

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

PRINTED: 08/24/2020
FORM APPROVED
OMB NO. 0938-0391

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 07/30/2020	
NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00331638, IN00323746, IN00331829, IN00322255, IN00331403, IN00333164, IN00324793, and IN00329175.</p> <p>Complaint IN00331638 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00323746 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00331829 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00322255 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00331403 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00333164 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00324793 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00329175 - Substantiated. Federal/State deficiencies related to the allegations are cited at F919.</p> <p>Survey dates: July 28, 29, and 30, 2020</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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F 0919 SS=D Bldg. 00	<p>Census Bed Type: SNF: 12 SNF/NF: 60 Residential: 56 Total: 128</p> <p>Census Payor Type: Medicare: 6 Medicaid: 42 Other: 24 Total: 72</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on August 03, 2020.</p> <p>483.90(g)(2) Resident Call System §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area.</p> <p>§483.90(g)(2) Toilet and bathing facilities. Based on observation and interview, the facility failed to ensure a resident had a call light that was within the reach for 1 of 3 residents observed for call lights. (Resident G)</p> <p>Findings include:</p> <p>On 7/29/2020, from 2:20 p.m. until 2:33, observed Resident G in bed. Resident was awake and was heard to request a urinal. The resident's call light was observed to be hanging from the wall and onto the floor, next to the bed, and out</p>			F 0919	<p>The plan of correction is to serve as Altenheim' s credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Altenheim or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in</p>		08/14/2020

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	<p>of the resident's reach. During an interview, at that time, Resident G indicated, "I have to ask staff for my call light every 2 to 3 days, because sometimes it is out of my reach."</p> <p>Interview, on 7/29/2020 at 2:33 p.m., Licensed Practical Nurse (LPN) 1, indicated all the residents should have a call light in reach. Observed LPN 1 obtain a urinal and then hand the resident his call light.</p> <p>During an observation, on 7/30/2020, from 8:33 a.m. until 8:39 a.m., observed Resident G in his bed. His call light was observed to be on the floor. The call light cord was hanging from the wall and resting on the floor next to the bed. The call light was out of the reach of the resident.</p> <p>Interview, on 7/30/2020 at 8:39 a.m., LPN 1 indicated all the residents should have a call light within reach. Observed LPN 1 hand the call light to the resident, at that time.</p> <p>Interview, on 7/30/2020 at 12:10 p.m., LPN 1 indicated, Resident G's call light does not have a "clip." All the call lights should have a clip to ensure the placement of the call light. The clip will secure the call light, so that it remains within the reach of the residents.</p> <p>On 7/29/2020 at 2:45, the clinical record of Resident G was reviewed. Diagnosis included but were not limited to, diabetes mellitus, altered mental status, left sided contracture, and lack of coordination.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 4/17/2020, indicated Resident G had a severe cognitive deficit.</p>			<p>this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>We respectfully request a paper review. We will provide you with any additional information to confirm compliance per your request.</p> <p>POC</p> <p>It is the policy of Altenheim Health & Living to ensure residents have call lights available and within reach.</p> <ul style="list-style-type: none"> ·Call light was place within reach for resident. ·All residents have the potential to be affected. An audit was completed of all residents to ensure call lights were available and within reach. ·Education has been provided to staff regarding call light accessibility. ·To monitor for compliance, The DON or designee will audit 10 random residents call lights for placement 5 days per week for 8 weeks, then 7 residents 5 days per week for 8 weeks, then 5 residents 5 days per week for 8 			

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	<p>A care plan, dated 6/25/2019 and current through 10/2/2020, indicated Resident G was at risk for falling. Approaches included but were not limited to, "Cue/remind resident to utilize call light to seek assist as needed."</p> <p>On 7/28/20 at 12:50 p.m., the Director of Nursing provided a policy titled: Answering the Call Light, dated September 2003, and indicated it was the current policy being used by the facility. A review of the policy indicated "General Guidelines ...5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident."</p> <p>This Federal tag relates to Complaint IN00329175.</p> <p>3.1-19(u)</p>				<p>weeks, then 3 residents weekly for 4 weeks.</p> <p>·Systemic changes will be completed by August 14, 2020.</p>		