

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Bertha D Garten Ketcham Memorial Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 E Race St Odon, IN 47562	

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)
<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident assessments were completed and updates to the plan of care were made following wandering and exit seeking behaviors for 2 of 3 residents reviewed for dementia care and elopement. No post elopement risk assessment was completed after a resident residing on a locked dementia unit pushed an exit door open to exit the facility and two residents with documented exit-seeking and/or wandering behaviors had no plan of care with interventions to address the behavior. (Resident B, Resident C)</p> <p>Findings include:</p> <p>1. On 8/29/24 at 11:05 A.M., LPN 3 indicated that Resident B was at risk for elopement and that staff kept an elopement binder with Resident B's photograph and information.</p> <p>On 8/29/24 at 11:10 A.M., Resident B was observed ambulating in a wheelchair in a common area of a locked dementia unit and talking with staff.</p> <p>On 8/29/24 at 11:20 A.M., Resident B's diagnoses included, but was not limited to, severe dementia with other behavioral disturbances, muscle weakness, dependence on wheelchair, and nicotine dependence (in remission).</p> <p>Resident B's most recent Quarterly Minimum Data Set (MDS) assessment, dated 6/20/24, indicated the resident had severe cognitive impairment and did not display behaviors including wandering.</p> <p>Resident B's care plan included, but was not limited to, resident has severely impaired cognitive function/impaired thought processes due to diagnosis of dementia. The most recently added interventions included but were not limited to, provide resident cueing, reorientation, and/or supervision as needed (initiated 7/10/24). No wandering or exit seeking behaviors were included in the resident's care plan.</p> <p>Resident B's most recent elopement risk assessment was completed on 6/20/24 and indicated resident was not at risk for elopement.</p> <p>Resident B's nurse's progress notes included the following:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

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:  155539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Bertha D Garten Ketcham Memorial Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 E Race St Odon, IN 47562	

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)
<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/20/2024 at 6:00 P.M. Nursing staff notified by aide from locked unit that resident had got out the front door. Nursing staff found resident out on sidewalk in wheelchair going to main building to get her recliner and bird feeders. Nursing staff brought resident back into building with no signs or symptoms of pain or injuries noted. Nursing staff tested front door and it came open and alarm went off.</p> <p>7/21/2024 at 10:46 P.M. Resident has been looking for a way out of building all evening.</p> <p>7/22/2024 at 1:14 P.M. Resident continues to be confused and continues to carry clothing on hangers in wheelchair about dayroom stating she is moving them but doesn't know where they need to go. Resident states she found them in my closet. Staff able to redirect patient to place them back in her closet without difficulty. Patient also has been propelling about in facility, monitoring staff and exit door activity. Resident propelled down hallway toward garage doorway, but staff was able to redirect back to the dayroom.</p> <p>2. On 8/29/24 at 11:05 A.M., LPN 3 indicated that Resident C was at risk for elopement and that staff kept an elopement binder with Resident C's photograph and information.</p> <p>On 8/29/24 at 11:40 A.M., Resident C's diagnoses included, but was not limited to, severe dementia with other behavioral disturbances and conduct disorder.</p> <p>Resident C's most recent Admission MDS assessment, dated 8/6//24, indicated the resident had severe cognitive impairment and displayed behaviors of wandering during 1 - 3 days during a seven day review.</p> <p>Resident C's care plan included, but was not limited to, resident has behavior problem related to advanced dementia and conduct disorder as evidenced by combative with care and rejecting care (initiated 8/8/24) and resident has severely impaired cognitive function/impaired thought processes due to diagnosis of dementia. The most recently added interventions included but were not limited to, provide resident cueing, reorientation, and/or supervision as needed (initiated 7/30/24). No wandering or exit seeking behaviors were included in the resident's care plan.</p> <p>Resident C's most recent elopement risk assessment was completed on 7/30/24 and indicated a score of 2 and was at risk for elopement.</p> <p>Resident C's nurse's progress notes included the following:</p> <p>8/4/2024 at 9:17 A.M. Resident is exit seeking and bothering other residents. Very confused and talking word salad.</p> <p>8/7/2024 at 10:41 P.M. Resident exit seeking all evening shift.</p> <p>8/16/2024 at 11:42 P.M. Resident wanders in to other patients rooms and difficult to redirect. Resident expressed want to go home.</p> <p>8/22/2024 at 9:52 P.M. Resident is experiencing severe anxiety and agitation, wandering through the rooms and yelling loudly. He appears to be very confused and expresses a desire to see his wife.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Bertha D Garten Ketcham Memorial Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 E Race St Odon, IN 47562	
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)		
<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8/25/2024 at 1:50 P.M. Resident propelling self in wheelchair talking to staff, visitors, and other residents. Interrupting visitors, trying to get into the kitchen, and pushed on front door setting the alarm off.</p> <p>During an interview on 8/29/24 at 11:55 A.M., LPN 7 indicated if a resident was showing new or increased exit seeking behaviors, staff should complete a new elopement risk assessment. If the assessment indicated that the resident was at risk for elopement, the plan of care should be updated to include new interventions for the behavior.</p> <p>During an interview on 8/29/24 at 12:55 P.M., Social Services 4 indicated that it would be appropriate for resident care plans to address specific behaviors including wandering and exit-seeking.</p> <p>On 8/29/24 at 12:55 P.M., Social Services 4 supplied a facility policy titled, Elopement Risk Policy and Procedure dated 12/19/15. The policy included, .Purpose: To ensure that residents at risk for elopement are safe and have the necessary interventions in place to ensure their safety and well-being.</p> <p>On 8/29/24 at 1:10 P.M., the Director of Nursing (DON) supplied a facility policy titled, Behavioral Assessment, Intervention and Monitoring, dated 03/2019. The policy included, Management 1. The interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan of care accordingly.</p> <p>This citation relates to complaint IN00440331.</p> <p>3.1-37(a)</p>		