STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155856	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurels of Goshen, The	1480 Sandpiper LN Goshen, IN 46526

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 34966 Based on record review and interview, the facility failed to notify a resident's physician, responsible party, and the Director of Nursing timely of a fall with injury, for 1 of 3 residents reviewed for falls. (Resident B). Finding includes: On 3/13/24 at 11:48 A.M., Resident B's record was reviewed. Diagnoses included, but were not limited to, metabolic encephalopathy, intellectual disabilities, epilepsy, anxiety, abnormal posture, dysphasia, and lack of coordination. A Quarterly Minimum Data Set (MDS) assessment, dated 2/12/24, indicated Resident B had severe cognitive impairment, required extensive assistance with all areas of daily living, had mobility impairment to both upper extremities, and utilized a wheelchair for mobility. Review of Indiana Department of Health Incident Number 170 indicated, on 3/1/24 at 11:40 P.M., Resident B rolled out of bed and hit her head, causing a laceration above her right eye and swelling to the bridge of the nose. Care Plans indicated Resident B was at risk for falls and fall related injury. Interventions included to follow the facility's fall protocol. There was no documentation in the resident's record to indicate the resident's physician and responsible part were notified immediately after the fall with injury. On 3/13/24 at 2:50 P.M., during an interview with Resident B's responsible party, she indicated the facility notified her of the resident's fall on 3/2/24 at about 11:00 A.M. LPN 12 had notified her and reported the extent of the injury, and that she had obtained an order to send the resident to the hospital for evaluation. (continued on next page)

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/13/24 at 3:32 P.M., during an interview with LPN 8, she indicated she and RN 9 were notified by CNA 3 that Resident B fell out of bed, and both LPN 8 and RN 9 went to evaluate the resident. LPN 8 indicated they found the resident on the floor beside the bed. LPN 8 notified the resident's off-site health service at that time, but did not notify the resident's personal physician, responsible party, nor the Director of Nursing. LPN 8 indicated all 3 parties should have been called at the time of the fall. On 3/14/24 at 11:00 A.M., during an interview with LPN 12, she indicated she worked the day shift on 3/2/24 and arrived at work at 5:45 A.M., and did not find RN 9 in the building. She indicated CNA 10 notified her of Resident B's fall from the previous night. LPN 12 went to the resident's room to observe a large gash over the resident's right eye, and then cleansed the wound, applied steri-strips, notified the Director of Nursing, and notified the resident's responsible party. On 3/14/24 at 12:06 P.M., during an interview with the Director of Nursing (DON), she indicated she was first notified that Resident B fell out of bed on 3/2/24 at 11:00 A.M. Had she been notified immediately, she would have had the resident sent to the hospital for an evaluation due to the head injury. The responsible party, physician, and Director of Nursing should have been notified of the accident at the time of the accident. On 3/14/24 at 10:00 A.M., a policy titled, Incidents and Accidents for Guests/Residents or Visitors, dated 5/1/22, was provided by the Administrator as current. The policy indicated, .When an incident or accident is discovered,, the employee making the discovery will immediately notify his/her direct supervisor of the discovery .The licensed nurse must notify the responsible party and the attending physician of the Incident and Accident. On 3/14/24 at 2:30 p.m., a fall assessment policy, dated 9/22/23, was provided by the Administrator as current. The policy indicated, .If a potential head injury is present .the licensed nurse will notify the attending physician and the responsible party of the fall and document the notification in the medical record . This citation relates to Complaint IN00429796. 3.1-5(a)(1)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 34966 Based on record review and interview, the facility failed to provide adequate care and treatment related to lack of an assessment and neurological checks after a resident fell out of bed and sustained a head injury, for 1 of 3 resident reviewed for falls. (Resident B). Finding includes: On 3/13/24 at 11:48 A.M., Resident B's record was reviewed. Diagnoses included, but were not limited to, metabolic encephalopathy, intellectual disabilities, epilepsy, anxiety, abnormal posture, dysphasia, and lack of coordination. A Quarterly Minimum Data Set (MDS) assessment, dated 2/12/24, indicated Resident B had severe cognitive impairment, required extensive assistance with all areas of daily living, had mobility impairment to both upper extremities, and utilized a wheelchair for mobility. Review of Indiana Department of Health Incident Number 170 indicated, on 3/1/24 at 11:40 P.M., Resident B rolled out of bed and hit her head, causing a laceration above her right eye and swelling to the bridge of the nose. Care Plans indicated Resident B was at risk for falls and fall related injury. Interventions included to follow the facility's fall protocol. There was no documentation of any physical assessment or neurological checks completed for Resident B immediately after her fall. On 3/13/24 at 2:50 P.M., during an interview with Resident B's responsible party, she indicated the facility notified her of the resident's fall on 3/2/24 at about 11:00 A.M. She indicated LPN 12 had notified her and reported the extent of the injury, and that she had obtained an order to send the resident to the hospital for evaluation, and no assessments had been done through the night. On 3/13/24 at 3:32 P.M., during an interview with LPN 8, she indicated she and RN 9 were notified on 3/1/24 around 11:00 P.M., by CNA 3, that Resident B had fallen out of bed. LPN 8 and RN 9 went to evaluate the resident. They found the resident on the floor by the bed, and there was quite a bit of blood on the floor. The resident had a gash on her head above the right eye, but she was not able to assess the wound because the resident would not allow it. LPN 8 had notified Resident B's off-site health service and was instructed to do neurological checks through the night. LPN 8 indicated she and RN 9 returned the resident to her bed and attempted to do an assessment, but the resident would not let them see the injury. LPN 8 indicated she did not complete an assessment and she did not do any neurological checks. She did not know if RN 9 did an assessment or neurological checks. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/13/24 at 3:50 P.M., during an interview with LPN 7, he indicated on 3/1/24 at about 5:55 A.M., he was called by LPN 12 and asked if he knew anything about Resident B's fall the previous night. He indicated he was not aware of a fall and went to assist LPN 12 assess Resident B. LPN 7 indicated at the time of the assessment, he observed dried blood to the resident's face and a gash about 4 cm long above the right eye that had not been cleaned or treated. He indicated he cleaned the wound and assisted LPN 12 apply steri-strips to the wound. LPN 7 indicated there was no documentation of an assessment from night shift and no documentation of neurological checks. On 3/14/24 at 11:00 A.M., during an interview with LPN 12, she indicated she worked the day shift on 3/2/24 and arrived at work at 5:45 A.M., and did not find RN 9 in the building. She indicated CNA 10 notified her of Resident B's fall from the previous night. LPN 12 went to the resident's room to observe a large gash over the resident's right eye, and then cleansed the wound, and applied steri-strips to the gash. LPN 12 indicated at that time there was no documentation evidence that any assessment or any neurological checks had been completed, so she began their fall protocol, including neurological checks, at that time. On 3/14/24 at 12:06 P.M., during an interview with the Director of Nursing (DON), she indicated she was first notified that Resident B fell out of bed on 3/2/24 at 11:00 A.M. There were no neurological checks documented by the night shift nurse, and neurological checks should have been initiated immediately after the fall. On 3/14/24 at 2:30 p.m., a fall assessment policy, dated 9/22/23, was provided by the Administrator as current. The policy indicated, .When a fall occurs, the licensed nurse will evaluate the resident for injury. Do not move the individual until he/she has been examined by a nurse .The licensed nurse will complete: Incident/Accident Report in PCC [Electronic Medical Record] .Initiate the Post-Fall Evaluation .If a potential head injury is present, complete the Neurological Record. This citation relates to Complaint IN00429796. 3.1-37(a)