

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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 Complaint IN00263696. This visit resulted in a Partially Extended Survey-Substandard Quality of Care - Immediate Jeopardy.</p> <p>Complaint IN00263696 - Substantiated. Federal/State deficiencies related to the allegations are cited at F584.</p> <p>Survey dates: May 29, 30 and 31, 2018</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 2 Medicaid: 51 Other: 3 Total: 56</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 6, 2018.</p>			F 0000	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted due to requirements under State and Federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance</p>		
F 0584 SS=J Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving</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 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.

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012			
(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>treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, record review and interview, the facility failed to ensure air conditioning units were functioning, resulting in</p>	F 0584	1. On May 25, 2018, each resident was provided with a 20 inch wind machine (fan), if a fan		06/01/2018		

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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>resident room with temperatures above 81 degrees Fahrenheit for 13 of 15 resident on 1 of 4 hallways in the facility. (Rooms 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514 and 515). The facility also failed to keep the residents cool and comfortable for 4 of 4 residents reviewed for comfortable temperatures Residents B, C, D, and E). This deficient practice resulted in Resident C being sent to the emergency room with signs and symptoms of heat exhaustion.</p> <p>The immediate jeopardy began on 5/25/2018 when the Maintenance Supervisor noted the air conditioning units on the 500 Hallway were not working. The Administrator was notified of the immediate jeopardy on 5/29/2018 at 8:13 PM.</p> <p>Findings include:</p> <p>During a facility tour, accompanied by the Administrator and the Maintenance Supervisor, on 5/29/2018 at 4:00 PM, the following temperatures were noted in regard to resident room temperatures: Room 515: 82.6 F Room 510: 83.9 F Room 504 81.6 F</p> <p>During an interview at this time the Administrator indicated the cooling units on the 500 hall had become dysfunctional on 5/25/2018 and were replaced 5/29/2018. During the tour the Maintenance Supervisor indicated he had taken air temperatures throughout the weekend, but had no temperature log and did not document his findings.</p> <p>During a facility tour on 5/29/2018 at 6:31 PM, accompanied by the Administrator, the following temperatures were noted: Room 503: 82 F The resident was in the room</p>				<p>was not present in the resident room. Starting May 25, 2018, room temperatures were monitored every 2 hours from 8am to 4pm as a preventative measure to ensure the facility did not reach extreme high temperature as per policy. Room temperature monitoring was increased to every hour beginning May 29, 2018 at 8:30pm. Beginning May 25, 2018, residents were provided with cool wash cloths and extra fluids were encouraged. Room moves were also offered. Beginning on May 25, 2018, the residents were dressed in light weight loose fitting clothing, if permitted by resident. On May 29, 2018 at 4:45pm, resident assessments were completed. The assessments included any signs and symptoms of heat related illnesses such as sweating heavily, exhaustion, fatigue, dizziness, lightheadedness, blacking out or feeling dizzy when standing up, weak, fast pulse, nausea, vomiting, shallow breathing, red skin, skin hot to touch, losing consciousness, and body temperature. The resident temperatures indicated no results greater than 98.8 degrees. These assessments were completed for all residents residing on the 500 and 600 halls with no ill effects noted.</p> <p>The two cooling units/air conditioners affecting the facility</p>		

