

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

PRINTED: 08/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/25/2024	
NAME OF PROVIDER OR SUPPLIER  EVERGREEN VILLAGE AT BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP COD 3607 SOUTH HEIRLOOM DRIVE BLOOMINGTON, IN 47401			
(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	This visit was for a State Residential Licensure Survey.  Survey dates: July 24 and 25, 2024  Facility number: 014002  Residential Census: 119  These State Residential Findings are cited in accordance with 410 IAC 16.2-5.  Quality review completed July 30, 2024.			R 0000			
R 0033  Bldg. 00	410 IAC 16.2-5-1.2(h)(1-2) Residents' Rights - Noncompliance (h) The facility must furnish on admission the following: (1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility. (2) The most recently known addresses and telephone numbers of the following: (A) The department. (B) The office of the secretary of family and social services. (C) The ombudsman designated by the division of disability, aging, and rehabilitation services. (D) The area agency on aging. (E) The local mental health center. (F) Adult protective services. The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as						

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

TITLE

(X6) DATE

Nichole McNally

Executive Director

08/09/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 30 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>appropriate. Based on observation, interview, and record review, the facility failed to ensure the known addresses and telephone numbers of the Indiana Department of Health, the Office of the Secretary of Family and Social Services, the area agency on aging, the local mental health center, and adult protective service were posted in an area easily accessible to residents for 1 of 2 days of the survey.</p> <p>Findings include:</p> <p>On 7/23/24 at 2:30 p.m., sign was posted observed to be posted in the foyer, approximately 6 feet off of the ground, which included the addresses and telephone numbers of the Indiana Department of Health, the Office of the Secretary of Family and Social Services, the area agency on aging, the local mental health center, and adult protective service.</p> <p>During an interview, on 7/24/24 at 12:45 p.m., the Administrator indicated it would be very difficult for a resident to view the posted information.</p> <p>On 7/24/24 at 11:30 a.m., the Administrator provided a copy of the facility's policy, "Statement of Resident Rights," revised on March, 2003, and indicated it was the policy currently being used. A review of the policy indicated, "... 34. Be accessed by individuals representing state or federal agencies, any authorized representative of the State of Indiana ... the state and area long term care ombudsman, the agency responsible for the protection and advocacy system for developmentally disabled individuals, the agency responsible for the protection and advocacy system for mentally ill individuals..."</p>			R 0033	<p>Our Plan of Correction for citation R033: What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Correction- No residents negatively affected by this deficient practice; signage was posted but too high to be easily read by residents at wheelchair level.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Correction- no residents were negatively affected by this deficient practice; The community will begin Plan of Correction which includes an audit to ensure the signage of important address and phone numbers of the department remains in the public area at a lower level to be easily viewed by residents at w/c level.</p> <p>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur. Correction- Signage of important address and phone number of the department has been moved to a lower level that is more easily accessible to be</p>		08/16/2024

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R 0042  Bldg. 00	<p>410 IAC 16.2-5-1.2(p) Residents' Rights - Noncompliance (p) Residents have the right to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys were in an identified location in order to facilitate the residents' examination for 2 of 2 days of the survey.</p> <p>Findings include:</p>			R 0042	<p>viewed even from w/c level.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Correction- The community will complete audits by ED or designee of the signage posted to remain at lower level to ensure compliance (3 times per week X's 4 weeks, 2 times per week X's 4 weeks, and 1 time per week for 4 weeks</p> <p>The community QAPI will review audit sheets monthly during the review timeline to ensure the community remains in compliance with the plan of correction.</p> <p>Our Plan of Correction for citation R042: What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Correction- No residents negatively affected by this deficient practice; the facility survey book was in a drawer in the lobby, but signage had been</p>		08/16/2024

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	<p>On 7/23/24 at 2:30 p.m., the facility survey book could not be located and there was no sign which indicated where the book could be located.</p> <p>On 7/24/24 at 9:45 a.m., the facility survey book could not be located and there was no sign which indicated where the book could be located.</p> <p>During an interview on 7/24/24 at 12:30 p.m., the Receptionist indicated the table kept getting moved around and she was unsure where the survey book was located. The Receptionist located the survey book in the foyer in a small side table drawer with a large plant on top of the table.</p> <p>During an interview on 7/24/24 at 12:45 p.m., the Administrator indicated the survey book should have been easily accessible to the residents.</p> <p>On 7/24/24 at 11:30 a.m., the Administrator provided a copy of the facility's policy, "Statement of Resident Rights," revised on March, 2003, and indicated it was the policy currently being used. A review of the policy indicated, "... 40. Examine the results of the most recent annual survey of the Premises conducted by the state surveyors, any plan of correction in effect with respect to the Premises, and any subsequent surveys ..."</p>				<p>moved announcing where it was located.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Correction- no residents were negatively affected by this deficient practice; The community will begin Plan of Correction which includes an audit to ensure the facility survey book remains on the desk out in the lobby for easy viewing of survey findings.</p> <p>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>Correction- The facility survey book was taken out of the drawer and placed on the desk in the lobby to make it more easily accessible to visitors and tenants at the community.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Correction- The community will complete audits by ED or designee of the signage posted to remain at lower level to ensure compliance (3 times per</p>		

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					week X's 4 weeks, 2 times per week X's 4 weeks, and 1 time per week for 4 weeks  The community QAPI will review audit sheets monthly during the review timeline to ensure the community remains in compliance with the plan of correction.		