

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

PRINTED: 09/21/2022

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 08/31/2022	
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 720 E DUSTMAN RD BLUFFTON, IN 46714			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00388316.</p> <p>Complaint IN00388316 - Substantiated. Federal deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: August 31, 2022</p> <p>Facility number: 000576 Provider number: 155701 AIM number: 100267760</p> <p>Census Bed Type: SNF/NF: 51 SNF: 2 Residential: 26 Total: 79</p> <p>Census Payor Type: Medicare: 5 Medicaid: 24 Other: 24 Total: 53</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed September 1, 2022</p>			F 0000			
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

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 30 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. Based on interview and record review the facility failed to ensure safety devices were used with a resident known to be a fall risk for 1 of 3 residents reviewed. (Resident B)</p> <p>Findings include:</p> <p>Resident B's record review began on 8/31/2022 at 10:30 AM. Diagnoses included but were not limited to, hypertension, neuropathy, insomnia, pain and age-related physical debility.</p> <p>A review of Resident B's Minimal Data Set (MDS) Assessments, the Quarterly MDS, dated 6/2/2022 indicated the resident's BIMS (Brief Interview for Mental Status) score was 12, cognitively intact. The functional status indicated Resident B required extensive assistance of 1 person for bed mobility, transfers, walking in the room and in the corridor, in and out of the facility. Extensive assist of 2 for toileting. Resident B's Mobility devices normally used were a walker and wheelchair. The Assessment also indicated Resident B had not fallen since admission to the facility.</p> <p>A review of Resident B's Falls Documentation indicated Resident B had a fall on 7/18/2022 at 2:50 PM. The fall occurred when Resident B attempted to stand on their own. There was no apparent injury from the fall. Post fall assessment was completed, including Neurological assessment for 72 hours.</p> <p>A review of Fall Documentation indicated</p>			F 0689	<p>Please accept the following plan of correction and consider approving paper compliance for a revisit.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>On 8/31/2022, the MDS Coordinator updated the resident care plan to include:</p> <p>I need help moving from one place to the other and help transferring</p> <p>Because I had a stroke</p> <p>I show this by being unsteady when walking or transferring and history of falls</p> <p>I need my aides to provide me assistance to walk and provide me assistance to transfer and use an assistive device to help me; gait belt on and walker</p> <p>On 9/9/2022, the DON spoke with CNA 1 to discuss gait belt usage. The gait belt policy was reviewed with the aide and the DON advised the aide to check the cardex to know if a resident is at risk of falling and what assistive devices are recommended. The cardex also identifies if a resident is cleared by therapy to walk independently in their room or to/from meals.</p>		09/20/2022

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	<p>Resident B had a fall on 8/18/2022 at 7:45 AM, in the bathroom, was transferring with a walker and standby assistance of CNA (Certified Nurses Assistance). Resident B struck their head which resulted in a laceration measuring 3 cm (centimeter, a measurement) x 0.2 cm and was bleeding. The resident was assessed and the bleeding stopped. Resident B's POA (Power of Attorney) was notified. The NP (Nurse Practitioner) was notified and an order was given to transfer to the emergency room for evaluation and treatment. At 10:13 AM, Resident B was transferred to Hospital Emergency Department by family. An entry at 1:11 PM, indicated Resident B returned from the hospital at 12:50 PM and had received 5 staples to laceration on back of their head. The Neuro Assessments continued per facility protocol.</p> <p>A review of Resident B's Fall Risk Assessments, dated 7/18/2022 at 3:29 PM indicated, assist was needed for toileting (2 points), Balance problems when standing (1 point), Used an assistive devices (cane, wheelchair, walker, etc.) (1 point), Predisposing Disease/Condition: CVA 1-2 conditions (2 points) Total of 7 points. The answer for number of falls in past 3 months was answered "0".</p> <p>A review of Resident B's Fall Risk Assessment dated 8/18/2022 indicated Total Points of 26. The form indicated, a score of 10 or higher may represent a High Risk of Falling.</p> <p>A review of Resident B's current Guideline for Daily Care, provided by the Social Service Director on 8/31/2022 at 3:33 PM, indicated Resident B was at risk of falling. The guide for resident's care indicated for walking or moving, the resident needed a walker with extensive assist</p>				<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken:</p> <p>Facility completed a gait belt audit in all resident rooms on 9/1/2022. The audit ensured each resident room had two gait belts available and the belts are labeled by bed number. Exhibit 1</p> <p>Facility completed a care plan / cardex audit to ensure residents at risk of falling are clearly identified and if assistive device(s) is recommended it is noted. The DON, MDS Coordinator and Golden Apple Unit Director compared each resident's fall care plan (if applicable) and ADL care plan with the CNA cardex. Updates were made as necessary to ensure they match. Exhibit 2 organized by Med Rec number.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p><i>Corrective Measure:</i></p> <p>1. A mandatory gait belt in-service was provided to CNA/QMA/LPN & RN's at two different times by a COTA from our contracted therapy company on 9/12/22. Material & quizzes were distributed to any team members that were absent. Exhibit 3 (education material and</p>		