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012			
(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>sweating and indicated it was too hot and she was uncomfortable. There was a fan running in the room.</p> <p>Room 504: 84 F Two fans were running in the room.</p> <p>Room 505: 81 F A fan was present in the room.</p> <p>Room 506: 82 F A fan was present in the room.</p> <p>Room 507: 82 F A fan was present in the room.</p> <p>Room 508: 82 F The resident had moved to room 504.</p> <p>Room 509: 82 F A fan was present in the room.</p> <p>Room 510: 83 F A fan was present in the room.</p> <p>Room 511: 83 F Two fans were running in the room.</p> <p>Room 512: 84 F A fan was present in the room.</p> <p>Room 513: 85 F A fan was running in room.</p> <p>Room 514: 86 F A fan was present in the room.</p> <p>Room 515: 86 F A fan was running in the room.</p> <p>The temperatures were obtained by the Administrator using a facility thermostat. No fresh water or wet clothes were noted in the resident rooms during this tour.</p> <p>Review of the outside area temperatures, obtained from www.underground.com on 5/29/2018 at 10:00 p.m., were as follows:</p> <p>5/25/2018 there was a high of 86 F</p> <p>5/26/2018 there was a high of 86 F</p> <p>5/27/2018 there was a high of 93 F</p> <p>5/28/2018 there was a high of 95 F</p> <p>5/29/2018 there was a high of 91 F</p> <p>The clinical record for Resident C was reviewed on 5/29/2018 at 4:55 PM. Diagnoses included, but were not limited to, chronic renal failure stage 4, diabetes type 2, asthma, anxiety and depression.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, dated 3/5/18, was reviewed on 5/30/18 at 12:02 PM. The MDS indicated Resident</p>				<p>temperature were repaired/replaced by Corporate Maintenance Staff on 5/29/18. As all rooms had not yet been affected by the repairs made earlier in the day, those rooms in which residents were residing in which the temperature was above 81 degrees were interviewed by the Administrator with the surveyor present to confirm the offering of temporary relocation from the room. It was explained to each resident that there was an alternate room available; each resident except 2, declined being moved to a different room temporarily. The remaining cooling units in the building were serviced by HVAC certified personnel on May 29 and 30, 2018 and were found to be functioning properly. The HVAC personnel returned on May 31, 2018 to ensure all units continue to function properly. The facility policy for High Temperature was reviewed and revised to ensure additional notifications and action items added in an effort to involve all departments and continue to seek resolution until the temperature is regained between 71-81 degrees Fahrenheit (See attached).</p> <p>The residents residing on the affected hall have been assessed with no negative findings. Resident C returned from ER evaluation with no new orders. The plan of care for Resident C was reviewed and</p>		

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012			
(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>C was cognitively intact.</p> <p>During an interview on 5/29/2018 at 5:30 PM, Resident C indicated she had to be taken to the hospital on 5/28/2018 due to being "a sweaty, shaking mess". She had been moved to another room on the 500 Hall because her room was too hot. Two fans were noted running in the resident room.</p> <p>The clinical record indicated an order, dated 5/28/2018, to send the resident to the emergency room for headache, numbness and weakness in lower extremities and shakiness. The clinical record lacked vital signs for the resident prior to leaving the facility.</p> <p>Review of the hospital history and physical, dated 5/28/2018, indicated the resident's temperature at arrival was 99.5 degrees Fahrenheit. The chief complaint listed was abdominal pain and weakness. The resident also complained of nausea and vomiting and had been unable to keep anything down.</p> <p>During an interview on 5/30/2018 at 10:37 AM, Employee 8, who was nursing staff, indicated the residents were complaining about the heat. Resident C was overheated and shaking on 5/28/2018. The employee indicated there had been no monitoring for heat related illnesses for the residents initiated during this time.</p> <p>The clinical record for Resident B was reviewed on 5/29/2018 at 5:00 PM. Diagnoses included, but were not limited to, obstructive sleep apnea, congestive heart failure, asthma and chronic kidney disease.</p> <p>The most recent Significant Change Minimum</p>				<p>updated as necessary.</p> <p>2. In an effort to identify any other areas of the facility which might have temperature concerns, facility-wide room and common area temperatures were taken to confirm the facility was maintained between 71-81 degrees Fahrenheit. Education of all staff related to Extreme Temperature Exposure and revised policy addressing steps to be taken for High Temperature Procedure was initiated May 29, 2018 and continued ongoing until all staff was educated.</p> <p>3. In an effort to ensure ongoing compliance, following initial facility-wide assessment, resident room temperatures were taken on each shift ongoing and logged to confirm resident room temperatures were maintained between 71-81 degrees Fahrenheit. Staff were instructed to notify Administration of any room failing to measure 71-81 degrees, or which was reported as uncomfortable to the resident, to ensure immediate corrective action was taken, including relocation. Temperatures of common lounges and dining areas were measured each shift and documented. The above obtaining of temperatures on each shift continued until temperatures throughout the facility consistently</p>		

