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	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARKSVILLE SENIOR LIVING LLC	400 HUNTER STATION ROAD SELLERSBURG, IN 47172

(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 IN00387052. Complaint IN00387052 - Substantiated. State deficiency related to the allegations is cited at R0090. Survey dates: August 10 and 11, 2022 Facility number: 013841 Residential Census: 107 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 18, 2022.	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			

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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	(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 available for inspection to any member of the public upon request Based on interview and record review, the facility failed to report a fall with major injury to the appropriate agencies, including the Indiana Department of Health, for 1 of 3 residents reviewed for accidents. (Resident D) Findings include:	R 0090	The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of	09/23/2022

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	The clinical record for Resident D was reviewed on 8/10/22 at 6:37 p.m. The diagnoses included, but were not limited to, dementia. A nurse's noted, dated 6/6/22 at 6:32 p.m., indicated, Resident D's x-ray came back showing a fracture to her left clavicle. A nurse's noted, dated 6/6/22 at 6:58 a.m., indicated the Certified Nursing Aide (CNA) radioed the nurse to come to Resident D's room. The resident was found on the floor at the foot of bed. The resident was unable to verbalize how she ended up on the floor. The skin on the resident's upper back was red and there was a skin tear the right forearm. A nurse's note, dated 6/7/22 at 12:31 a.m., indicated Resident D returned from the Emergency Room with a fractured clavicle, ribs, and sternum. During an interview on 8/10/22 at 7:27 p.m., the Executive Director (ED) indicated a reportable incident included, but was not limited to, an unwitnessed fall with injury, an elopement, and a medication error. She was not aware of Resident D having a fall with a major injury. During an interview on 8/10/22 at 8:01 p.m., the Wellness Director indicated she remembered Resident D went to the ER, but not the details. On 8/11/22 at 10:01 a.m., the ED provided a copy of an Emergency Room report that indicated Resident D was seen on 6/6/22 at 8:56 p.m. The report indicated the resident had a fracture of the distal end of the left clavicle, a nondisplaced fracture of the posterior aspect of the right sixth and seventh ribs, and a fracture of the distal		Credible Allegation and requests a Desk Review in lieu of a Post Survey Review. With regards to finding R0090: **What corrective actions will be accomplished for those residents found to have been affected by the finding:** Upon notification, the Administrator will follow all reporting and investigating policy & procedures. How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: All residents had the potential to be affected. No resident was found to be adversely affected. **What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** Staff will be in-serviced on the Reporting, Investigating and Resident Rights by September 23, 2022 by the Executive Director. The facility also conducts these in-services for new employees on hire, annually, and as needed for ongoing training. ED or Designee will review Observation Center to ensure incidents are reported correctly ongoing.	

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	manubrium, with mild depression. The current facility policy titled "Resident Neglect, Abuse, and Misappropriation of Property Policy" dated 12/30/15, was provided by the ED on 8/11/22 at 10:24 a.m. The policy indicated " ...Injuries of unknown or unwitnessed etiology ...are fully investigated ... and reported to the appropriate local, state, and federal agencies...." This State tag relates to Complaint IN00387052.		**How the corrective action(s) will be monitored to ensure the finding will not recur:** The Administrator or Designee will randomly select 5 staff members each week to take a test regarding reporting X 2 months, then 1 X a month X 4 months, the 1 X a quarter. The results will be reviewed at the monthly QA/QI meeting. ED or Designee will review Observation Center to ensure incidents are reported correctly ongoing. Regional Nurse or RVPO will review audit 1 X week X 3 Months and then monthly via QA/QI report thereafter.	