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	<p>of 1 person, assist for longer distances. The Daily Care Guide also indicated, to move about the unit, walk to all meals to use a gait belt, walker and assist of 1. When using the bathroom, Resident B required extensive assist of 1 person with a gait belt.</p> <p>Review of Resident's B's Care Plans for falls, revised 8/31/2022 at 9:53 AM, indicated Resident B needed help moving from one place to the other and help with transferring due to their CVA (as stroke), due to being unsteady when walking or transferring and a history of falls. The interventions included: Provide with assistive devices and ensure the resident had assistance to transfer. Provide assistance to walk and provide assistance to transfer and use and assistive device to help with a gait belt on and a walker. A Care Plan, added on 8/31/22 at 12:15 PM indicated Resident B had the potential to fall and get hurt due to a stroke and was unsteady on their feet. The interventions included: The Nurse needs to educate providing staff on the gait belt being on at all times during transfers. The aids need to use the following assistive devices to be able to help Resident B, to stay during toileting, frequently check and make sure important items are in reach, provide non-skid footwear, wear glasses and hearing aids, encourage to use assistance with transfers or when walking make sure and have a gait belt on when transferring at all times.</p> <p>Review of the Hospital Emergency Department (ED) records provided by the Administrator-In-Training (AIT) on 8/31/2022 at 4:32 PM, indicated Resident B was triaged on 8/18/2022 at 10:23 AM, the son stated the patient lost their balance at Christian Care and fell back into a table and struck her head. They got her cleaned up but could not get the laceration on the</p>				<p>quiz) and Exhibit 4 (sign in sheet)</p> <p>2. All nursing staff are expected to renew their gait belt policy usage agreement by reviewing, signing and dating a new acknowledgement. Exhibit 5</p> <p>Systemic Change:</p> <p>1. The facility policy on gait belt usage was reviewed, updated and distributed. Exhibit 6 and Exhibit 7</p> <p>2. Facility is creating a list to post inside the wall cupboards on each hall in the Orchard listing residents at risk of falling and appropriate assistive device(s) to use. This will be a quick reference for existing aides as well as new aides, PRN aides, agency aides and aides from other departments.</p> <p>3. Facility revised the investigative form that CNA's use at time of fall to include the following new question and opportunity to explain why a gait belt wasn't used if applicable. Revisions included a space to document any education provided to the aide</p> <p>Exhibit 8</p> <p>Is the resident supposed to have a gait belt on with transfers or ambulation?</p> <p>Y or N</p> <p>If yes and gait belt was not used please explain why....(did resident refuse? Resident was already up and walking when you entered room?, was resident already on toilet? etc) <i>gait belt not</i></p>		

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	<p>back of her head to stop bleeding. The Hospital ED identified Resident B as a fall risk. The ED documentation did not have treatment or discharge instructions printed for review.</p> <p>Review of the Indiana Department of Health's Reporting System for Incident 283, dated 8/18/2022, indicated the Director of Nursing (DON) reported Resident B's fall, which resulted in a hematoma and laceration to the back of Resident B's head. The description of the incident indicated a CNA was assisting the resident to walk out of the bathroom, but did not have a gait belt applied. The resident took a few steps, lost their balance, and hit their head on the toilet. The Resident sustained a 3 cm x 0.2 cm laceration and pressure applied due to the bleeding. Initially the bleeding stopped and resident was alert and neuro assessments were within normal limits. Resident B was sent to the ED when the bleeding was not stopped. Resident returned with 8 staples to laceration. Resident had no complaint of pain. Preventive Measures indicated the CNA was educated on use of a gait belt for all transfers. Follow up was added on 8/23/2022, which indicated Resident was doing well. Neuros were completed. Staples remained and will be removed on 8/26/2022. Resident had no complaint of pain.</p> <p>Review of CNA 1's Orientation CNA Checklist, dated 6/13/2022 indicated it was completed on 6/29/2022, signed by CNA 1 and the Trainer. The Checklist for Safety of Residents included Gait Belt-4 fingers between, was initialed by CNA1 and the Trainer. CNA 1 had passed the Indiana State Department of Health Nurse Aid Competency Evaluation for Written Test and Skills Evaluation on 7/21/2022. The Certified Nurse Aide License was issued on 8/30/2022.</p>				<p><i>available is not acceptable</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur (what quality assurance program will be put into place)</p> <p>Step 1: Facility will perform monthly audit to ensure gait belts are in each resident room and available in the core area. A 'Gait Belt' column has been added to the monthly call light audit form. The form is used to perform a monthly check to ensure the call lights in all resident rooms, bathrooms, shower rooms, common areas, etc are properly functioning. As the call lights are being checked, the rooms will be checked to ensure two gait belts are available. The audit form will be submitted to the DON or Safety Team Chair upon completion each month. Exhibit 9</p> <p>Step 2: The DON will report results monthly to the Administrator and QAPI team for a period of 6 months following the Plan of Correction approval. After 6 months of review, the QAPI team will determine if the weekly audit can be stopped or must continue if based on deficient findings.</p>		

