

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Clearvista Lake Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 8405 Clearvista Place Indianapolis, IN 46256	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41129</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to ensure a resident was provided timely care and/or services in accordance with professional standards of practice for a resident who experienced an unwitnessed fall within the facility for 1 of 3 residents reviewed for falls. (Resident M)</p> <p>Findings include:</p> <p>The clinical record for Resident G was reviewed on 5/3/24 at 2:39 p.m. Resident M's diagnoses included, but not limited to, cerebrovascular accident (CVA, stroke), fibromyalgia (widespread body pain), hypertension (high blood pressure) and dementia.</p> <p>A nursing note dated 3/20/24 at 8:25 a.m. indicated, Resident M had an unwitnessed fall and was found on the floor between her bed and the bedside table by a staff member. No injuries were noted at the time and the resident had no complaints of pain per the nursing note.</p> <p>A physician's note dated 3/21/24 at 9:16 a.m. and recorded as a late entry on 3/26/24 at 9:16 a.m. indicated, Resident experienced an unwitnessed fall [sic, and] was found on the floor in her room. No signs or symptoms of obvious injury. Mentation at baseline. Continue post fall neuro [sic, neurological] checks and fall precautions per facility standard.</p> <p>A review of Resident M's March 2024 orders indicated, a nursing intervention for post fall neurological assessments were to be completed as follows: Every 30 minutes for 4 times; Every hour for 4 hours; and every 4 hours for 5 times. Neurological assessments were to begin immediately post fall and included to monitor for level of consciousness; ability to perform certain facial movements; strength of hand grasps and bilateral lower extremity movements; pupil reactions; quality of speech; and signs and/or symptoms of dizziness, headache, nausea/vomiting or seizure activity.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident M's March 2024 MAR (medication administration record) received on 5/3/24 at 3:08 p.m. from CS (Clinical Support) indicated, the every 30 minute neurological assessments began at 8:30 a.m. and ended at 10 a.m. on 3/20/24. The hourly neurological assessments should have begun at 11 a.m. and ended at 2 p.m. However, Resident M's March 2024 MAR did not indicate the 11 a.m. neurological assessment had been completed. The every four hour neuro assessments should have started at 6 p.m. on 3/20/24 and ended at 6 a.m. on 3/21/24. However, Resident M's March 2024 MAR indicated the following: On 3/20/24, the first of the every 4 hour neuro assessments was completed on 3/20/24 at 11 p.m. which was late as it should have been done at 6 p.m. then again at 10 p.m., 2 a.m. on 3/21/24 and finally at 6 a.m. on 3/21/24. Additionally, on 3/21/24 the only neuro assessment completed was at 3 a.m. The 7 a.m. assessment only documented the vitals but did not indicate the neurological assessment had been completed.</p> <p>An interview with CS conducted on 5/3/24 at 4:19 p.m. indicated, when a resident has an unwitnessed fall, neurological assessments should have been completed to minimize and/or prevent injury.</p> <p>A Falls Management Program Guidelines policy received on 5/3/24 at 10:42 a.m. from ED (Executive Director) 3 indicated, the purpose of the policy was to maintain a hazard free environment, mitigate fall risk factors and implement preventive measures however, not all falls are prevented and at those times intensive efforts will be directed toward minimizing or preventing injury.</p> <p>This tag relates to Complaint IN00429359.</p> <p>3.1-37(a)</p>		