STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155700	A. BUILDING _____ B. WING _____	**07/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CATHERINE KASPER HOME	**9601 S UNION RD DONALDSON, IN 46513**

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 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure 1 of 1 cognitively impaired residents did not leave the facility withouth the knowledge of staff. (Resident C) Finding includes: A clinical record review was conducted on 7/20/2020 and indicated Resident C's [DIAGNOSES REDACTED]. A care plan, dated 3/12/2020, indicated Resident C was at risk for elopement related to being disoriented to place, a history of attempts to leave the facility unattended and Resident C's triggers for wandering/eloping were shift change and sun-downers in the afternoon/evening. A facility incident report, dated 3/19/2020, indicated Resident C was .noted to exit facility Memory Unit and ambulate down the sidewalk towards the Chapel. Security and QMA (qualified medication assistant) on Memory Unit escorted resident back to facility Memory Unit A form titled, Non-Medical Incident Report Form, dated 3/19/2020, indicated Resident C attempted to open the door at 6:45 pm and began kicking the proxy card reader by 6:48 P.M. and left the Memory Unit. He was found at 7:20 in the dining room of the Mother House. A witness statement from a staff member, indicated the staff person was taking a resident to the bathroom and came out to answer the phone, security informed the staff person that one of the Memory Care residents were at the Mother House dining area. During an observation, on 7/21/2020 at 10:35 A.M., the gate leading outside from the Memory Unit area was observed to be able to be opened while the lock was engageed, without a key. During an interview, on 7/21/2020 at 10:35 A.M., the Administrator indicated the gate is only locked in the winter months, leaving it unlocked in March, but it was currently broken. She further indicated there was no alarm sounded on the door when Resident C kicked it open, however she had installed an alarm system to that door following the incident. A policy was requested but one was not received. 3.1-45(a)

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