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	<p>During an interview, CNA 2 on 8/31/2022 at 12:45 PM, indicated she had taken CNA classes at the facility and indicated she was trained on fall prevention. She indicated she checks on her residents frequently, and makes rounds to toilet residents, makes sure the bed is in low position, call light is in reach and assist with transfers. CNA 2 indicated to use a gait belt for transferring residents into a wheelchair or when walking with them with a walker.</p> <p>During an interview, CNA 3 on 8/31/2022 at 12:52 PM, indicated she had worked as a CNA for 5 years and had been at this facility for a year. CNA 3 indicated to prevent falls, she put the bed in a low position, made sure the floors were free of clutter, toileted the residents and used a gait belt for all transfers.</p> <p>During an interview, RN 4 on 8/31/2022 at 2:30 PM, indicated all residents were assessed for fall risk when they were admitted, if they have a fall and during their quarterly assessments. She indicated the staff are aware of a residents' fall risk on care guide. Resident falls were discussed in morning meeting to alert the staff of the fall. RN 4 indicated Resident B required cueing to stay on task. She also indicated Resident B's strength varies. She further indicated gait belts are to be used for all transfers.</p> <p>During an interview, CNA 5 on 8/31/2022 at 3:15 PM, indicated a gait belt was to be used for all transfers. She indicated gait belts were available in resident rooms, and at the nurses station in a basket.</p> <p>In an observation of Resident B on 8/31/2022 at 3:16 PM, the resident was seated in a chair, the over-bed table was in front of them with insulated</p>						

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	<p>water container, and tissues and other personal items within reach. The bed was in a low position, floor was free of clutter.</p> <p>During an interview, CNA 6 on 8/31/2022 at 3:25 PM indicated resident's fall risk were on the care guide. She indicated a gait belt was used for all residents who required assistance with transfers or ambulating.</p> <p>During an interview, the AIT on 8/31/2022 at 4:00 PM indicated they do not know why the gait belt was not used for Resident B at the time of the fall. The AIT also indicated he has spoken with the DON, and the DON indicated CNA 1 was educated verbally on use of the gait belt for all resident during transfers and ambulation.</p> <p>A review of the current facility policy provided by the AIT on 8/31/2022 at 12:11 PM, titled, Fall Risk Protocol, with a revision date of 12/11, indicated, " ...In an effort to reduce the incidence of falls, residents are assessed for their risk of falling at the time of admission and quarterly when the MDS is done. The "Fall Risk Assessment" is done by the licensed nurses. Information from the Fall Assessment is incorporated into the resident's care plan. All staff is continuously alerted to residents at risk and call plans are modified to prevent as many falls as possible ..."</p> <p>A review of the current facility policy provide by the AIT on 8/31/2022 at 4:32 PM, titled, Gait Belts, with a revision date of 10/12, indicated, " ...Gait belts are considered to be part of the CNA's uniform and are worn by all CNA's when on duty ...The decision on which residents should be assisted with a gait belt is determined by the unit manager, nursing supervisor or therapy staff. Gait belts should be used unless otherwise noted</p>						

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	<p>...Gait belts must be used when transferring residents, Transfers include: bed to chair, chair to chair, supporting residents during ambulation, use of side boards and in some cases when guiding and controlling against falls or assisting a resident after a fall"</p> <p>This Federal citation is related to Complaint IN00388316</p> <p>3.1-45(a)</p>						