

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

PRINTED: 01/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155815		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/12/2023	
NAME OF PROVIDER OR SUPPLIER  CLEARVISTA LAKE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256			
(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 IN00423364.</p> <p>Complaint IN00423364 - Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Survey date: December 12, 2023</p> <p>Facility number: 013019 Provider number: 155815 AIM number: 201251520</p> <p>Census bed type: SNF/NF: 25 SNF: 17 Residential: 20 Total: 62</p> <p>Census payor type: Medicare: 8 Medicaid: 22 Other: 12 Total: 42</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 15, 2023</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during complaint survey conducted on December 12, 2023.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of December 29th, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is</p>						

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

TITLE

(X6) DATE

Amie Groce

RN

12/22/2023

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 disclosed 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>possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a gait belt was utilized for transferring a resident who lost their balance and fell onto the bathroom floor for 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 12/12/23 at 3:25 p.m. The diagnoses included, but were not limited to, chronic lung disease, depression, hypertension, macular degeneration, and osteopenia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 8/31/23, indicated severe cognitive impairment, extensive assistance with two staff for transfer, and extensive assistance with one staff for toilet use. Resident B was listed as not steady with moving on and/or off the toilet.</p> <p>A fall risk care plan, start date of 7/19/23, indicated Resident B was at risk for falling related to impaired mobility due to generalized weakness, asthma with shortness of breath, impaired vision related to macular degeneration and glaucoma. The approaches listed included, but were not limited to, encourage resident to assume standing position slowly and staff to assist resident with transfers as needed.</p> <p>A progress note, dated 10/30/23 at 11:26 a.m., indicated the following, "...Resident had assisted fall while assisting with RR [restroom] needs on</p>			F 0689	<p>What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? Resident B has discharged.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. Residents having a fall during staff assisted transfer have the potential to be affected. DHS or designee will educate nursing staff on Falls Management Program Guidelines and Guidelines for Gait Belt Use.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? As a measure of ongoing compliance DHS or designee will be responsible for auditing residents with new falls during staff assisted transfer to ensure transfers are occurring per plan of care. Audit of 5 residents will be conducted 2 times a week times 4 weeks, every 2 weeks times 2 months, monthly times 3 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? For quality</p>		12/29/2023

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	<p>10/30/23. Resident was assisted to standing position and right leg buckles [sic] causing resident to fall forward to left side and staff lost grip. Nursing staff assessed and noted hematoma to left side of forehead/skin tear/right foot turned inward. Staff assisted with positioning for comfort and called 911. Noted dx: Other specified disorders of bone density and structure, unspecified site Note: Osteopenia. Intervention: Hoyer lift for all transfers [sic]...."</p> <p>An interview conducted with Licensed Practical Nurse (LPN) 2, on 12/12/23 at 4:08 p.m., indicated she assisted Resident B to stand after toileting. LPN 2 pulled up Resident B's incontinent product and noticed her right leg was "giving out on her". LPN 2 went to try and "get a better grip" of Resident B and she fell forward towards her left side, by the shower. LPN 2 was trying to hold onto Resident B's clothing while LPN 2 went towards Resident B's left side in attempt to prevent her from falling. LPN 2 indicated she had transferred Resident B in the past, and observed staff, certified nursing assistants (CNAs), transfer Resident B to where she moves well and had not utilized a gait belt. No gait belt was utilized while transferring Resident B on and/or off the toilet during the fall event on 10/30/23.</p> <p>An interview conducted with Regional Nurse 4, on 12/12/23 at 4:45 p.m., indicated Resident B's care plans did not reflect the utilization of a gait belt. So, a gait belt would not have been utilized for Resident B.</p> <p>A policy titled "Guidelines for Gait Belt Use", review date of 12/31/22, was provided by Regional Nurse 4 on 12/12/23 at 5:00 p.m. The policy indicated the following, "...Procedures...3. If a resident requires more than limited assists and</p>				<p>assurance, The ED and/or Designee will review any findings, and subsequent corrective actions at least quarterly in the campus quarterly quality assurance meeting or until 100% compliance is achieved. The plan will be revised, as warranted.</p>		

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	<p>does not require a lift a gait belt may be used with transfers...."</p> <p>A policy titled "Fall Management Program Guidelines", review date of 3/16/22, was provided by Regional Nurse 4 on 12/12/23 at 3:30 p.m. The policy indicated the following, "...Purpose...strives to maintain a hazard free environment, mitigate fall risk factors and implement preventative measures. [Name of Corporation] recognizes even the most vigilant efforts may not prevent all falls and injuries. In those cases, intensive efforts will be directed toward minimizing or preventing injury...."</p> <p>The Indiana State Department of Health Nurse Aide Curriculum, revised November 19, 2015, indicated the following, "...PROCEDURE #24: USING A GAIT BELT TO ASSIST WITH AMBULATION...3. Place belt around resident's waist with the buckle in front and adjust to a snug fit ensuring that you can get your hands under the belt...4. Assist the resident to stand on count of three...6. Stand to side and slightly behind resident while continuing to hold onto belt...PROCEDURE #26: TRANSFER TO WHEELCHAIR...2. Place wheelchair on resident's unaffected side...4. Stand in front of resident and apply gait belt around the resident's abdomen...."</p> <p>This citation relates to Complaint IN00423364.</p> <p>3.1-45(a)(2)</p>						