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012			
(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>Data Set (MDS) assessment, dated 2/14/2018, was reviewed on 5/30/18 at 5:55 PM. The MDS indicated Resident B was cognitively intact.</p> <p>During an interview on 5/29/2018 at 5:01 PM, Resident B indicated his room was too hot. The temperatures in the building had been uncomfortable for the past couple of weeks. During the interview, the resident was seated in a wheelchair wearing no shirt and a fan blowing directly on him.</p> <p>The clinical record for Resident D was reviewed on 5/29/2018 at 5:11 PM. Diagnoses included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease and peripheral vascular disease.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, dated 5/3/2018, was reviewed on 5/30/2018 at 5:11 PM. The MDS indicated Resident C was cognitively intact.</p> <p>During an interview on 5/29/2018 at 5:06 PM, Resident D indicated uncomfortable temperatures in her room for 2-4 weeks. "We were told they had to buy a part, then they had to buy a whole new unit. The fans in the room belonged to the resident and were not provided by the facility. She was offered to move to another room for her comfort. "I stayed one night, it was just as bad as this room. It wasn't any cooler. I woke up Monday morning and I was dizzy." The resident blamed her dizziness on the heat. The resident was visibly sweating during the interview.</p> <p>The clinical record for Resident E was reviewed on 5/31/2018 at 10:00 AM. Diagnoses included, but were not limited to, insomnia, obstructive uropathy and benign prostatic hyperplasia.</p>				<p>registered between 71-81 degrees for at least 5 consecutive days. Thereafter, temperatures continued to be taken daily until instructed otherwise per Administrative discretion. Preventative maintenance on the cooling units will be completed and documented on a weekly basis to ensure cooling units are working properly to maintain the facility temperatures between 71-81 degrees.</p> <p>4. As a means of quality assurance, the Administrator/designee is responsible to monitor for compliance with obtaining and logging random environmental temperatures on all halls and common areas of the facility at least daily for three weeks, three times per week for three weeks, and weekly thereafter as a part of the preventative maintenance program. If an individual other than the administrator is obtaining temperatures, said designee will be instructed to notify Administration of any room failing to measure 71-81 degrees, or which is reported as uncomfortable to the resident, to ensure immediate corrective action is taken, including relocation to an alternate room in the facility, and step-by-step following of the High Temperature Policy, which will include definitive actions to be taken by each</p>		

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

PRINTED: 06/21/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012			
(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>During an interview on 5/30/2018 at 1:06 PM, a family member of Resident E indicated they had visited the resident on 5/28/2018. He/She indicated they went into the room to get clothing and it was so hot you couldn't breathe.</p> <p>During an interview on 5/30/2018 at 1:10 PM, a family member of Resident E indicated he/she had been visiting the resident on 5/27/2018 in the afternoon. "It was sweltering hot inside his room. You could feel the difference in the temperature as soon as you walked onto that hallway (500 Hall). That is why we insisted on moving him to another room." He/She indicated they checked the temperature on the hall thermostat, it read 94 degrees. The minute you got on the hallway it was "sweltering" He/She indicated it seemed dangerous to them and they were sweating as they stood there in the room.</p> <p>During an interview on 5/30/2018 at 2:57 PM, Resident E indicated on 5/28/2018 it was hot. The resident had returned to the facility that afternoon. A family member observed the thermostat in the hallway outside of the resident's room and noted the temperature was 94 degrees F. The resident stated he wanted to move to another area of the facility because he was not comfortable</p> <p>During an interview on 5/29/2018 at 6:48 PM, Employee 3 indicated it was hot in the building and the temperatures on the 500 Hall had been elevated for approximately one week.</p> <p>During an interview on 5/29/2018 at 6:50 PM, Employee 4, who was nursing staff, indicated it was hot in the building and the temperatures on the 500 Hall had been elevated for over one week. The employee also indicated there had been no</p>				<p>department, including but not limited to thorough resident assessment, etc.. Results of the aforementioned monitoring and any corrective actions taken shall be reviewed by the Quality Assurance Committee on a quarterly basis and the frequency of monitoring increased and/or other actions taken, if needed, on the basis of findings.</p> <p>Please note this survey has been submitted for IIR.</p>		

