

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

PRINTED: 04/19/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF PORTAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368
--	--

(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
--------------------	---	---------------	---	----------------------

R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00398774.</p> <p>Complaint IN00398774 - State deficiencies related to the allegations are cited at R0028 and R0040.</p> <p>Survey date: March 15, 2023</p> <p>Facility number: 010889</p> <p>Residential Census: 92</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 3/20/23.</p>	R 0000		
R 0028 Bldg. 00	<p>410 IAC 16.2-5-1.2(c) Residents' Rights - Deficiency (c) Residents have the right to exercise any or all of the enumerated rights without: (1) restraint; (2) interference; (3) coercion; (4) discrimination; or (5) threat of reprisal; by the facility. These rights shall not be abrogated or changed in any instance, except that, when the resident has been adjudicated incompetent, the rights devolve to the resident ' s legal representative. When a resident is found by his or her physician to be medically incapable of understanding or exercising his or her rights, the rights may be exercised by the resident ' s legal representative. Based on record review and interview, the facility</p>	R 0028	="" p="">	03/28/2023

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

TITLE

(X6) DATE

Cornelius van der Velde

Executive Director

04/11/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF PORTAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368
--	--

(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
	<p>failed to ensure residents had the ability to exercise their resident rights without coercion or fear of retaliation related to facility staff having residents sign a non-disclosure agreement (NDA) at a Resident Council Board meeting. This had the potential to affect all Resident Council Board members.</p> <p>Finding includes:</p> <p>The record for Resident E was reviewed on 3/15/23 at 2:36 p.m. The most recent Nursing Assessment indicated the resident was alert and oriented to person, place, time and situation.</p> <p>The record for the Confidential resident was reviewed on 3/15/23 at 2:26 p.m. The most recent Nursing Assessment indicated the resident was alert and oriented to person, place, time and situation.</p> <p>Interview with Resident E, on 3/15/23 at 10:50 a.m., indicated Resident F had been voted out of the Resident Council Board. The Board had concerns with another resident's behaviors and wanted to discuss with the Administrator. They had voted to have the resident evicted from the facility. The Administrator then had the Board members sign an NDA related to the conversation. Resident F, who was present at the meeting, later discussed what had occurred with other residents in the facility.</p> <p>Confidential interview on 3/15/23, indicated he/she had been present at the meeting. The Board had voted to have a resident with behaviors removed from the facility. The Administrator was present, and had all Board members sign an NDA. He/she signed the NDA because he/she felt there wasn't a choice.</p>		<p>Administrator, Director of Nursing, and Activity Director will meet monthly for the next six months to review residents' rights to ensure full compliance. Executive director's in-service will be overseen by the building' owner, who is also a licensed HFA administrator. In addition, each Department head in the building will also be re-educated on the State of Indiana's Resident Council Guidelines and their responsibility to ensure it is fully inclusive. Protecting and respecting residents rights will continue to be an ongoing emphasis in our community.</p> <p>="" span=""> ="" span=""> ="" p=""></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF PORTAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368
--	---

(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
	<p>Resident F was present at the meeting, and later discussed with other residents in the facility, and was voted off the Board because of that discussion. He/she indicated they were fearful of retaliation or being voted out of the facility if someone didn't like them.</p> <p>Interview with Resident B, on 3/15/23 at 9:28 a.m., indicated she was the Resident Council President and had been voted in to that position approximately 3 months ago. She indicated there were approximately 5 or 6 other residents on the Board. They would meet privately to discuss issues twice a month, and then take any issues to the facility management. She indicated they had voted one of the members off the Board, Resident F, because she was discussing private business with the rest of the residents.</p> <p>Interview with the Administrator, on 3/15/23 at 1:07 p.m., indicated he had met with the Resident Council Board a couple months ago at their request to discuss a resident with behaviors. The Board had unanimously voted to have the resident evicted. He indicated he had them sign an NDA he felt to protect them, and didn't realize it could have been seen as coercive. He realized Resident F was no longer on the board, but was trying to allow the Board autonomy. He indicated there were no policies or guidelines related to Resident Council.</p> <p>The document, "Indiana Resident Rights", was provided in the admission packet and available near the dining room for review, indicated, "...You have a right to the following:...Ability to exercise any or all of the rights without restraint, interference, coercion, discrimination, or threat of reprisal from this community...."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF PORTAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368
--	--

(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
--------------------	--	---------------	---	----------------------

R 0040 Bldg. 00	<p>This state residential finding relates to Complaint IN00398774.</p> <p>410 IAC 16.2-5-1.2(o)(1-3) Residents' Rights - Noncompliance</p> <p>(o) Residents have the right to form and participate in a resident council, and families of residents have the right to form a family council, to discuss alleged grievances, facility operation, residents' rights, or other problems and to participate in the resolution of these matters as follows:</p> <p>(1) Participation is voluntary.</p> <p>(2) During resident or family council meetings, privacy shall be afforded to the extent practicable unless a member of the staff is invited by the resident council to be present.</p> <p>(3) The licensee shall provide space within the facility for meetings and assistance to residents or families who desire to attend meetings.</p> <p>Based on record review and interview, the facility failed to ensure the Resident Council was inclusive of all residents related to the Resident Council Board meeting privately and voting a resident out of the Resident Council Board.</p> <p>(Resident F) This had the potential to affect all residents who wished to participate in Resident Council.</p> <p>Finding includes:</p> <p>Interview with Resident B on 3/15/23 at 9:28 a.m., indicated she was the Resident Council President and had been voted into that position approximately 3 months ago. She indicated there were approximately 5 or 6 other residents on the Board. They would meet privately to discuss issues twice a month, and then take any issues to</p>	R 0040	<p>="" p=""></p> <p>Administrator has met with the head of the resident council on 3/28/2023 and informed them that their meetings will need to be open to each and every resident. The President was made aware that all residents must be welcome in the meetings and that no resident in the community may be excluded from the council, its meetings, or its activities. Each Director in the building will also be re-educated on the State of Indiana's Resident Council Guidelines to ensure that staff members are able to identify if resident council proceedings,</p>	03/28/2023
------------------------	--	--------	---	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2023
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF PORTAGE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368		
(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	
	<p>the facility management. She indicated no staff members were present at those meeting and she took her own notes. She indicated the Board had voted one of the members off the Board, Resident F, because she was discussing private business with the rest of the residents.</p> <p>Interview with the Administrator on 3/15/23 at 1:07 p.m., indicated he was aware the Resident Council Board met separately and was aware Resident F was no longer on the Board. He was allowing them autonomy and didn't participate unless invited. He indicated there were no written policies or guidelines related to having a Resident Council.</p> <p>Interview with the Activities Director on 3/15/23 at 2:05 p.m., indicated the Resident Council would meet once a month and approximately 40% of the residents in the facility would attend. She indicated she would take the minute notes during the monthly meetings. She indicated the Board would also meet privately and she was not invited to those meetings.</p> <p>The document, "Indiana Resident Rights", was provided in the admission packet and available near the dining room for review, indicated, "...Voluntarily form and participate in a resident council...The council may discuss alleged grievances, community operation, resident rights or other problems...."</p> <p>This state residential finding relates to Complaint IN00398774.</p>		<p>operations, or meetings are violating the Indiana guidelines regarding resident councils. In addition, staff will hang fliers around the community and will announce each council meeting publicly in the dining room prior to the start of any meeting. This announcement will include the council's openness to any resident in the community and that residents are encouraged to report, to any community director, if they feel the council is in any way being non inclusive or discriminatory. These announcements will be ongoing indefinitely</p>		