

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 10/16/2024
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NAME OF PROVIDER OR SUPPLIER  VITA OF MARION	STREET ADDRESS, CITY, STATE, ZIP COD 4211 S ADAMS STREET MARION, IN 46953
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(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	<p>This visit was for the Investigation of Complaints IN00443992, IN00444305, and IN00444324.</p> <p>Complaint IN00443992 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444305 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444324 - State deficiencies related to the allegations are cited at R0052.</p> <p>Survey dates: October 15 &amp; 16, 2024</p> <p>Facility number: 015081</p> <p>Residential Census: 73</p> <p>This State Residential Finding was cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed October 22, 2024.</p>	R 0000		
R 0052  Bldg. 00	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense</p> <p>Based on interview and record review, the facility failed to prevent neglect related to supervision to prevent elopement from a secured memory care unit for 1 of 3 cognitively impaired residents reviewed for neglect (Resident C)</p> <p>Findings include:</p> <p>Resident C's clinical record was reviewed on 10/15/24 at 3:18 p.m. Diagnoses included dementia, psychotic disturbance, mood</p>	R 0052	<p>Resident C was not injured during the incident. A complete nursing assessment was completed. The community will conduct an elopement risk assessment for all residents in memory care to determine their risk for elopement.</p> <p>All residents determined to be an elopement risk will be added to</p>	11/16/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dustin Newsome	Executive Director	10/31/2024

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>disturbance, anxiety, and cognitive communication deficit.</p> <p>Review of a service plan, dated 8/6/24, indicated the resident demonstrated inappropriate judgment related to safety, had moderate dementia with significant short-term memory and possibly long-term memory loss, and was an elopement risk. He required re-direction, engagement, and reminders for activities.</p> <p>The clinical record lacked an elopement assessment from the time of admission.</p> <p>Review of a facility self reportable, dated 9/27/24 at 11:01 a.m., a facility staff member observed Resident C outside door 13 on a sidewalk. The resident was escorted in to the building.</p> <p>A review of surveillance video from 9/27/24 with the Maintenance Director, showed Resident C opening the door to a lobby through a secured door on the Memory Care Unit at 10:34 a.m. The resident proceeded to open a door to a vestibule and exit the building through door 11. Another surveillance camera showed the resident walking up to door 13 at 10:40 a.m. A staff member opened the door and took the resident's hand and led him into the hallway. During the observation, the Maintenance Director indicated the resident must have had the key code inside of door 11 in order to have exited. The door would have alarmed and would remain locked.</p> <p>A review of a document regarding the elopement on 9/27/24, provided by the Administrator on 10/16/24 at 10:34 a.m., included that at 10:41 a.m., a staff member was observed on the surveillance camera opening door 11 for security and that the door had not opened without the key code.</p>		<p>the community's elopement binder.</p> <p>The staff will be in-serviced on the secure door alarm, keypad, and elopements by the Executive Director. The facility will also conduct these in-services with all new employees on hire, annually and as needed</p> <p>The Executive Director or designee will conduct elopement drills regularly to ensure compliance.</p> <p>The facility will ensure that all exit doors on the memory care unit have a manual keypad/ card reader for entry and exit.</p> <p>The doors will be checked by maintenance director or designee daily for the next 30 days, then weekly for 4 weeks, and then monthly for 6 months. Any inconsistencies will be reported to the executive director and to the facility's QAPI program. The ED or designee will determine if further auditing will be required based on 6 months of continued compliance.</p>	

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	<p>An observation of the location where Resident C exited and then entered the building, accompanied by the Maintenance Director on 10/16/24 at 10:47 a.m., indicated the path the resident most likely took was about 300 feet and included walking across a large yard covered with grass to the sidewalk outside of door 13.</p> <p>During an interview on 10/15/24 at 2:00 p.m., the Memory Care Director indicated the facility had a recent fire alarm check and she felt that the magnet had not re-engaged or a visitor had not assured the door had latched. She indicated the resident had attempted to open door 11 yesterday, 10/14/24, and the alarm sounded and the door had not opened. She was unsure why Resident C was able to exit the unit. A staff member had been going out of the building to smoke and saw the resident standing on the sidewalk outside of door 13. She escorted him back into the building.</p> <p>A current policy, revised 11/6/23, titled, "Elopement Risk and Missing Resident Policy," provided by the Administrator on 10/16/24 at 11:33 a.m., included the following: "...Purpose: As a community the goal is to provide a safe environment for all residents....Assisted Living Memory Care...A resident Elopement Risk assessment will be completed prior to admission and every 6 months. If identified as high risk, interdisciplinary team to work with resident/personal representative to establish a Care/Service Plan...."</p> <p>This State tag relates to Complaint IN00444324.</p>			