STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155522	A. Building B. Wing	01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elwood Health and Living	2300 Parkview LN Elwood, IN 46036

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 32663 Based on interview and record review, the facility failed to conduct a thorough investigation of an injury (fracture) of unknown origin to determine a root cause (Resident B). Findings include: The clinical record for Resident B was reviewed on 1/29/24 at 10:00 a.m. Diagnoses include restless leg syndrome, osteoarthritis, cerebral aneurysm, transient cerebral ischemic attack, dysphagia, psychotic disorder with hallucinations, type 2 diabetes with diabetic neuropathy, anxiety, delusions, Alzheimer's Disease, and vascular dementia. The most recent Quarterly Minimum Data Set (MDS) assessment, dated 11/7/23, indicated the resident required extensive assistance for bed mobility and transfers. The resident was severely cognitively impaired. Review of the clinical record indicated the resident had a current, 1/2/24 care plan for alteration in musculoskeletal status related to fracture of the right heel. Interventions included encourage, supervise, and assist the resident, with the use of supportive devices as recommended; avoid weight bearing to right foot until healed; ice pack to right foot for 10 minutes 3 times daily; refer resident to orthopedics. Review of a progress note, dated 1/2/24 at 4:17 a.m., indicated LPN 1 indicated while applying compression stockings, a bruise and dry skin area to the right heel and outer foot were observed. The area was bleeding. The nurse applied skin prep and a dressing to the area. The physician was not notified. Review of a late entry progress note, dated 1/2/24 at 6:00 a.m., LPN 1 observed discoloration to the right heel and a dry skin area at the back of the heel. Skin prep and a foam dressing were applied. Review of a progress noted, dated 1/2/24 at 8:52 a.m., indicated during report, LPN 1 was informed that Resident B's right ankle presented with discoloration and an open area above the heel. RN 2 assessed the area and determined it appeared to be an open blister that had started draining. Dark scattered bruising was noted around the ankle. The nurse informed the NP and an orders for a STAT x-ray as well as new treatment orders were obtained. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155522	A. Building B. Wing	01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elwood Health and Living	2300 Parkview LN Elwood, IN 46036

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the x-ray results of the right ankle, dated 1/2/24 at 1:08 p.m., indicated an acute avulsion fracture off the dorsal posterior calcaneus (heel bone). Review of the facility investigation indicated the investigation lacked staff interview, assessments and interviews of other residents, or staff education. During an interview on 1/29/24 at 2:45 p.m., the DON and Administrator indicated the facility did not have any further information related to the investigation. Review of the current CDC guidance for investigations indicated the following: .GUIDANCE Facility's Investigation of Alleged Violations For all alleged violations of abuse, neglect, exploitation, misappropriation of resident property, exploitation, and mistreatment, including injuries of unknown source, the surveyor reviews whether the facility maintains evidence that all alleged violations are thoroughly investigated. There is no specific investigation process that the facility must follow, but the facility must thoroughly collect evidence to allow the Administrator to determine what actions are necessary (if any) for the protection of residents. Depending upon the type of allegation received, it is expected that the investigation would include, but is not limited to: Conducting observations of the alleged victim, including identification of any injuries as appropriate, the location where the alleged situation occurred, interactions and relationships between staff and the alleged victim and/or other residents, and interactions/relationships between resident to other residents; Conducting interviews with, as appropriate, the alleged victim and representative, alleged perpetrator, witnesses, practitioner, interviews with personnel from outside agencies such as other investigatory agencies, and hospital or emergency room personnel; Conducting record review for pertinent information related to the alleged violation, as appropriate, such as progress notes (Nurse, social services, physician, therapist, consultants as appropriate, etc.), financial records, incident reports (if used), reports from hospital/emergency room records, laboratory or x-ray reports, medication administration records, photographic evidence, and reports from other investigatory agencies This citation relates to Complaints IN00426284 and IN00425232. 3.1-28(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155522	A. Building B. Wing	01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elwood Health and Living	2300 Parkview LN Elwood, IN 46036

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 32663 Based on interview and record review, the facility failed to investigate a fall resulting in fracture to determine root cause and identify individualized interventions to prevent further falls (Resident C). Findings include: The clinical record for Resident C was reviewed on 1/29/24 at 11:36 a.m. Diagnoses include dementia, repeated falls and osteoarthritis. The most recent Quarterly Minimum Data Set (MDS) assessment, dated 12/29/23, indicated the resident required touch assistance for walking and partial moderate assistance for transfers. The resident was severely cognitively impaired. Review of the clinical record indicated the resident had a current, 12/27/23 care plan for an actual falls on 11/10/23 12/26/23 1/16/24,dated 11/10/23. The intervention for the fall on 12/26/23 was more frequent rounding. Review of a progress note, dated 1/16/24 at 5:20 p.m., indicated Resident C sustained an unwitnessed fall. The resident was found sitting on the bathroom floor. The resident denied pain and was assessed for injuries. No injuries were found. Review of a progress note, dated 1/16/24 at 5:41 p.m. indicated the resident started complaining of left hip. The physician was in the facility to see the resident. An order for a STAT left hip x-ray was obtained. Review of the left hip x-ray results, dated 1/16/24 at 9:38 p.m., indicated an acute right femoral neck fracture. A repeat x-ray or CT was recommended. Review of a time line written by the DON, dated 1/16/24, indicated the resident had an unwitnessed fall and was sent to the hospital after the initial x-ray recommended additional imaging. The family declined surgical interventions. Review of the facility investigation indicated the investigation lacked staff interview, assessments and interviews of other residents, or staff education. During an interview on 1/29/24 at 2:45 p.m., the DON and Administrator indicated the facility did not have any further information related to the investigation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155522	A. Building B. Wing	01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elwood Health and Living	2300 Parkview LN Elwood, IN 46036

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an Agency for Healthcare Research and Quality training titled Falls Prevention and Management retrieved from https://www.ahrq.gov/patient-safety/settings/long-term-care, indicated the following: .Once the resident's condition has been addressed, it is important to investigate the circumstances in which the fall took place. Try to notice and list everything that may have contributed to the fall, including the resident's individual risk factors, environmental factors, and factors in care or equipment. Then you need to document what you have found This citation relates to Complaints IN00426284 and IN00425232. 3.1-45(a)