

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

PRINTED: 12/22/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155813</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAGES AT HISTORIC SILVERCREST THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 SILVERCREST DRIVE</b> <b>NEW ALBANY, IN 47150</b>		
(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	
F 000	INITIAL COMMENTS  This visit was for the Investigation of Nursing Home Complaint IN00420694.  Complaint IN00420694 - No deficiencies related to the allegations are cited.  An unrelated deficiency is cited.  Survey dates: December 14 and 15, 2023  Facility number: 012619 Provider number: 155813 AIM number: 201238590  Census Bed Type: SNF: 36 SNF/NF: 12 Residential: 37 Total: 85  Census Payor Type: Medicare: 25 Medicaid: 10 Other: 13 Total: 48  This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.	F 000			
F 600 SS=D	Quality review completed on December 21, 2023. Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property,	F 600			

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155813</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAGES AT HISTORIC SILVERCREST THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 SILVERCREST DRIVE</b> <b>NEW ALBANY, IN 47150</b>		
(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	
F 600	<p>Continued From page 1</p> <p>and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff to resident neglect did not occur for 1 of 3 residents reviewed for abuse. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 12/14/23 at 1:51 p.m. The diagnoses included, but were not limited to, left patella fracture, rheumatoid arthritis and anxiety.</p> <p>The incident report, dated 11/18/23 at 9:01 p.m., indicated Resident C voiced care concerns and called her family member with her personal cell phone. The family member called the facility and spoke with LPN (Licensed Practical Nurse) 4 whom worked the floor. CNA (Certified Nursing Aide) 3 was removed from her care.</p> <p>The care plan, dated 11/13/23, indicated the resident required staff assistance with activities of daily living and to assist with toileting as needed and/or per request.</p> <p>On 12/14/23 at 1:15 p.m., the resident was</p>	F 600	Past noncompliance: no plan of correction required.		

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

PRINTED: 12/22/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155813</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAGES AT HISTORIC SILVERCREST THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 SILVERCREST DRIVE</b> <b>NEW ALBANY, IN 47150</b>		
(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	
F 600	<p>Continued From page 2</p> <p>observed resting in bed with her eyes open. left knee immobilizer in place and her call light in reach. The resident indicated, on 11/18/23, she had to go to the bathroom and turned her call light on. CNA 3 entered her room, told her she had already gone to the bathroom and then pulled her call light cord out from the wall. She tried to turn her light on again and it would not work. She then called her family member and told her the call light did not work. Her family member then called the facility. LPN 4 came to her room and seen the call light was not hooked in the wall. She plugged the light back in and assisted her to use the bathroom.</p> <p>During an interview on 12/15/23 at 9:46 a.m., LPN 4 indicated on the evening of 11/18/23, she had been at the medication cart. A staff member let her know she had a phone call. When she answered the phone, Resident C's family member informed her that the resident had been trying to get someone for over 40 minutes and that Resident C's call light was out of the wall. She went to Resident C's room and the call light cord was pulled out from the wall. The resident told her CNA 3 had pulled it out. She plugged the light back in and assisted the resident to the bathroom. She went and found CNA 3 who confirmed she had done it.</p> <p>Review of the statement of witness form for CNA 3, dated 11/20/23, indicated CNA 3 and CNA 5 entered Resident C's room to help her put her night gown on and then placed Resident C on the bedside commode. When Resident C finished, she put her call light on and CNA 3 and CNA 5 assisted the resident to bed. Shortly after that, Resident C placed her light on again to have her knee brace adjusted. Shortly after that, Resident</p>	F 600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155813</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAGES AT HISTORIC SILVERCREST THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 SILVERCREST DRIVE</b> <b>NEW ALBANY, IN 47150</b>		
(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	
F 600	<p>Continued From page 3</p> <p>C put her call light back on and wanted to go on the bedside commode. CNA 3 turned off the call light and told Resident C she had already been toileted. CNA 3 pulled the cord out of the box because Resident C would not quit ringing it. CNA 3 went back in about 15 minutes later and LPN 4 had assisted Resident C to the bedside commode and pushed the call light back in. CNA 3 stated "she learned it from agency".</p> <p>The current policy titled "Abuse and Neglect Procedural Guidelines" dated 8/29/19 included, but was not limited to, "Purpose...has developed and implemented processes, which strive to ensure the prevention...of suspected...neglect...Neglect - is the failure of the facility, its employees...to provide...services to a resident that are necessary to avoid...mental anguish, or emotional distress...."</p> <p>The Past noncompliance began on 11/18/23. The deficient practice was corrected by 11/22/23 after the facility implemented a systemic plan that included the following actions: All call lights were checked to ensure proper functionality and resident interviews conducted to ensure no concerns with call lights while on (11/20/23); All call lights were monitored for function; All staff were educated on abuse and neglect, avoiding burnout and inoperable call light Standard Operational Procedure (11/20/23); Staff time cards were reviewed and any staff member who worked over 50 hours per week were interviewed to ensure there were no signs of burnout present (11/22/23).</p> <p>3.1-27(a)(3)</p>	F 600			