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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>resident monitoring for heat related illnesses initiated during the period of elevated temperatures in the facility. The employee was unaware of any extra water, ice or wet towels being offered to the residents.</p> <p>During an interview 5/29/2018 at 7:03 PM, Employee 5 indicated it was hot in the building and the temperatures on the 500 Hall had been elevated since 5/25/2018.</p> <p>During an interview with the Administrator and Maintenance Supervisor on 5/30/2018 at 10:00 AM, the Administrator provided a temperature log dated 5/26 through 5/30/2018. The Maintenance Supervisor indicated he took the temperatures and called them to the Administrator, but had forgotten about the log.</p> <p>During an interview on 5/30/2018 at 10:50 AM, Employee 6 indicated over the past weekend it was very hot on the 500 Hall and it was worse on Monday 5/28/2018. "It was unbearable." .</p> <p>During an interview on 5/30/2018 at 11:44 AM, the Maintenance Supervisor indicated the corporation's plan was to first fix malfunctioning part in the air conditioning unit, but decided to replace both units on the 500 Hall due to their age. The part was not available until Tuesday due to it being a holiday weekend. The place they get the parts from was closed on the weekends and closed early because it was a holiday weekend.</p> <p>During an interview on 5/30/2018 at 12:39 PM, Employee 9 indicated the residents were complaining about the heat. The employee was unaware of any wet towels being offered to the residents as an interventions to help them stay cool.</p>						

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

PRINTED: 06/21/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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>During an interview on 5/30/2018 at 12:47 PM, Employee 3 indicated during the weekend if she thought a resident looked hot she would take their temperature, but did not document that it had been done. There were no resident assessments performed every 4-6 hours due to the elevated building temperatures and no fluid intake and output monitoring had been done.</p> <p>During an interview on 5/30/2018 at 3:00 PM, the Corporate Maintenance Supervisor indicated he had been made aware of the air conditioning on 5/25/2018 in the late afternoon. He arrived at the facility on the same day to inspect the units. It was determined a part was needed to repair the unit and the other unit would need to be replaced. The company had a contractual agreement with a supply company and could not purchase the part from anywhere else. It was a holiday weekend and the company had closed and the part would need to be ordered on 5/29/2018. On 5/29/2018 the decision was made to replace both units.</p> <p>During an interview on 5/30/2018 at 3:35 PM, a representative from the contractual supply company indicated the Indianapolis locations operated under normal business hours 7:30 AM to 4:30 PM, on 5/25/2018. The company has a location in the Indianapolis area open on Saturdays from 8:00 AM to 12:00 PM. The company also has an emergency open service for a fee of \$75.00.</p> <p>During an interview on 5/31/2018 at 9:13 AM, Employee 7 indicated drinking water and ice were provided to the residents at the beginning and end of the shift. Residents received more water during medication administration pass and if they</p>						

