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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155751 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>06/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Meadow Lakes |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>200 Meadow Lake Dr<br>Mooreville, IN 46158 |                                              |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure the written notification required for a transfer and discharge was provided to the resident and the resident representative for 4 of 10 residents reviewed for hospitalization . (Resident 20, Resident 90, Resident 93, Resident 74)</p> <p>Findings include:</p> <p>1. On 6/4/24 at 11:30 a.m., Resident 20's clinical record was reviewed. The diagnoses included, but were not limited to, nontraumatic intracerebral hemorrhage and dementia.</p> <p>Resident 20's progress notes indicated the resident was sent to the hospital on 3/13/24. The clinical record lacked documentation of written notification of the Notice of Transfer and Discharge forms having been provided to the resident representative.</p> <p>50647</p> <p>2. On 5/29/24 at 11:50 a.m., Resident 90's clinical record was reviewed. The diagnoses included, but were not limited to, sepsis and vascular dementia.</p> <p>Resident 90's progress notes indicated the resident was sent to the hospital on 5/5/24. The clinical record lacked documentation of written notification of the Notice of Transfer and Discharge forms having been provided to the resident representative.</p> <p>3. On 5/29/24 at 2:57 p.m., Resident 93's clinical record was reviewed. The diagnoses included, but were not limited to, congestive heart failure and unspecified dementia.</p> <p>Resident 93's progress notes indicated the resident was sent to the hospital on 4/12/24. The clinical record lacked documentation of written notification of the Notice of Transfer and Discharge forms having been provided to the resident and the resident representative.</p> <p>36912</p> <p>4. On 6/4/24 at 11:15 a.m., Resident 74's clinical record was reviewed. The diagnoses included, but were not limited to, Alzheimer's disease and depression.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>The resident was transferred to the hospital on 3/4/24, 3/28/24, and 3/31/24. The clinical record lacked documentation to indicate the resident and the resident's representative were provided the written notification of the Notice of Transfer and Discharge forms.</p> <p>During an interview on 6/5/24 at 10:42 p.m., the Director of Nursing Services (DNS) indicated there had been no documentation of the Notice of Transfer or Discharge forms having been provided to the resident and the resident representative in writing. She indicated the facility contacted the representative by phone but did not send anything in writing.</p> <p>On 6/5/24 at 1:20 p.m., DNS provided the facility policy, Discharge/Transfer, dated 11/2015, and indicated this was the policy currently being used by the facility. A review of the policy indicated, Procedure: 1. A copy of the discharge or transfer in writing must be included in the resident's clinical record . and sent to the resident and responsible party, a family member of the resident .</p> <p>3.1-12(a)(6)(A)(i)</p> <p>3.1-12(a)(6)(A)(iii)</p> |                                                                                          |                                              |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p>35318</p> <p>Based on observation, interview, and record review, the facility failed to ensure a urinary drainage bag was positioned off the floor to prevent infections for 1 of 2 residents reviewed for urinary catheters. (Resident 81)</p> <p>Findings include:</p> <p>On 5/29/24 at 10:43 a.m., Resident 81 was observed asleep in bed. A urinary drainage bag was observed to be touching the floor.</p> <p>On 5/30/24 at 9:59 a.m., Resident 81 was observed asleep in bed. A urinary drainage bag was observed to be touching the floor.</p> <p>On 5/31/24 at 10:45 a.m., Resident 81 was observed asleep in bed. A urinary drainage bag was observed to be touching the floor.</p> <p>On 6/3/24 at 9:43 a.m., Resident 81 was observed asleep in bed. A urinary drainage bag was observed to be touching the floor.</p> <p>On 6/3/24 at 11:02 a.m., Resident 81 was observed asleep in bed. A urinary drainage bag was observed to be touching the floor.</p> <p>Resident 81's clinical record was reviewed on 6/3/24 at 11:15 a.m. The diagnosis included, but was not limited to, obstructive and reflux uropathy due to neurogenic bladder.</p> <p>Physician orders, dated 5/5/24 through 6/5/24, for Resident 81 indicated . Cath [catheter] orders: Foley catheter Size: 14, Fr [french] 14 ml [millimeters] bulb .</p> <p>A care plan, initiated on 10/23/23, and current through target date 7/4/25, for Resident 81 indicated, . Problem: Resident requires an indwelling urinary catheter . Goal: Resident will have catheter care managed appropriately as evidenced by not exhibiting signs of urinary tract infection . Do not allow tubing or any part of the drainage system to touch the floor .</p> <p>During an interview on 6/4/24 at 11:06 a.m., Certified Nursing Assistant (CNA) 1 indicated the urinary drainage bag should be positioned off the floor.</p> <p>On 6/5/24 at 1:20 p.m., the Director of Nursing Services provided the facility's policy, Indwelling Urinary Catheter Care, Emptying Drainage Bag and Catheter Removal with a review date of 12/2012, and indicated it was the policy currently being used by the facility. A review of the policy did not indicate to keep drainage bag off the floor.</p> <p>3.1-18(b)(1)</p> |                                                                                          |                                              |