STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARENDALE OF SCHERERVILLE	7770 BURR STREET SCHERERVILLE, IN 46375

(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 the Investigation of Complaint IN00398471. Complaint IN00398471 - State deficiency related to the allegations is cited at R0041. Unrelated deficiency is cited. Survey date: June 1, 2023 Facility number: 013825 Residential Census: 94 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 6/5/23.	R 0000	In-service all department manager on policy/procedures on reporting of grievances within the allotted time frame.	
R 0041 Bldg. 00	410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals. Based on record review and interview, the facility failed to ensure resident grievances were thoroughly investigated and the results were documented in writing for 1 of 3 residents reviewed for grievances. (Resident C)	R 0041	In-service all department manager on policy/procedures on reporting of grievances within the allotted time frame.	07/18/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristin Landahl	Executive Director	10/18/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARENDALE OF SCHERERVILLE	7770 BURR STREET SCHERERVILLE, IN 46375

(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
	Finding includes: The record for Resident C was reviewed on 6/1/23 at 12:00 p.m. Diagnoses included, but were not limited to, chronic pain, high blood pressure, depression and anxiety disorder. A grievance, dated 9/15/22, indicated the resident had some complaints regarding the wait time for coffee and the servers in the assisted living dining room. The resident felt ignored and frustrated by the way she was being treated by the dining room staff. There was no follow up or any other written investigation into the resident's complaint. The current 11/9/15 "Reporting of Grievances" policy, provided by the Executive Director, indicated the Executive Director or Designee shall make every attempt to acknowledge, investigate, and resolve a reported grievance, within 5 business days. Interview with the Executive Director on 6/1/23 at 11:50 a.m., indicated the Activity Director investigated the resident's concern, however, there was no documentation of the investigation. This State Residential finding relates to Complaint IN00398471.			
R 0090 Bldg. 00	410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARENDALE OF SCHERERVILLE	7770 BURR STREET SCHERERVILLE, IN 46375

(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
	occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARENDALE OF SCHERERVILLE	7770 BURR STREET SCHERERVILLE, IN 46375

(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
	available for inspection to any member of the public upon request Based on record review and interview, the facility failed to ensure all alleged allegations of sexual inappropriateness and the results of all reportable investigations were reported to the State Agency in a timely manner for 1 of 3 residents reviewed for abuse. (Resident D) Finding includes: The record for Resident D was reviewed on 6/1/23 at 11:45 a.m. Diagnoses included, but were not limited to, dementia in other diseases with behavioral disturbance, adjustment disorder with anxiety, depression, and insomnia. A Service Plan, updated 2/20/23 indicated the resident needed assistance with judgement to maintain a safe and healthy environment. The resident required reminders and cues from staff for safe choices and needs. The Service Plan also indicated the resident had mild impairment and had disorientation to place, time or situation that does not interfere with functioning in familiar surroundings. The resident required some direction and reminding from others. The resident resided on a locked memory care unit. a. Nurses' Notes, dated 3/10/23 at 2:18 p.m., indicated the resident was observed in a room with a male resident and his hand was down her shirt and he was kissing her neck. The residents were separated and the situation appeared to be mutual and no distress was noted. Staff attempted to call the resident's son and received no answer. The next documented Nurses' Note was on	R 0090	Service plan: assessment revised to reflect current status Resident seeking male companionship: documentation was revised per ISDH recommendations Incident reporting: In-service on reporting physical and sexual abuse completed on 7/18/2023	07/18/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARENDALE OF SCHERERVILLE	7770 BURR STREET SCHERERVILLE, IN 46375

(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
	3/15/23 at 3:49 p.m., which indicated the resident's family member was in the building and reported the resident had scratch marks on her breast areas. A QMA looked at the resident's breast and noted no scratch marks. The writer assessed the resident's breasts and there was nothing there. The resident was asked if anything happened to her and she responded "No." The QMA indicated the resident was separated from another male resident earlier that day due to possible intimacy in a public setting. The residents were holding hands and were both without complaints and appeared to have mutual affection for each other. A Nurses' Note, dated 3/15/23 at 4:51 p.m., indicated staff notified the resident's son of a family member indicating there were scratches on his mom's breasts. The resident was assessed again and a small yellow discoloration on the left breast was noted and measured 1 centimeter (cm) by 1 cm. The son was informed the resident was care planned for seeking male companionship and affection. Nurses' Notes, dated 3/15/23 at 6:59 p.m., indicated the writer called the resident's son regarding if he wanted his mom sent to the hospital. The son indicated he did not want her sent out. The son also informed the staff the family member earlier in the facility was his wife. The wife was placed on the phone and she indicated around 2:00 p.m., staff told her they had to separate the resident from another resident because the male resident had his hand in her shirt. The wife explained that her mother-in-law wore a tank top under her shirt and the staff told her the tank top was above her breasts. Interview with the Executive Director on 6/1/23 at 11:20 a.m., indicated she had thought the incident			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARENDALE OF SCHERERVILLE	7770 BURR STREET SCHERERVILLE, IN 46375

(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
	was reported to the State Agency, however, she had looked through all of her files and it was not there. She said the family was in the building, and they were notified, however, there was no written investigation of what happened and how the resident was observed and monitored after the incident. A phone interview with the previous Director of Nursing on 6/1/23 at 12:30 p.m., indicated she had thought the resident had a Care Plan for seeking affection. She indicated it was the resident's right to have affection, however, the resident was not alert and oriented. There was a verbal consent with the resident's Power of Attorney, but no written consent. Continued interview with the Executive Director on 6/1/23 at 1:00 p.m., indicated the resident was not alert and oriented and there was no Care Plan for the resident on seeking affection from male residents or plan for keeping the resident safe. There was no written consent from the resident's family as to what they wanted their loved one to have and how to ensure the safety of the resident. b. A State Reportable, dated 5/17/23, indicated multiple staff and family reported they had seen and found the Memory Care Director alone with Resident D on multiple occasions, including common areas and behind closed doors, in closets and in her apartment. They were expressing witnessing odd behavior and a "feeling" that something was not right. The employee was placed on administrative leave effective 5/16/23 pending the investigation. Multiple statements have been gathered and were being reviewed. There was no follow up to the State Agency within 5 working days from the start of the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARENDALE OF SCHERERVILLE	7770 BURR STREET SCHERERVILLE, IN 46375

(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
	investigation and when it had been reported. The current and revised 12/6/22 "Long-Term Care Abuse and Incident Reporting" policy indicated "Generally, sexual contact is nonconsensual if the resident either: i. Appears to want the contact to occur, but lacks the cognitive ability to consent; or ii. Does not want the contact to occur" Interview with the Executive Director on 6/1/23 at 11:30 a.m., indicated the allegation against the Memory Care Director was based on feelings and impressions and there was nothing concrete about the allegations from facility staff. The employee was placed on leave and he had to complete extra training before returning to work. She had taken some time off and the follow up was missed and not reported to the State Agency within 5 days. She reported the follow up and results of the investigation today.			