

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 02/20/2024
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NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP COD 250 SHENANDOAH DRIVE LAFAYETTE, IN 47905
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00427877.</p> <p>Complaint IN00427877-State deficiencies related to the allegations are cited at R006 and R117.</p> <p>Survey date: February 20, 2024.</p> <p>Facility number: 014015</p> <p>Residential Census: 78</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on February 27, 2024.</p>	R 0000		
R 0006 Bldg. 00	<p>410 IAC 16.2-5-0.5(f)(1-5) Scope of Residential Care - Deficiency</p> <p>Based on observation, interview and record review, the facility failed to discharge a resident who required extensive assistance with transfers and toileting for 1 of 1 resident reviewed for the use of a stand-up lift. (Resident B)</p> <p>Finding includes:</p> <p>During an interview and observation, on 2/20/24 at 10:05 a.m., Resident B was sitting up, in a wheelchair, in her room. Her head was leaning forward and there was some type of brace/splint device on each of the resident's lower legs. The resident's feet were resting on the wheelchair footrests. There was a white stand-up lift in the corner of the resident's room with black handles</p>	R 0006	<p>Immediate action taken was to have an in depth conversation with residents family. Resident was discharged on 2/22/24.</p> <p>Executive Director and Director of Resident Care will be retrained on aging in place and appropriateness for continued stay per company policy and state regulations by 4/1/24.</p> <p>To ensure continued compliance concerning appropriateness of AL placement Executive Director, Director of Resident Care or</p>	02/22/2024

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 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>and a black half seat on each side of the lift. The lift had no moving parts except for the half seat on each side which could swing down for the resident to sit on. Home Health Aide (HHA) 2 indicated it took 2-3 staff to use the stand-up lift with Resident B. The resident was not able to bear any weight at all and at least one member of staff had to hold up the resident the whole time the lift was being used. The lift was only used when the resident's brief needed changed. HHA 2 did not feel safe using the lift for the resident. The staff had to assist the resident to transfer from the bed to the wheelchair or to the recliner. The resident was not able to assist with the transfers. It would take 2-4 staff to assist the resident to get her out of bed. This was the only resident in the facility who utilized any type of lift device.</p> <p>The clinical record for Resident B was reviewed on 2/20/24 at 11:50 a.m. The diagnoses included, but were not limited to, paraplegia (paralysis of the legs and lower body) and a history of a traumatic brain injury.</p> <p>A history and physical/physician statement form, dated 1/22/24, indicated the resident had a diagnosis of paraplegia and a history of a traumatic brain injury.</p> <p>A resident services-level of care program review, not dated, indicated the resident was dependent on staff for ambulation due to physical needs. The resident's transfer ability was she needed physical assistance for transfers on a regular basis and was dependent on staff for transfers on a regular basis. The resident needed physical assistance in toileting tasks.</p> <p>A progress note, dated 1/27/24 at 11:00 a.m., indicated the resident required extensive</p>		<p>designee will audit four resident charts for four weeks, followed by three resident charts for three weeks and then two resident charts for two weeks. All compliance concerns will be addressed at the time of the audit. Audit will begin the week of 4/1/24.</p>	

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	<p>assistance to stand, turn and for activities of daily living (ADLs). The resident needed a minimum of 3 to 4 staff to assist with care.</p> <p>A progress note, dated 1/27/24 at 2:00 p.m., indicated the resident was an extensive assist with 3 staff for care.</p> <p>A progress note, dated 1/30/24 at 9:00 a.m., indicated the resident did not bear weight and was not able to grip the manual lift bar. Three staff had to assist the resident from the bed to her wheelchair.</p> <p>An Occupational Therapy (OT) evaluation, dated 2/7/24, indicated the resident was dependent on transfers and all ADLs. The resident could not stand. The resident needed a Hoyer lift (a device which held the patient in a hammock type sling to lift them completely up to transfer to another surface) but was resistant.</p> <p>During an interview, on 2/20/24 at 10:08 a.m., LPN 3 indicated if the resident was not having a good day, the staff would have to hold the resident up along with the stand-up lift. It would take between 2-4 staff to assist the resident to get out of bed or to provide incontinence care. The family had purchased the lift and LPN 3 had never seen a lift like this one. LPN 3 did not feel safe using the lift for the resident.</p> <p>During an interview, on 2/20/24 at 10:10 a.m., CNA 4 indicated the Executive Director (ED) had instructed the staff on the use of the lift. CNA 4 did not feel safe with the lift except for the rare occasion when the resident had a good day.</p> <p>During an interview, on 2/20/24 at 10:40 a.m., the ED indicated the facility did not have an operating</p>			

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	<p>manual for the lift. The resident's wheelchair would be pushed up to the lift and then the resident would hold the bar with her hands. One staff would continue to hold the resident while she was in a standing position and sometimes it would take 2 staff to help the resident to stand. Then another staff would change the resident's incontinence brief. The Director of Resident Care (DRC) did the in-service on how to use the stand-up lift.</p> <p>During an interview, on 2/20/24 at 10:49 a.m., the DRC indicated the name of the stand-up lift was Lumex.</p> <p>During an interview, on 2/20/24 at 12:09 p.m., the ED indicated the resident had a history of a traumatic brain injury which occurred a long time ago. Then the resident had a cerebrovascular accident (CVA) and was in a rehabilitation facility. The resident had limited strength and the daughter purchased the stand-up lift. The ED was not aware of the requirements of using a stand-up lift.</p> <p>During an interview, on 2/20/24 at 12:12 p.m., the DRC indicated she instructed the staff on the use of the stand-up lift. She found a "You Tube" video on a stand-up lift although it was not for the Lumex brand lift. The staff did not sign an in-service sheet. The resident was not able to pull herself up to a standing position. The staff would grab the resident by the pants to help her stand during the incontinence care. The resident was not able to pull herself up to a standing position. She did not look up the requirements for Lumex brand of stand-up lifts. The facility was a "no lift" facility. Resident B was the only resident in the facility who utilized a lift device.</p>			

