were done and reports given on each resident. CNA 6 indicated residents' interventions should be used.</p> <p>A current, undated facility policy, titled "Falls Management System" was provided by the Administrator on 2/21/24 at 8:30 a.m. The policy indicated the following: " 2. Care Planning b. Residents who sustain a fall will have a care plan developed or the existing care plan updated to include the fall and measurable objectives and time frames. The care plan interventions will address those elements determined by investigation as probable causal factors that contributed to the fall. The updated plan will be reviewed and revised as indicated by the Falls Management Action Team at the meeting."</p> <p>This citation relates to Complaint IN00427080.</p> <p>3.1-45(a)(2)</p>						