

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155604	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2014
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NAME OF PROVIDER OR SUPPLIER SAINT ANTHONY REHAB AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 N 14TH ST LAFAYETTE, IN 47904
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00156111.</p> <p>Complaint IN00156111 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 12, 13, 14, 17&18, 2014</p> <p>Facility number: 000535 Provider number: 155604 AIM number: 100267250</p> <p>Survey team: Holly Duckworth, RN, TC Rita Mullen, RN Bobette Messman, RN Maria Pantaleo, RN</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 10 Medicaid: 51 Other: 24 Total: 85</p>	F000000	<p>St. Anthony Health Care, Inc. is requesting paper compliance to the Recertification and State Licensure Survey completed on November 18, 2014. "This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, St. Anthony Health Care, Inc. does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</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.

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F000278 SS=D	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on November 24, 2014.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>						

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	<p>Based on record review, and interview, the facility failed to correctly identify and accurately assess the resident's status regarding hospice for 2 out of 4 residents reviewed for death and hospice (Resident #121 and Resident #52).</p> <p>Findings include:</p> <p>1. The Clinical record of Resident #121 was reviewed on 11/17/2014 at 1:15 p.m. Diagnoses included, but were not limited to, metastatic neuroendocrine cancer with cancer spread to the brain, hypertension (HTN), diabetes mellitus (DM), and hyperlipidemia.</p> <p>A Physician's order, dated 8/6/2014, indicated, "... I certify that based on the terminal diagnosis of METASTATIC NEUROENDOCRINE CANCER WITH RELATED COMORBIDITIES METASTASIS TO THE BRAIN NON REALTED DM, HTN, HYPERLIPIDEMIA, DEMATITIS, ARTHRITIS RIGHT KNEE , this patient is under my care, and to the best of my medical knowledge given the data available, has the life expectancy of six (6) months or less if the terminal illness runs its normal course. The focus of the care is on comfort and palliation rather than cure...."</p>	F000278	<p>F 278 ASSESSMENTACCUCRACY/CO ORDINATION/CERTIFIED Resident#121 - significant change assessment indicating hospice care with ARD 08/17/14was modified on 11/14/14 to include the resident has condition or chronicdisease that may result in a life expectancy of less than six months. Resident #52- medical records were reviewed and Admission assessment with ARD 07/09/14 was modified on 12/01/14 to include the resident has condition or chronic diseasethat may result in a life expectancy of less than six months. All residents receiving hospice care were reviewed and modifications were completedto include the resident has condition or chronic disease that may result in a life expectancy of less than six months. MDS coordinator and MDS coordinator assistants in-serviced on hospice guidelines, protocol,RAI manual. Residents that may also be affected will be identified by a facility audit x12 weeks thenmonthly x3 then Quarterly at the discretion of QA committee. Audits will be completed by CCO or designee. All findings from the audits will be reported to QA monthly.</p>	12/18/2014			

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	<p>A Significant Change Minimum Data Set Assessment (MDS), dated 8/17/2014, indicated Resident #121 was on hospice and did not have a prognosis of less than six months to live.</p> <p>During an interview with the MDS coordinator on 11/17/2014 at 2:45 p.m., regarding the hospice status of Resident #121, she indicated that hospice was documented on the MDS Significant Change for 8/17/2014. Resident #121 did not have a prognosis of less than six months to live documented on the 8/17/2014 MDS Significant Change, because the MDS coordinator had not received an order from the physician indicating the resident had a prognosis of 6 months or less to live.</p> <p>A Physician's Note, dated 8/16/2014, was found in Resident #121's hospice chart on 11/17/2014 at 2:00 p.m.</p> <p>The MDS coordinator indicated she was unaware of the hospice physician's note and indicated this was an oversight and should have been entered in the MDS on 8/17/2014, indicating a prognosis of less than 6 months to live.</p> <p>2. The clinical record of Resident #52 was reviewed on 11/14/14 at 2:00 p.m. Diagnoses included, but were not limited</p>			

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F000465	<p>to, Congestive Heart Failure (CHF), Hypertension (HTN), and anemia not due to blood loss.</p> <p>A Physician Order, dated 6/27/14, indicated "Admit to [name of hospice] hospice with terminal diagnosis of CHF with related comorbidities."</p> <p>A Minimum Data Set Assessment (MDS), dated 7/9/14, indicated Resident #52 was receiving hospice services. MDS documentation indicated the resident did not have a chronic disease that may result in life expectancy of less than 6 months.</p> <p>A Medical Director Certification of Terminal Illness form, dated 6/11/14, signed by the hospice physician, indicated the resident had a life expectancy of 6 months or less.</p> <p>During an interview with the MDS Coordinator on 11/14/14 at 11:30 a.m., she indicated the terminal prognosis would not be triggered in the MDS unless the facility had an order from a physician. She was unaware of the hospice documentation.</p> <p>3.1-31(g) 483.70(h)</p>						

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SS=E	<p>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, and interview, the facility failed to ensure a clean, sanitary, and home like environment related to 4 of 32 resident rooms, and failed to have handrails in good repair for 5 areas during the initial tour (Rooms #'s 106, 109, 118, and 160).</p> <p>This deficient practice had the potential to impact 79 of 85 residents utilizing handrails.</p> <p>Findings include:</p> <p>1. During the initial tour on 11/13/2014 at 9:50 a.m., the following was observed:</p> <p>a.) A gouged and splintered handrail outside room 122</p> <p>b.) A gouged and splintered hand rail between rooms 104 and 106</p> <p>c.) A gouged and splintered hand rail across from room 103 located on corner area</p> <p>d.) A gouged and splintered handrail outside room 140</p>	F000465	<p>F465</p> <p>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMEN T</p> <p>Gouges and splintered handrails located near rooms: 104, 103, 106, 122, 140 and the soiled utility room on Twin Garden's unit were repaired. Bathroom wall and stained tile in room 106 were repaired. Cove base in rooms 109 and 118 were repaired.</p> <p>An environmental round was completed by the Maintenance Director to identify other areas of concern corrected as needed. Housekeeping staff were educated on inspecting handrails and doors for any gouges, flooring for any stains, covebase for any exposed glue and walls for any torn wallpaper. Staff instructed to report any issues to Maintenance Director. Housekeeping daily task sheet has been updated to include inspections of handrails, doors, flooring, cove base and wall paper.</p> <p>Daily task sheets will be monitored by the Maintenance Director or designee x4 weeks and monthly thereafter. Any trends will be brought to the attention of the QA team for further review.</p>	12/18/2014	

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	<p>e.) A gouged handrail next to soiled utility room on twin garden unit</p> <p>2. During resident room observations on 11/12/2014, 11/13/2014 and 11/14/2014, the following was observed:</p> <p>a.) Room 106 - 11/17/2014, at 3:30 p.m., the bathroom wall was gouged and marred, and a pink stain on the bathroom tile was observed.</p> <p>b.) Room 109 - 11/17/2014, at 3:35 p.m., the bathroom floor cove base needed repair, glue was exposed and bathroom door had a gouge.</p> <p>c.) Room 118 - 11/17/2014 at 3:45 p.m., the bathroom floor cove base was exposed, and glue was exposed.</p> <p>d.) Room 160 - 11/17/2014 at 4:00 p.m., the wall paper next to the resident's bed was ripped and torn.</p> <p>On 11/17/2014 at 3:30 p.m., during the environmental tour with the Director of Plant Operations, she indicated she was not aware of the above resident rooms needing repairs.</p> <p>3.1-19(f)</p>			