

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Lincoln Hills of New Albany		STREET ADDRESS, CITY, STATE, ZIP CODE 326 Country Club Drive New Albany, IN 47150	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to ensure a plan of care was in place timely, for a resident's non-compliance with a fall intervention related to the use of hipsters for 1 of 3 residents reviewed for care plans. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 2/27/25 at 9:28 a.m. The resident's diagnoses included, but were not limited to, vascular dementia and abnormalities of the gait.</p> <p>The care plan, dated 7/22/24, indicated the resident was at risk for falls. The resident was to wear hipsters (help reduce the risk of injuries from a fall, such as hip fractures, through impact-absorbing foam pads) at all times as the resident would allow to decrease risk of injury with falls.</p> <p>The progress note, dated 2/20/25 at 9:24 p.m., indicated the resident was walking in the dining room and fell over onto her left hip. The residents' hipsters were not on. The nurse practitioner was notified and a new order received for an x-ray.</p> <p>The progress note, dated 2/21/25 at 1:26 a.m., indicated the resident was sent to the hospital due to a left hip fracture.</p> <p>The Interdisciplinary Team (IDT) note, dated 2/21/25 at 11:59 a.m., indicated the resident's hipsters were on her dresser. Per the staff, the resident does not like the hipsters and may remove them at times.</p> <p>On 2/26/25, a plan of care was implemented for non-compliance with fall interventions.</p> <p>The resident's plan of care lacked documentation of the resident's non-compliance with the fall intervention until 2/26/25.</p> <p>During an interview, on 2/27/25 at 10:53 a.m., Certified Nursing Aide (CNA) 4 indicated the resident frequently removed her hipsters and clothing and had done that for the past 2 to 3 months. The resident was able to dress and undress herself.</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 2/27/25 at 2:57 p.m., the Director of Nursing indicated the staff were aware the resident was removing her hipsters, but she was not. The resident was care planned for disrobing.</p> <p>During an interview, on 2/27/25 at 3:42 p.m., the Director of Nursing indicated the facility did not have a policy on care plans but they follow the Resident Assessment Instrument (RAI) manual.</p> <p>This Citation relates to Complaint IN00452723</p> <p>3.1-35(a)</p>		