

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G522	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2014
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10264 N COLLEGE INDIANAPOLIS, IN 46280
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W000000	<p>This visit was for an annual recertification and state licensure survey. This visit included the investigation of complaint #IN00147075.</p> <p>Complaint #IN00147075: Substantiated, no deficiencies related to the allegations are cited.</p> <p>Dates of Survey: 4/28/14, 4/29/14, 4/30/14, 5/1/14 and 5/2/14.</p> <p>Facility Number: 001036 Provider Number: 15G522 AIMS Number: 100245250</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/8/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4 had an annual</p>	W000322	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the</i></p>	05/23/2014

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.

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	<p>physical examination.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 4/29/14 at 11:08 AM. Client #4's annual physical examination form indicated client #4 had an annual physical examination completed on 3/7/13.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/29/14 at 11:53 AM. LPN #1 indicated client #4's annual physical examination was scheduled for 5/7/14. LPN #1 indicated client #4 should have an annual physical examination completed yearly.</p> <p>9-3-6(a)</p>		<p><i>deficient practice?</i></p> <p>These 2 appointments were missed during bad winter weather and were rescheduled upon discovery. The appointments were completed with no problems or follow up.</p> <p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>All individuals in the home were reviewed for appointment and follow up completion. No other issues are outstanding.</p> <p><i>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <p>Nurse Consultant, Team Leader and Manager will review the monthly appointments that are due. The nurse consultant will submit the anticipated appointments for the home to the Team Leader monthly. When scheduled, the Team Leader will return the form to the Nurse Consultant. GH Director will continue to conduct random monthly audits of all home and nursing charts.</p>		

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W000356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2 received recommended follow up dental treatment.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/29/14 at 8:53 AM. Client #2's medical appointment form dated 9/4/13 indicated client #2 had a dental examination completed with the recommendation for client #2 to return for a follow up examination in 6 months. Client #2's record did not indicate documentation of additional dental services.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/29/14 at 11:53 AM. LPN #1 indicated client #2 had not returned to the dentist for the recommended follow up examination.</p> <p>9-3-6(a)</p>	W000356	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? These 2 appointments were missed during bad winter weather and were rescheduled upon discovery. The appointments were completed with no problems or follow up. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All individuals in the home were reviewed for appointment and follow up completion. No other issues are outstanding. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Nurse Consultant, Team Leader and Manager will review the monthly appointments that are due. The nurse consultant will submit the anticipated appointments for the home to the Team Leader monthly. When scheduled, the</i></p>	05/23/2014
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			Team Leader will return the form to the Nurse Consultant. GH Director will continue to conduct random monthly audits of all home and nursing charts.	