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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>requested for it. The Employee stated they did not leave extra wash clothes to residents as they had been instructed not to in the past.</p> <p>Review of the Medication Administration and Treatment Administration Records for residents on the 500 Hall on 5/31/2018 at 9:16 AM indicated the records lacked any documentation of vital signs or intake and output documentation unless it had been ordered previously.</p> <p>Review of the temperature logs provided by the Administrator on 5/30/2018 at 9:00 AM, indicated the following dates and times temperatures in resident rooms on the 500 Hall exceeded 81 degrees F:</p> <p>5/26/2018 at 2:00 PM -room 509: 81.1 F 5/26/2018 at 4:00 PM -room 507: 81.8 F 5/26/2018 at 4:00 PM -room 508 81.2 F 5/26/2018 at 4:00 PM -room 509 81.9 F 5/26/2018 at 4:00 PM -room 510: 81.7 F 5/26/2018 at 4:00 PM -room 511: 81.5 F 5/28/2018 at 12:00 PM -room 502: 81.2 F 5/28/2018 at 12:00 PM -room 504: 81.6 F 5/28/2018 at 12:00 PM -room 505: 81.6 F 5/28/2018 at 12:00 PM -room 506: 81.9 F 5/28/2018 at 12:00 PM -room 507: 81.4 F 5/28/2018 at 12:00 PM -room 508: 81.3 F 5/28/2018 at 12:00 PM -room 509: 81.4 F 5/28/2018 at 12:00 PM -room 510: 81.4 F 5/28/2018 at 12:00 PM -room 513: 81.9 F 5/28/2018 at 12:00 PM -room 514: 81.5 F 5/28/2018 at 12:00 PM -room 515: 81.6 F 5/28/2018 at 12:00 PM -room 516: 81.2 F 5/28/2018 at 2:00 PM -room 501: 82.1 F 5/28/2018 at 2:00 PM -room 502: 82.3 F 5/28/2018 at 2:00 PM -room 503: 82.4 F 5/28/2018 at 2:00 PM -room 504: 82.1 F 5/28/2018 at 2:00 PM -room 505: 82.3 F 5/28/2018 at 2:00 PM -room 506: 82.4 F</p>						

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012			
(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>5/28/2018 at 2:00 PM -room 507: 82.5 F</p> <p>5/28/2018 at 2:00 PM -room 508: 82.6 F</p> <p>5/28/2018 at 2:00 PM -room 509: 82.3 F</p> <p>5/28/2018 at 2:00 PM -room 510: 82.6 F</p> <p>5/28/2018 at 2:00 PM -room 511: 82.8 F</p> <p>5/28/2018 at 2:00 PM -room 512: 82.8 F</p> <p>5/28/2018 at 2:00 PM -room 513: 82.9 F</p> <p>5/28/2018 at 2:00 PM -room 514: 82.3 F</p> <p>5/28/2018 at 2:00 PM -room 515: 82.4 F</p> <p>5/28/2018 at 2:00 PM -room 516: 82.6 F</p> <p>5/28/2018 at 4:00 PM -room 501: 83.4 F</p> <p>5/28/2018 at 4:00 PM -room 502: 83.5 F</p> <p>5/28/2018 at 4:00 PM -room 503: 83.4 F</p> <p>5/28/2018 at 4:00 PM -room 504: 83.1 F</p> <p>5/28/2018 at 4:00 PM -room 505: 83.2 F</p> <p>5/28/2018 at 4:00 PM -room 506: 83.6 F</p> <p>5/28/2018 at 4:00 PM -room 507: 83.3 F</p> <p>5/28/2018 at 4:00 PM -room 508: 82.9 F</p> <p>5/28/2018 at 4:00 PM -room 509: 83.4 F</p> <p>5/28/2018 at 4:00 PM -room 510: 83.6 F</p> <p>5/28/2018 at 4:00 PM -room 511: 83.8 F</p> <p>5/28/2018 at 4:00 PM -room 512: 83.4 F</p> <p>5/28/2018 at 4:00 PM -room 513: 83.2 F</p> <p>5/28/2018 at 4:00 PM -room 514: 83.1 F</p> <p>5/28/2018 at 4:00 PM -room 515: 83.7 F</p> <p>5/28/2018 at 4:00 PM -room 516: 83.6 F</p> <p>Review of a current policy, dated 12/2017, titled "Facility Temperature", indicated the following: "Policy: This facility shall uphold each resident's right to a safe, clean, comfortable and homelike environment, including maintaining the facility temperature between 71-81 degrees Fahrenheit. ..." This policy was provided by the Administrator on 5/29/2018 at 8:10 PM.</p> <p>Review of a current policy, dated 1/2015 and revised 9/2017, titled "Extreme High Temperature Procedure", indicated the following: Purpose: Should the temperature index for relative</p>						

