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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155493	A. BUILDING 00 B. WING	12/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SCENIC HILLS AT THE MONASTERY	710 SUNRISE DRIVE FERDINAND, IN 47532

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00422495 and IN00416683. Complaint IN00422495: Federal/State deficiencies related to the allegations are cited at F684. Complaint IN00416683: Federal/State deficiencies related to the allegations are cited at F921 and F684. Survey date: December 7 & 8, 2023 Facility number: 000534 Provider number: 15593 AIM number: 100267220 Census Bed Type: SNF: 15 SNF/NF: 65 Residential: 35 Total: 115 Census Payor Type: Medicare: 10 Medicaid: 50 Other: 20 Total: 80 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 19, 2023.	F 0000	The submission of this plan of correction does not indicate an admission by Scenic Hills at the Monastery that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Scenic Hills at the Monastery. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennie Deyne	Admin	12/29/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.			
	Based on observation, interview, and record review, the facility failed to provide qualilty care and services timely following resident falls that resulted in fractures for 2 of 3 residents reviewed for falls with fractures. A resident was not sent out for further assessment and treatment following a fall with multiple fractures that occurred "before lunch," until after 8:00 P.M. that evening, and a resident's X-ray results confirming fractures were not communicated to the physician prior to receiving an order to transfer the resident to the hospital until more than 6 hours after the X-ray results were made available to the facility. (Resident F, Resident G) Findings include: 1. During a review of facility reported incidents on 12/7/23 at 12:55 P.M., an incident, dated 9/8/23, included that Resident F had fallen on 9/7/23 at 10:26 A.M. The following morning, Resident F had facial grimacing with movement of right leg and complained of pain. X-ray results included a right femoral neck fracture. During record review on 12/8/23 at 9:16 A.M., Resident F's diagnoses included, but were not limited to Alzheimer's disease, dementia, and anxiety. Resident F's most recent quarterly MDS (Minimum Data Set) assessment, dated 9/28/23,	F 0684	1 Residents F and G suffered no ill effects from the alleged deficient practice. Residents were assessed with no concerns. 2 All residents have the potential to be affected. Licensed staff will be educated on the expectations of following up on an x-ray that has been ordered to ensure the timeliness of arrival and results with timely notifications. 3 As a measure of ongoing compliance, the DHS or designee will complete an audit 5x/week for 4 weeks, then 5x every other week for 2 months, then monthly for 3 months to ensure the x-ray was obtained and resulted with timely notifications. 4 As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.	12/31/2023

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indicated the resident had severe cognitive impairment and required extensive assistance with mobility and transfers.

Resident F's nurses notes included, but were not limited to the following:
9/7/23 at 10:40 A.M. Resident noted to be lying on floor in common area on back. Full body assessment completed and no injuries or deformities noted.
9/8/23 at 11:13 A.M. During assessment, resident complained of pain with movement of right leg when moved up toward chest. Resident did not want to get up or have much of an appetite. Notified the doctor's office and a new order was obtained for an X-ray to the right hip. X-ray company contacted.
9/8/23 at 2:15 P.M. X-ray services in for right hip x-ray. Waiting on results.
9/8/23 at 11:05 P.M. X-ray results obtained and showed right femoral neck osteoporotic fracture with moderate lateral and superior displacement. DON notified and physician paged for orders.
9/8/23 at 11:11 P.M. Doctor on call returned call with orders to send resident to the Emergency Room (ER) for treatment.
9/8/23 at 11:30 P.M. Called for transport to ER per physician order. Resident with no complaints of pain as long as staff did not move her.
9/8/23 at 11:34 P.M. Resident's right leg was observed rotated outwards and shorter in length than her left leg.
9/9/23 at 12:06 A.M. EMTs left at this time with resident en route to hospital.

