

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

PRINTED: 11/13/2023
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 10/25/2023	
NAME OF PROVIDER OR SUPPLIER PRIMROSE MEMORY CARE OF ANDERSON				STREET ADDRESS, CITY, STATE, ZIP COD 2101 N MADISON AVENUE ANDERSON, IN 46011			
(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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00417084.</p> <p>Complaint IN00417084 - State deficiencies related to the allegations are cited at R0145 and R0217.</p> <p>Survey date: October 25, 2023</p> <p>Facility number: 013811</p> <p>Residential Census: 13</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed October 27, 2023.</p>			R 0000			
R 0145 Bldg. 00	<p>410 IAC 16.2-5-1.5(b) Sanitation and Safety Standards - Deficiency (b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents.</p> <p>Based on observation and interview, the facility failed to secure hazardous material in an unlocked beauty salon for 6 of 6 ambulatory residents in a memory care facility.</p> <p>Findings include:</p> <p>During a facility walk through on 10/23/23 at 10:36 a.m., the beauty salon door was found unsecured.</p> <p>The following hazardous material were found inside the salon:</p> <p>A partially used bottle of "No peroxide", a</p>			R 0145	<p>1 The hazardous materials listed (no peroxide; Herbal Essences spray gel; Febreze; et Micro-kill disinfectant) found in the beauty shop were removed et placed in a locked cabinet.</p> <p>2 A check of all common areas was made to ensure no hazardous materials were unsecured. All hazardous materials are security stored et not available to residents.</p> <p>3 New locks have been installed on the cabinets in the</p>		11/10/2023

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

TITLE

(X6) DATE

Hervey Lawrence

Administrator

11/10/2023

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.

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R 0217 Bldg. 00	<p>chemical used to remove peroxide residue. The caution statement indicated to avoid contact with eyes. "If contact occurs, rinse with water. For external used only. Keep out of reach of children."</p> <p>A partially used spray bottle of Herbal Essences spray gel. The caution statement indicated to avoid spraying in eyes. "Use only as directed. Keep out of reach of children".</p> <p>A "Febreeze" spray bottle. The caution statement indicated to use only as directed and to keep out of reach of children and pets.</p> <p>A partially used container of MICRO-Kill disinfectant. The precautionary statements included "Hazardous to Humans and Domestic Animals".</p> <p>During an interview on 10/23/23 at 10:57 a.m., the Administrator indicated the salon door and the hazardous materials should have been secured.</p> <p>This citation relates to complaint IN00417084.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p>				<p>beauty so that hazardous materials can be secured properly by employees. A review of community policy "Storage and Disposal of Hazardous Materials" was reviewed without change. All staff have been re-educated on this policy.</p> <p>4 The DON or her representative will audit the beauty shop et all common areas to ensure hazardous materials are appropriately stored. These audits will be conducted 5X weekly X 30 days, then 1X weekly X60 days to ensure compliance. Results of all audits will be reported to the monthly QA committee for further monitoring.</p> <p>5</p>		

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	<p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to update service plans with interventions to prevent falls for 1 of 3 residents with frequent falls. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 10/23/23 at 12:18 p.m. Diagnoses included hypertension, dementia, debility, iliac aneurysm, and anxiety. The resident had severe cognitive impairment and required supervision for transfers and ambulation.</p> <p>Review of the clinical record on 10/23/23 at 12:18 p.m., indicated the resident had unwitnessed falls on 8/1/23 and 8/23/23. The resident had a fall on 9/23/23 resulting in a fracture of the right femur neck (broken hip).</p> <p>Review of Resident C's service plan, dated 8/2/23, indicated the resident had an increased potential</p>			R 0217	<p>1 Resident identified is no longer a resident.</p> <p>2 A review of all resident service plans was completed to ensure appropriate interventions r/t falls were in place.</p> <p>3 Primrose policy titled "incident Reporting and Analysis Policy" & "Mobility/Fall Management" were reviewed without change. All nursing staff were re-educated on these policies.</p> <p>4 The DON or her designee will audit service plans 1X weekly X30 days, then 1X monthly ongoing. All audits will be reported to the monthly Quality Assurance Meeting for further monitoring.</p>		11/10/2023

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	<p>for falls. The service plan indicated staff were to report evidence of unsteadiness and/or other safety concerns. The service plan lacked interventions to prevent or mitigate falls.</p> <p>During an interview on 10/23/23 at 2:10 p.m., the Director of Nursing indicated the service plans should have been updated with fall interventions if the resident had multiple falls.</p> <p>Review of a current policy titled, "Incident Reporting and Analysis Policy" provided by the DON on 10/25/23 at 11:07 a.m. and dated 12/20/21, indicated "... Items may be closed once a final status/resolution is entered including interventions to prevent reoccurrences if applicable. Examples of when Incidents or Non-Incidents may be closed include: Fall non-injury-closed after resident comes off Short Term Monitoring, Service Plan has been updated with fall interventions, and Negotiated Risk Assessment (NRA) executed if applicable. Fall with injury closed after injury as resolved/healed, Service Plan has been updated with Fall Interventions, and NRA executed if applicable.".</p> <p>Review of a current policy titled, "Mobility/Fall Management" provided by the DON on 10/25/23 at 11:07 a.m. and dated 1/1/15, indicated " Procedure: Upon move-in with all routine and change of condition assessments, residents should be assessed for mobility challenges and needs. Incorporate mobility management interventions into the Service Plan. Implement only the interventions that can be reasonable accomplished and monitored. Reevaluate the interventions periodically to determine their effectiveness and discontinue ineffective interventions while implementing new</p>						

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	interventions as appropriate."						
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