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012			
(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>humidity and temperature in the facility rise above the state required indicated for facility shall implement the appropriate high temperature procedures. ...</p> <p>Department Specific Procedures:</p> <p>Nursing</p> <p>Monitor residents for intake and output of fluids. Encourage fluids.</p> <p>Monitor residents closely for signs of discomfort and adverse physical symptoms</p> <p>High-risk residents should be identified and monitored closely during periods of extremely high temperatures. High-risk residents include those with heart, circulatory, or respiratory problems, and those taking anticholinergics, diuretics, sedatives, and hypnotics. Physicians of high risk residents must be informed of their resident's conditions and the heat situation. Check resident's temperature and vital signs every 4-6 hours</p> <p>Monitor all residents frequently for symptoms of heat stroke and heat exhaustion</p> <p>Dress residents in or encourage resident to wear light-weight, loose-fitting clothing</p> <p>Monitor the resident's activities, and encourage the elimination of strenuous activities programming</p> <p>If necessary, transfer residents to areas of the facility that are better ventilated and cooler in temperature</p> <p>Dietary</p> <p>Operate exhaust systems while equipment is in use to reduce excess heat</p> <p>Make provisions for additional supplies of water and ice</p> <p>Check food supplies</p> <p>Maintenance</p> <p>Monitor air temperatures at least every 2 hours between 8 am and PM in resident areas</p> <p>Make provisions for an adequate supply of fans</p>						

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

PRINTED: 06/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018	
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012			
(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>for resident rooms</p> <p>Monitor all ventilation systems and assure their working conditions</p> <p>Monitor all exhaust systems and assure their working conditions</p> <p>Maintenance of air conditioning systems. Clear areas around conditioning units of vegetation and debris to allow better air flow. Clean all air conditioner filters</p> <p>Assure that water lines to the building are working appropriately</p> <p>If possible, hose down roof with water in order to cool down building</p> <p>Administration</p> <p>Alert the State Department of Health and your regional corporate staff about high temperature situation, and request support ...</p> <p>Keep residents as cool as possible."</p> <p>Review of a current undated policy on 5/30/2018 at 3:41 PM, titled "Signs/Symptoms of Extreme Temperature Exposure", indicated the following:</p> <p>"Policy:</p> <p>A resident who has been in an environment of extreme temperature (i.e., heat or cold) for an extended period of time shall be properly assessed by a licensed nurse for signs/symptoms indicative of needed intervention.</p> <p>Extreme hot temperatures:</p> <p>High environmental temperatures can be dangerous to the body. In the range of 90 degrees and 105 degrees F (32 degrees and 40 degrees C), an individual can experience heat cramps and exhaustion. Between 105 degrees and 130 degrees F (40 and 54 degrees C), heat exhaustion is more likely. An environmental temperature over 130 degrees F (54 degrees C) often leads to heatstroke.</p> <p>Other heat-related illnesses include:</p> <p>heat exhaustion</p>						

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

PRINTED: 06/21/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155690	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2018
NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP COD 1821 LINDBERG RD ANDERSON, IN 46012		
(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	
	<p>heatstroke muscle cramps heat swelling fainting Symptoms Symptoms of heat related illnesses depend on the type and the severity of the illness. Some common symptoms of heat exhaustion include: ... exhaustion or fatigue ... feelings of nausea vomiting ..."</p> <p>The immediate jeopardy that began on 5/25/2018 was removed on 5/29/2018 when the facility replaced the air conditioning units, began educating employees on extreme heat and signs and symptoms, began monitoring the air temperatures in the 500 hall, but noncompliance remained at the lower scope and severity level of no actual with the potential for more than minimal harm because all staff members had not yet been educated and monitoring was still on-going.</p> <p>This Federal tag relates to Complaint IN00263696.</p> <p>3.1-19(i)</p>				