

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E667	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2021
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NAME OF PROVIDER OR SUPPLIER LYNHURST HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5225 W MORRIS ST INDIANAPOLIS, IN 46241
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00355270.</p> <p>Complaint IN00355270 - Substantiated. Federal/State deficiencies related to the allegations are cited at F580.</p> <p>Survey dates: June 10 and 11, 2021</p> <p>Facility number: 000385 Provider number: 15E667 AIM number: 100291340</p> <p>Census Bed Type: NF: 36 Total: 36</p> <p>Census Payor Type: Medicaid: 36 Total: 36</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 16, 2021.</p>	F 0000	Preparation and execution of this plan of correction does not constitute an admission to or an agreement by the provider with the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state laws. Lynhurst Healthcare maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Lynhurst Healthcare asserts that it is and was in substantial compliance with regulations governing the operation of long term care facilities and the Plan of Correction in its entirety , constitutes this facilities statement of compliance.	
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or</p>			

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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	<p>her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A</p>			
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	<p>facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on record review and interview, the facility failed to immediately notify a family member/representative of a resident who had passed away for 1 of 1 resident reviewed for notification of a death. (Resident B)</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 6/10/2021 at 10:00 a.m. Diagnosis, included but were not limited to, chronic obstructive pulmonary disease.</p> <p>A progress note, dated 5/30/21 at 7:46 p.m., indicated "At approximately 18:35 [6:35 p.m.], Certified Nursing Assistant 2 called nurse [nurse 1] to resident's [resident B] room, he was found kneeling by his bed with face slumped downward, this nurse lie [sic] on the floor, checked for pulse, no pulse, and resident is a full code, this nurse started (Cardiopulmonary Resuscitation) CPR, still no pulse or respirations. This nurse notified the funeral home...The Director of Nursing was asked to notify the family."</p> <p>No other documentation of family notification was documented in Resident B's clinical record.</p> <p>A progress note, dated 5/30/21 at 8:52 p.m., indicated "William Bluit Funeral Home Picked up body. Respirations Have Ceased (RHC) at approx [approximately] 1835 [6:35 p.m]."</p>	F 0580	<p>F580</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>All nurses have received a second education that outlines what to do if a resident is found unresponsive. This includes the appropriate clinical steps, engaging assistance to call 911 and notifications once 911 has arrived. This will be documented in the nursing notes.</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:</p> <p>All residents have a potential to be affected.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Monthly Nurses Meeting will include reminders about finding unresponsive residents policy. And correct procedures to follow,</p>	06/30/2021			

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	<p>During an interview, on 6/10/21 at 1:00 p.m., Nurse 1 indicated after Resident B's RHC, she had trouble getting through on the facility phone lines and did not want to use her personal phone to call and inform the family of Resident B's death. "I asked the Director of Nursing to call the family and I thought she did."</p> <p>During an interview, on 6/10/2021 at 1:22 p.m., the Director of Nursing indicated she assumed the nurse (Nurse 1) called the family at the time the resident passed away. "[name Nurse 1] asked me to call the family, I did not feel comfortable calling the family from my home, in case they had questions. I asked [name Nurse 1] to keep trying to call the family."</p> <p>On 6/10/21, at 11:01 a.m., the Assistant Director of Nursing provided a policy titled: Lynhurst change in condition policy for residents, dated 2021, and indicated it was the current policy being used by the facility. A review of the policy indicated, "It is the policy of this facility that residents be routinely monitored and evaluated by all staff members to determine the need for additional health services monitoring of... changes in condition. Definition. A change in the resident's health or functioning...Procedure, ...Resident's family or responsible party will be notified and documented in the chart."</p> <p>This Federal tag relates to Complaint IN00355270.</p> <p>3.1-5(a)(2)</p>		<p>including notifications. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place: Daily reviews of residents found unresponsive will be reviewed. DON to maintain a log with verification that every notifications are made. DON responsible, Administrator to monitor. The DON will report monthly to the QAPI committee.</p> <p>Completion date: June 30th, 2021</p>	