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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br>01/24/2025 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>FIVE STAR RESIDENCES OF LAFAYETTE | STREET ADDRESS, CITY, STATE, ZIP COD<br>250 SHENANDOAH DRIVE<br>LAFAYETTE, IN 47905 |
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| R 0000<br><br>Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00451311.</p> <p>Complaint IN00451311- State deficiencies related to the allegations are cited at R240.</p> <p>Survey dates: January 23 and 24, 2025</p> <p>Facility number: 014015</p> <p>Residential Census: 79</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on January 29, 2025.</p>   | R 0000 |  |            |
| R 0240<br><br>Bldg. 00 | <p>410 IAC 16.2-5-4(d)<br/>Health Services - Deficiency</p> <p>Based on interview and record review, the facility failed to ensure incontinence care was provided for 3 of 3 residents reviewed for incontinence care. (Resident C, B and D)</p> <p>Findings include:</p> <p>An Indiana Department of Health Intake Information, dated 1/15/25, indicated CNA 8 did not provide adequate incontinence care on 1/14/25.</p> <p>The facility investigation was reviewed and included, but were not limited to the following:</p> <p>a. During a telephone interview, on 1/16/25, CNA 8 indicated she did not check on Resident B and C</p> | R 0240 | <p>Immediate action taken previous to state survey. The community separated employment with care staff member who was not appropriately providing incontinence care.</p> <p>In servicing has began on incontinence care with each member of the care staff team. As of the writing of this document we have two staff members left to meet with, documentation will be uploaded as soon as the two last staff have completed the retraining.</p> | 02/11/2025 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE         | (X6) DATE  |
| Tiffany Tribble   | Administrator | 02/21/2025 |

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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|                          | <p>every two hours for incontinence. She was told Resident B and C would notify her if they needed changed. Resident D was changed 2 hours before the change of shift.</p> <p>b. During a telephone interview, on 1/16/25, Staff Member 4 indicated CNA 8 did not check on Resident B and C for incontinence. The residents were found to be saturated with urine and feces.</p> <p>c. During a telephone interview, on 1/17/25, Staff Member 11 indicated Resident C was found to be covered in feces and urine. Resident B was found soaked in urine in her bed.</p> <p>d. During a telephone interview, on 1/17/25, Staff Member 5 indicated Resident C was found in his room covered in feces and urine. Resident B was found in her bed soaked in urine. Resident D was found on the floor saturated in urine. Resident D had attempted to go to the bathroom without assistance before and fell.</p> <p>1. The clinical record for Resident C was reviewed on 1/24/25 at 1:43 p.m. The diagnoses included, but were not limited to, melanoma, anemia, and atrial fibrillation.</p> <p>The service plan for Resident C, dated 1/1/25, indicated the resident was incontinent of bladder and needed bed mobility assistance.</p> <p>2. The clinical record for Resident B was reviewed on 1/23/25 at 3:35 p.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus, major depressive disorder, chronic kidney disease, urinary incontinence, and osteoarthritis.</p> <p>The service plan for Resident B, dated 10/30/24, indicated Resident B was incontinent with bladder</p> |                     | <p>As of 2/7/25, all residents requiring incontinence checks have been entered into electronic charting process.</p> <p>In order to ensure compliance with care requirements on incontinence ED, DHW (DON), or designee will round with CNA's four times a week for four weeks, 3 times a week for 3 weeks and 2 times per week for two weeks. Any discrepancies in care plans will be immediately discussed and documented. This audit will begin the week of 2/17/25.</p> <p>Completed audit will be uploaded to gateway when available.</p> |                            |

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|                    | <p>and needed assistance for toileting, transfers, and ambulation.</p> <p>During an interview, on 1/23/25 at 1:35 p.m., Resident B indicated recently no one answered her call light and she had to sit in a wet bed until someone came to help her. She did have to wait more than 2 hours for help. She did not remember the date or the staff member.</p> <p>3. The clinical record for Resident D was reviewed on 1/24/25 at 2:44 p.m. The diagnoses included, but were not limited to, atrial fibrillation, chronic kidney disease, and hypertension.</p> <p>The service plan for Resident D, dated 12/24/24, indicated the resident was incontinent of bladder and needed assistance for toileting, transfers and ambulation. She needed to be checked every 2 hours for incontinence.</p> <p>During an interview, on 1/23/25 at 2:44 p.m., Resident D indicated she was not supposed to get up without assistance but if no one responded to her call for help, she tried to get up on her own. She had been left wet a few times when she could not get up and the staff did not come quickly.</p> <p>During an interview, on 1/23/25 at 12:45 p.m., Staff Member 4 indicated CNA 8 did not provide incontinent care to Resident B, C, and D on the night shift. The residents were found in the morning by the dayshift to be saturated with feces and urine. The 3 residents were supposed to be checked every 2 hours for incontinence.</p> <p>During an interview, on 1/23/25 at 12:48 p.m., Staff Member 5 indicated CNA 8 did not provide incontinence care to Resident B, C, and D on the night shift. Staff Member 5 found the residents</p> |               |   |                      |

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|                          | <p>saturated in the morning with feces and urine. The 3 residents were to be checked every 2 hours for incontinence.</p> <p>During an interview, on 1/23/25 at 12:50 p.m., Staff Member 6 indicated CNA 8 did not complete incontinence care on Resident B, C, and D on the night shift. The residents were found in the morning saturated with feces and urine. The 3 residents were to be checked every 2 hours for incontinence. Staff Member 6 indicated this was not the first weekend CNA 8 did not provide incontinent care to the residents.</p> <p>During an interview, on 1/23/25 at 12:52 p.m., Staff Member 7 indicated CNA 8 did not complete incontinence care on Resident B, C, and D. The residents were found in the morning saturated with feces and urine.</p> <p>During an interview, on 1/24/25 at 2:50 p.m., the Administrator indicated the residents had not been provided with incontinent care by CNA 8. The facility policy and procedure on incontinence care only addressed how to give care.</p> <p>This state tag relates to complaint IN00451311.</p> |                     |  |                            |