

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155605	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER GRAND VALLEY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP 621 GRAND VALLEY BOULEVARD MARTINSVILLE, IN 46151	
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 0919 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' call lights were answered in a timely manner by any staff member for 5 of 5 residents reviewed for timely answered call lights. (Resident B, C, D, E, F). Findings include: Observation of call light responses began, on [DATE] at 3:30 p.m., at main nurses station in front of 1 of 2 call light systems. During the 20 minute observation, Resident E's call light was observed to not be responded to until 17 minutes after the call light was first turned on. During that time, 7 staff members were observed to be standing and talking without any response to the call light. Observation of LPN 1 (Licensed Practical Nurse), on [DATE], at 3:30 p.m., on hall 200 indicated she walked back and forth to the first section of the hall and back to nurses station, without acknowledging the call light on at the end of the [LOC] (Resident E). Observation of call lights, on [DATE] 10:00 a.m., call lights began to go off and staff (four) stood in front of halls 200 and 100. No staff member was observed to respond to any of the call lights for 7 minutes (Resident C). Observation of a red call light, on [DATE] at 12:15 p.m., indicated the light was on for 7 minutes (Resident D). Interview, at that time, the DON (Director of Nursing) indicated the red light was for the bathroom and had been on approximately 7 minutes prior to being answered. Observation of the call light system, on [DATE] at 3:00 p.m., indicated there were 2 call light boxes, one on each side of the main nursing station, the system showed room number, type of light (white or red) and how long the call light had been on. Resident B's clinical record was reviewed on [DATE] at 10:55 a.m. [DIAGNOSES REDACTED]. The admission cognitive assessment, dated 1/31/2020, indicated Resident B was cognitively intact. Resident C's clinical record was reviewed on [DATE] at 11:15 a.m. [DIAGNOSES REDACTED]. The admission cognitive assessment, dated [DATE]20, indicated Resident C was cognitively intact. Resident D's clinical record was reviewed on [DATE] at 11:30 a.m. [DIAGNOSES REDACTED]. The quarterly cognitive assessment, dated [DATE]20, indicated Resident D was cognitively intact. Resident E's clinical record was reviewed on [DATE] at 11:40 a.m. [DIAGNOSES REDACTED]. The quarterly cognitive assessment, dated [DATE]19, indicated Resident E was cognitively intact. Resident F's clinical record was reviewed on [DATE] at 11:50 a.m. [DIAGNOSES REDACTED]. The quarterly cognitive assessment, dated 12/28/2019, indicated Resident F was cognitively intact. Interview with Residents C, on [DATE] at 3:00 p.m., indicated staff answering of call lights was slow, up to 1 hour. The wait time was higher during the day. Interview with Resident D, on [DATE] at 3:15 p.m., indicated staff were slow to when responding to call lights. The response time was between 30-40 minutes and were more prevalent in the day. Interview with Resident E, on [DATE] at 3:45 p.m., indicated she had to wait sometimes to be assisted with toileting and/or other requests. On [DATE] at 12:34 p.m., the DON provided the facility call light policy, dated 10/2014, and indicated the policy was the one currently being used by the facility. A review of the policy indicated .resident's call light is to be within reach and answered promptly by facility personnel, answer the call light promptly and all facility personnel are expected to respond to call lights. This Federal tag related to Complaint IN 390. 3.1-19(u)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.