Resident F's X-ray report, dated 9/8/23, indicated a right hip fracture with 9/8/23 as the date of service. The X-ray report was electronically signed by the reviewing physician on 9/8/23 at 3:15 P.M. At the top of the X-ray report included

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	a fax date and time of 9/8/23 at 4:29 P.M. During an interview on 9/8/23 at 10:51 A.M., the Regional Consultant indicated the date and time at the top of Resident F's X-ray report was the time the form was faxed to the facility. During an interview on 12/8/23 at 10:20 A.M., the Director of Nursing (DON) indicated when a resident has an X-ray, the nurse is expected to check in with the X-ray service provider within 1-2 hours for a result. A preliminary result may be obtained to give to the ordering physician so a recommendation could be made. 2. During a review of facility reported incidents on 12/7/23 at 1:00 P.M., an incident, dated 11/17/23, included staff PT 8 (Physical Therapy) and that Resident G had fallen during physical therapy exercise. Injuries included a comminuted fracture of the distal right femur, and fractures of the distal left tibia and fibula. During an observation on 12/7/23 at 10:00 A.M. Resident G was sitting up in her wheelchair with a family member in their room. Resident G's legs were covered. During an interview, Resident G's family member indicated that Resident G had a cast and was wearing an immobilizer to due to falling and fracturing both legs. Resident G's family included that following fall, the facility waited for the physician to respond to the notification and then had to wait for X-rays before sending the resident to the hospital. Resident G's family indicated not being sure why the X-ray was needed as the Resident had informed them that her foot was "bent." During record review on 12/7/23 at at 1:45 P.M., Resident G's diagnoses included, but were not			

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	limited to fracture of shaft of left tibia, fracture of right patella, periprosthetic fracture around internal prosthetic right knee joint, osteoporosis, weakness, and unsteadiness on feet. Resident G's most recent MDS quarterly assessment, dated 11/16/23, included that the resident had no cognitive impairment and required substantial assistance with mobility. Resident G's physician orders included, but were not limited to, Left ankle 2 views STAT - Immediately, dated 11/17/23, neurological checks every 15 minutes for one hour (started 11/17/23), and pain assessments every shift for 72 hours (started 11/17/23). Resident G's nurses notes contained the following: 11/17/23 at 1:39 P.M. - Resident G was in physical therapy ambulating. Resident legs gave out and she folded to the floor. Left ankle got twisted underneath her. The DON completed a full body assessment. Resident complained of left ankle and right leg pain. Physician ordered X-rays of left ankle. Using Hoyer lift until X-rays are done confirming nothing broke. 11/17/23 at 1:53 P.M. - Therapy alerted nursing staff to therapy gym due to resident falling to floor. Resident G sitting on buttocks with legs stretched out in front of her. Left lower extremity rotated outward while right lower extremity rotated inward. Resident complains of pain to left lower extremity and states that her right knee feels like it's pulling. 11/17/23 at 8:00 P.M. - X-ray service provider completed X-ray and stated they would have results sent as quickly as possible. Resident noted to have increase in pain and heavy breathing. Physician notified of X-ray, increase in			

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	pain, and heavy breathing. Order obtained to send resident to emergency department. 11/17/23 at 11:45 P.M. - Spoke with nurse at hospital al who stated both legs are broken and she will be admitted at this time. A fall event for Resident G was recorded on 11/17/23 at 11:50 A.M. and included that the resident fell in PT while ambulating with a walker. Resident complains of pain to outside left ankle and right leg and pain was rated at a 4. Resident G body observation included abnormal alignment to bilateral lower extremities including rotation/deformity/shortening of right and left lower extremities. Resident G's neurological assessments on 11/17/23 following the fall in the PT gym included the following pain assessments (rated on a scale of 0 - 10, 0 representing no pain and 10 representing excruciating pain): 11/17/23 at 11:30 A.M. - pain level 4 11/17/23 at 11:45 A.M. - pain level 5 11/17/23 at 12:00 P.M. - pain level 5 11/17/23 at 12:15 P.M. - pain level 5 A "new laboratory order" report dated 11/17/23 at 1:57 P.M. included an order for 2 view left ankle for Resident G scheduled for 11/17/23 at 2:00 P.M. A left ankle, 2 views X-ray report for Resident G, dated 11/17/23 at 8:25 P.M., included findings of acute, commuted outdistanced fractures involving the distal tibia and fibula. The report included a fax time and date of 11/17/23 at 9:36 P.M. Resident G's hospital emergency department provider notes dated 11/17/23 at 8:52 P.M., included, "Patient fell around 10:00 A.M. this morning while trying to do PT. Pain above the left			

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ankle. Ultimately, multiple hours past before the patient was able to get an X-ray which shows a fracture of her (tibia-fibula)..."

During an interview 12/8/23 at 11:00 A.M., PT 8 indicated she witnessed Resident G fall on 11/17/23 in the physical therapy gym and that the fall happened sometime before lunch between 10:00 A.M. and 11:00 A.M. but could not recall the exact time of the fall.