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	<p>A Five Star Residences of Lafayette Residency Agreement, signed by the resident and the resident's spouse on 1/20/24, indicated "...Term and Early Termination...Termination by Us...If we determine at any time during your stay with us that your care needs exceed what we are authorized by our license to provide under applicable state law, we will notify you of the need to immediately terminate this Residency Agreement. In addition, we may terminate this Agreement and your right to continue to live in the Community immediately upon notice to you if we believe that your continued residence at the Community endangers you or our other resident' health, safety, or welfare..."</p> <p>A current policy, titled "Resident Evaluation and Re-Evaluation Process," dated as effective 8/1/22 and received from the ED on 2/20/24 at 12:55 p.m., indicated "...Evaluations are completed and updated as frequently as necessary to ensure they reflect current resident care needs and preferences. The information from an evaluation is used to develop an appropriate plan of care...Each community adheres to state-specific laws, regulations and guidelines...The Executive Director has final approval regarding the move-in and continued stay of each resident...The Senior Living Resident evaluation is completed/updated...Whenever there is significant change in resident status..."</p> <p>A Lumex stand up lift manual, located by a google search on 2/20/24 at 11:40 a.m., indicated the lift was designed for patients who could lift and support themselves. The patient needed to have adequate arm strength and leg strength and be able to pull themselves into a standing position.</p>			

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R 0117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>Based on interview and record review, the facility failed to ensure staff were trained on the use of a stand-up lift for 1 of 1 resident reviewed for the use of mechanical lifts. (Resident B)</p> <p>Finding includes:</p> <p>During an interview and observation, on 2/20/24 at 10:05 a.m., Resident B was sitting up, in a wheelchair, in her room. There was a white stand-up lift in the corner of the resident's room with black handles and a black half seat on each side of the lift. HHA 2 indicated it took 2-3 staff to use the stand-up lift for the resident. This was the only resident in the facility who utilized any type of lift device. The other residents in the facility did not need this type of care.</p> <p>During an interview, on 2/20/24 at 10:08 a.m., LPN 3 indicated the family purchased the lift and she had never seen a lift like this one. LPN 3 did not feel safe using the lift for the resident.</p> <p>During an interview, on 2/20/24 at 10:10 a.m., CNA 4 indicated the Executive Director (ED) had instructed the staff on the use of the stand-up lift. CNA 4 did not feel safe using the lift for the resident.</p> <p>During an interview, on 2/20/24 at 10:40 a.m., the ED indicated the facility did not have an operating manual for the use of the stand-up lift in the resident's room. The Director of Resident Care (DRC) completed the in-service on how to use the stand-up lift with the staff.</p> <p>During an interview, on 2/20/24 at 12:12 p.m., the</p>	R 0117	<p>Immediate action taken included the discharge of the resident whom was using the lift.</p> <p>Executive Director and Director of Resident Care will be retrained on how to train employees on lifts and retrained on company policy regarding lifts. Training will be complete by 4/1/24.</p> <p>There are no lifts being used in the community at the time of this writing. The community does retain a mechanical lift. Licensed staff will be trained on mechanical lift by 4/1/24. There are no current residents who utilize a lift, 10% of trained staff will complete return demonstration on proper usage once a week for four weeks.</p>	02/22/2024
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/25/2024

FORM APPROVED

OMB NO. 0938-039

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	<p>DRC indicated she instructed the staff on the use of the stand-up lift with the use of a "You Tube" video although it was not a video on the specific model of stand-up lift in the resident's room. There was no documentation of the staff training and no sign-up sheet to show the staff who had been trained on the stand-up lift. The facility was a "no lift" facility and Resident B was the only resident who had a lift.</p> <p>A current policy, titled "Mechanical Lifting Devices Program ['MLD Program']," dated 9/1/21 and received from the ED on 2/20/24 at 12:55 p.m., indicated "...strives to create a safe work environment for team members and residents, particularly when residents are lifted and transferred. Team members are trained to practice proper transfer techniques and back care at all times. In addition, mechanical lifting devices are used in certain Assisted Living communities where they are purchased, for residents who require weight bearing assistance for transfers, when indicated in the resident's service/care plan and as permitted by applicable federal and state regulation...The MLD Program applies in Assisted Living communities where mechanical lifting equipment is purchased/available ...Responsibilities...Executive Director...Overall supervision and support of the MLD Program so that mechanical lifting equipment is adequately available and team members have been properly trained on its use...service care plans are accurate based on residents' ability to assist in transfers...Each community...designates a 'Lift Coordinator' and an alternate or Co-Lift Coordinator...The Lift Coordinator is competency trained and tested by the equipment manufacturer...or certified team members and reviews...training in Relias on the use of mechanical lifts prior to conducting any</p>			

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	training...The Lift Coordinator's responsibilities include...Arranging for team members...to receive training and competency review, and in-service training...regarding use of mechanical lifts...training is to occur for each team member...prior to his/her first use of the equipment...annually...Prior to using mechanical lifting equipment with residents, each team member must demonstrate his or her competency utilizing the applicable manufacture's competency checklists...Signed copies are maintained in team member's personnel files...."			