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	11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NORTH WOODS VILLAGE AT EDISON LAKES	1409 E DAY ROAD MISHAWAKA, IN 46545

(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 IN00421068. Complaint IN00421068 - State deficiencies related to the allegations are cited at R0090. Survey date: November 16 &17, 2023 Facility number: 013236 Residential Census: 43 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed 11/17/2023.	R 0000		
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 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.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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 available for inspection to any member of the public upon request			
	Based on observation, interview, and record review the facility failed to report an unusual occurrence for one of one resident reviewed for elopement. (Resident B) Finding Includes: A record review was completed for Resident B on 11/17/2023 at 12:10 P.M. Diagnoses included, but were not limited to: dementia Alzheimer's related,	R 0090	=”” span=””> =”” span=””> =”” p=””> =”” p=””>Administration/Management - Deficiency1 =”” p=””>Element One: This resident was last observed in the	11/18/2023

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	anxiety disorder, agitation, and insomnia. A Progress Note dated, 11/11/2023 at 2:02 P.M., indicated "Staff heard the door alarm in the Glades dining room going off and noted resident was not in day room and had been there just a few minutes prior. Staff began to search and found resident inside the front door in the front of the facility. Upon assessment, no injuries were noted Resident's spouse Kathy was present when the resident was found. ED and DON and POA notified of situation." A Service Plan dated 5/11/2023 and 11/12/2022, indicated, "Resident wanders outside and leave immediate area. Has history of leaving immediate area, getting lost, or being combative about returning. Requires supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention. May have behavior management plan in place." During an interview on 11/16/2023 at 11:03 A.M., the Executive Director indicated that the alarm went off in the Glades dining room and the staff went outside and found him by the front door. The staff did not visualize the Resident leave the building. She did not report it to Indiana Department of Health because he did not leave the grounds of the community. The 3 dining rooms have fire doors and only alarm when open they do not have a keypad. During an interview on 11/16/2023 at 11:36 A.M. the Director of Life Enrichment indicated she heard a commotion and a Certified Nurse Aid asked where Resident B is. She heard the door alarming in the Glades dining room she disarmed it and walked to the back of the building where the		living room by staff. Shortly after that, the emergency exit alarm sounded. Staff responded immediately by going to the exit door. Per video surveillance, the nurse is observed to be at the door and based upon windows, able to observe resident had left the building and was not in the back of the property. The staff alerted all building personnel on the internal communication system that resident was outside. The concierge staff located at the front entrance exited the front doors and returned resident to the building. All of this transpired within 2-3 minutes which is the approximate time it takes to walk from the back pf the building to the front of the building. Upon further review and investigation, no residents were found to be harmed by the alleged noncompliance. ="" p=""> ="" p="">Element Two: All other residents were reviewed and found to be unharmed and accounted for within the building. North Woods Village will conduct annual elopement training with all staff as well as with new staff during orientation. ="" p=""> ="" p="">Element Three: The facility protocol for elopements was executed correctly. The alarm sounded, staff responded	

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	pond is located and did not see him. She turned to go to the front of the building and then heard on (the cell phone) that he was found. During an interview on 11/17/2023 at 9:26 A.M., the Licensed Practical Nurse 2 indicated that he was doing a lot of wandering Saturday and when the door alarm went off, they knew it was Resident B. They looked both ways and did not see him. The receptionist announced that he was found. He was outside for at least 2 minutes. On 11/16/2023 at 1:11 P.M., the Executive Director provided a policy titled, "Unusual Occurrences/Reportable Events", undated, and indicated the policy was the one currently used by the facility. The policy indicated "...The community will investigate all allegations of abuse, neglect, misappropriation of property and unusual occurrences. All unusual occurrences will be reported in accordance with current state laws...." This Residential tag relates to complaint IN00421068. .		immediately and the resident was returned into the facility within 2-3 minutes as staff communicated with each other on his whereabouts. As an additional measure, the community will continue to provide staff training on procedures and policies for elopement/unusual occurrences during an annual elopement training for existing staff and during orientation with new staff. The training will include notification to the Executive Director for state reporting as applicable. ="" p="">> ="" p="">Element Four: The Executive Director/designee reviewed the reporting policy with the surveyor at the time of the survey. Although the resident was outside, he was returned inside within minutes by staff who responded and executed the elopement protocols. The executive director will continue to review the state guidelines and report to the state as appropriate when elopements meeting the state requirements occur. ="" p="">> ="" p="">Date of Compliance: 11/18/2023 ="" p="">> ="" p="">IDR Response: ="" p="">North Woods Village followed the protocol and policy for	

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			a resident who has attempted elopement out of the community. We were aware of the residents location due to the alarm sounding in a specific area. The resident was then returned into the community by a staff member after the correct procedures were in place. The entire event happened in less than 2 minutes from the time the alarm sounded meaning someone had went out that specific door. ="" p="">\ ="" p="">\ ="" p="">\ ="" p="">\ ="" p="">\ ="" p="">\ ="" p="">\ ="" span="">\ ="" span="">\ ="" span="">\	