During a confidential interview, nursing staff indicated that STAT orders for X-rays from the facility's mobile X-ray provider were to be completed within 4 hours of placing the order. If a STAT X-ray is not completed within that time frame, nursing should contact the physician to consider sending the resident to the hospital for further assessment.

On 12/8/23 at 11:47 A.M., the facility administrator supplied a Portable Imaging and Diagnostic Testing Services Agreement, dated 4/19/23. The agreement included, "...Provider will render services upon receipt of a valid order from a licensed and Pecos enrolled physician or qualified non-physician practitioner... Written results of diagnostic testing will be forwarded in a timely manner to the Company... Company shall supply Provider the following information when services are requested: ...Clearly stated request for STAT testing when the order or referral included such requests."

The facility administrator indicated not having a policy regarding STAT physician orders.

This citation relates to complaints IN00422495 and IN00416683.

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	3.1-37(a) 3.1-37(b)			
F 0921 SS=E Bldg. 00	483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to provide a clean, homelike environment in resident resident rooms and resident areas for 2 of 2 days during the survey. Resident rooms were not cleaned daily and resident areas contained dust, debris, and trash. (Resident B, Resident C, Resident D, Resident F) Finding includes: 1. During a review of facility grievances on 12/7/23 at 12:50 P.M., a Resident Concerns Log included a concern, dated 11/13/23, by Resident B's family member regarding the cleanliness of Resident B's room (Room 103). The concern included, "..."[Family] is concerned that room is not being cleaned daily as she continues to find food ground in the carpet and the bathroom floor is in need (of) deep cleaning..." 2. During an observation on 12/7/23 at 9:45 A.M., Resident C's carpet in room (Room 308) had a noticeable stain next to the resident's bed. A balled up tissue was on the floor at the base of the bed. 3. During an observation on 12/7/23 at 3:05 P.M., Resident D's room (Room 504) had a line of crumbs smashed into the carpet from the recliner	F 0921	1 Residents B, C, D, and F suffered no ill effects from the alleged deficient practice. Residents' rooms were immediately cleaned. 2 All residents have the potential to be affected. Environmental services staff will be educated on the expectations of daily tasks for cleaning and notification of stains needing additional cleaning. 3 As a measure of ongoing compliance, the environmental supervisor or designee will complete an audit 5x/week for 4 weeks, then 5x every other week for 2 months, then monthly for 3 months to ensure resident rooms and areas are clean and homelike. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted	12/31/2023

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	to the bathroom doorway. Resident D's bathroom trash can was full. 4. During an observation on 12/8/23 at 8:50 A.M., Resident F's room (Room 508) contained crumbs on the floor scattered around the recliner and under the resident's bed. A balled up tissue was on the floor next to the resident's bed. The wall to the side of the recliner had what appeared to be old various colored splatters toward the bottom of the wall near an electrical outlet. A build of of dust was on the corner of the floor behind the room door. During an interview on 12/7/23 at 3:10 P.M., Housekeeper 4 indicated she was the only housekeeper scheduled the day prior and that she is unable to clean every resident room by herself. Housekeeper 4 indicated they do the best they can but are short staffed at times. During an interview on 12/8/23 at 8:40 A.M., Housekeeper 6 indicated they are unable to clean every room every day since housekeeping is not fully staffed. Housekeeping has to "catch up" on days that they are fully staffed. During an interview on 12/8/23 at 10:55 A.M., Housekeeper 2 indicated that housekeeping staff fill out a daily cleaning schedule. During a review of the Housekeeping daily cleaning schedule from 12/6/23 through 11/21/23, no forms were filled out on 11/23/23, 11/25/23, 11/26/23, 11/27/23, 11/28/23, 11/30/23, 12/2/23, or 12/3/23. The cleaning schedules included at the bottom of the page, "This form is to be completed as soon as you complete the tasks. (Check as you go.) Everyone is to fill out this form dailey [sic]!"			

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	On 12/8/23 at 10:00 A.M., the facility administrator supplied a facility policy titled, Room Cleaning - Health Center Rooms, dated 10/15/23. The policy included, "Health Center resident rooms are cleaned daily... Daily Cleaning... Once complete check off Job Sheet..." This citation relates to complaint IN00416683. 3.1-19(f)(5)			