

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

PRINTED: 11/12/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155701		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/22/2024	
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 720 E DUSTMAN RD BLUFFTON, IN 46714			
(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	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey  Survey dates: October 16, 17, 18, 21, and 22, 2024.  Facility number: 000576 Provider number: 155701 AIM number: 1002367760  Census Bed Type: SNF/NF: 47 SNF: 16 Residential: 42 Total: 105  Census Payor Type: Medicare: 7 Medicaid: 32 Other: 24 Total: 63  This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed October 23, 2024			F 0000			
F 0578 SS=D Bldg. 00	483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir Based on interview and record review, the facility failed to ensure physician orders were in place related to code status for 2 of 3 residents reviewed. ( Resident 62 and 166)  Findings include:			F 0578	Please accept the following plan of correction and consider approving paper compliance for a revisit. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</b>		10/31/2024

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

TITLE

(X6) DATE

Austin Smith

Executive Director, HFA

10/31/2024

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>1. Resident 62's record review on 10/18/24 at 9:41 AM, indicated diagnoses included encephalopathy and generalized anxiety.</p> <p>A review of physician orders indicated there were no orders for Resident 62's code status - Do not resuscitate(DNR).</p> <p>A review of state of Indiana out of hospital DNR declaration and order was signed by physician on 10/3/24.</p> <p>2. Resident 166's record review on 10/18/24 at 10:30 AM indicated diagnoses included chronic obstructive pulmonary disease.</p> <p>A review of physician orders indicated there were no physician orders for Resident 166's code status- Do not resuscitate (DNR).</p> <p>A review of treatment option declaration (advance directives) indicated the resident wished no Resuscitation. The document was signed on 10/8/24.</p> <p>In an interview, on 10/18/24 at 9:48 AM, Registered Nurse 5, indicated code status should be on the face sheet, physician orders, and resident room doors.</p> <p>In an interview, on 10/21/24 at 9:55 AM, the Director of Nursing (DON) indicated there should have been a physician order for the DNR code status.</p> <p>A current facility policy, titled Medical Treatment Declaration Policy, dated 9/15, was provided by the DON on 10/21/24 at 10:30 AM. The policy indicated..." to establish guidelines to ensure each resident is given the appropriate and required</p>				<p><b>practice;</b> On 10/21/24, the DON entered the code status orders in the EMR system for residents 62 and 166 that were found not have their code status order in the EMR system during the annual survey.</p> <p><b>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;</b> We did a full audit of current residents to ensure code status orders are entered for every resident, no additional missing code status orders were found. Completed on October 28, 2024, by medical records, see Exhibit 1.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b> A mandatory in-service training was provided to RN/LPNs to enter code status order upon admission or anytime a resident as a change in code status. Nurses were required to review the admission check list during the training. Completed on October 30, 2024, Exhibit 2.</p> <p><b>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</b></p>		

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R 0000  Bldg. 00	<p>information in order to make informed choices in their medical treatment...."</p> <p>3.1-4</p>			R 0000	<p><b>into place; and</b></p> <p>Medical Records will audit admission paperwork within 72 hours of admission for code status orders for the next 6 months. The DON will review and report on new admissions' code status orders at the monthly QAPI meeting for 6 months. After 6 months of review, the QAPI team will determine if the monthly review can be stopped or must continue if based on deficient findings.</p> <p>-</p>		
	<p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: Oct 16, 17,18, 21, and 22, 2024.</p> <p>Facility number: 000576</p> <p>Residential Census: 42</p> <p>Christian Care Retirement Community was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed October 23, 2024.</p>						