

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

PRINTED: 04/04/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155196		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/04/2022	
NAME OF PROVIDER OR SUPPLIER  ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00372321, IN00373713, and IN00373887.</p> <p>Complaint IN00372321 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00373713 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00373887 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: March 3 and 4, 2022</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Census Bed Type: SNF/NF:63 SNF: 15 Residential: 52 Total: 130</p> <p>Census Payor Type: Medicare: 13 Medicaid: 39 Other: 26 Total: 78</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 8, 2022.</p>			F 0000			

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 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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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 review, the facility failed to ensure a resident with urinary incontinence received incontinence care for 1 of 3 resident reviewed for activities of daily living. (Resident C)</p> <p>Finding includes:</p> <p>During observation on 3/3/22 between 10:16 a.m. until 10:33 a.m., Resident C walked out of her room with her walker. The back of Resident C's pants were visibly wet. Resident C walked back into her room. The call light for Resident C's room and the room directly across the hall were observed to be on. QMA (qualified medication aide) 1 was observed to be passing medications from a cart on that hall approximately 30 feet from Resident C's room.</p> <p>During an interview on 3/3/22 at 10:16 a.m., Resident C indicated she was trying to get help because she had urinated while resting in her bed, so her sheet and her pants were wet. She also indicated she was wearing 2 incontinence briefs because she like wearing 2 briefs. She was unable to remember how long she had been waiting for incontinence care. At that time, Resident C pulled back the flat sheet and exposed a wet incontinence pad, a wet spot on the fitted sheet, and pulled the top edge of her pants down to show she had been wearing 2 incontinence briefs.</p> <p>During an interview on 3/3/22 at 10:33 a.m., LPN 1</p>		F 0677	<p>Please find enclosed the Plan of Correction to the complaint survey conducted March 4, 2022. This letter is to inform you that the plan of correction attached is to serve as The Altenheim's credible allegation of compliance. We allege compliance on March 24, 2022.</p> <p>Submission of this plan of correction does not constitute an admission by The Altenheim or its management company that the allegations contained in the survey report is a true and accurate portrayal of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</p> <p>We respectfully request desk review.</p> <p>F677</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident C received assistance with incontinence care. Resident C no longer resides in the community. Resident discharged</p>		03/24/2022	

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	<p>indicated there had been a call light on for 16 minutes and a call light on for 60 minutes on that unit.</p> <p>During an interview on 3/3/22 at 10:35 a.m., CNA 1 indicated Resident C chose to wear 2 incontinence briefs at a time and incontinence care should have been provided.</p> <p>The clinical record for Resident C was reviewed on 3/3/22 at 1:15 p.m. The diagnosis included, but were not limited to, Alzheimer's disease.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 2/16/22, indicated Resident C had moderate cognitive impairment and required extensive assistance with dressing, toileting, and personal hygiene.</p> <p>A care plan, dated 1/6/22 and current through 5/25/22, indicated Resident C had urinary incontinence and required assistance with toileting and toileting hygiene. Resident C wore 2 briefs per her preference. The interventions included, but were not limited to, assist with toileting and toileting hygiene and provide incontinence care after every incontinence episode.</p> <p>On 3/4/22 at 11:50 a.m., the facility was unable to provide policy prior to exit regarding incontinence care.</p> <p>This Federal tag relates to Complaint IN00373887.</p> <p>3.1-38(a)(3)</p>				<p>per her plan of care.</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? Residents requiring assistance with incontinence care have the potential to be affected and have been audited to ensure assistance is being provided.</p> <p>3. What measures will be put into place and what systematic changes will be made to ensure that the deficient practice does not recur? Nursing associates were educated regarding providing residents assistance with incontinence care. Education will be provided upon hire and annually.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur? DON or designee will audit 5 random residents who require assistance with incontinence to ensure assistance is being provided. 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</p>		

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					will be determined by the Quality Assurance Committee 5. Date of compliance: March 3/24/2022		