STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155352	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELKHART REHABILITATION CENTER	2600 MOREHOUSE AVE ELKHART, IN 46517

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00151077. Complaint IN00151077 - Substantiated. Federal/ state deficiencies related to the allegations are cited at F242, F325 and F9999. Unrelated deficiency is cited. Survey dates: July 1 and 2, 2014 Facility number: 000243 Provider number: 155352 AIM number: 100289830 Survey team; Shelly Miller- Vice, RN Census bed type: SNF/NF: 52 Total: 52 Census payor type: Medicare: 4 Medicaid: 41 Other: 7 Total: 52 Sample: 9	F000000	This plan of correction constitutes this facilities written allegation of compliance for the defiencies cited. This submission of this planof correction is not an admission or or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. Elkhart RehabiliationCenter requests consideration for a desk review of this plan of correction.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on July 9, 2014, by Brenda Meredith, R.N.			
F000242 SS=E	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. 1. Based on interviews, record reviews and observations, the facility failed to ensure Residents' showers were given according to their individual schedules. This affected 5 of 6 Residents. (Resident M, N, I, J, and L.) 2. Based on interviews, and record reviews the facility failed to ensure a choice of a lunch option was provided	F000242	This plan of correction constitutes this facilities written allegation of compliance for the defiencies cited. This submission of this plan of correction is not an admission or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. Elkhart RehabiliationCenter requests consideration for a desk review of this plan of correction. F 242	07/31/2014

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	when requested by the resident. This affected 1 of 1 residents. (Resident O.) Findings included: 1. On 7/1/14 from 12:15 p.m. till 4:00 p.m., observations were made of Resident's M, N, I, J, and L. They did not receive showers. On 7/2/14 from 8:00 a.m. till 1:00 p.m., observations were made of Resident's M, N, I, J, and L. They did not receive showers. On 7/2/14 from 8:15 a.m. to 10:30 a.m. confidential interviews were conducted with the following Residents in relation to their showers. The following was indicated: Resident M indicated, "... the last shower I got was 2-3 weeks ago. I only get my bottom cleaned when I go to the bathroom... I don't get a full bed bath." Resident N indicated, "... (the last shower was) over a month ago..." Resident I indicated, "...(the last shower was) last Friday, I haven't had one this week..." Resident J Indicated, "...(the last shower		483.15(b) Self-determination-Right to make choices.The facility will make every effort to shower/bath residents per resident choice. Residents residing in center may be affected by this practice. 100% shower audit completed for residents immedicately 7/11/14. CNA's will be educated to offer shower/bath twice on scheduled day. CNA's will document showers when provided. If resident refuses twice nurses are alerted and documentation on refusal is completed. Nurses will also investigate into why resident is refusing personal care and document. DON/designee will monitor showers five times a week for 30 days. After 30 days the audit will be completed three times a week for 30 days, then monthly thereafter. The facility will make every effort to ensure menu options are provided when requested by the resident. Dietary staff will be re-educated on facility policy for meals and choices. Food committee attended by resdients will be initated by DSM to document resident choices in the facility in regards to meals. This food committe will meet monthly with minutes provided by DSM. All audits and committe minutes will be reviewed in QPI monthly. Any negative findings will be immediately addressed by facility administrator/designee.	

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	was) a long time ago, a very long time ago..." Resident L indicated, "....I haven't had a shower in over 5 days." On 7/2/14 at 10:31 a.m. a record review was conducted of the Resident Care Program (RCP) sheet. The RCP is used by the Certified Nurse Aides (CNA) and the Restorative Aides (RA) for directions to follow individual resident care plans. The following was indicated: Resident M: "Shower Days: Wed [Wednesday] Sat [Saturday] Eves [Evenings]." Resident N: "Shower Days: Tues [Tuesday] Fri [Friday] Noc [nights]." Resident I: "Shower Days: Tues Fri Days." Resident J: "Shower Days: Tues Fri Eves." Resident L: "Shower Days: Weds Sat Eves." On 7/2/14 at 10:35 a.m. a record review was conducted of the shower records from 6/18/2014 to 7/1/14. The following was indicated: Resident M was recorded as having received no showers. Resident N was recorded as having			

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	received no showers. Resident I was recorded as having received 1(one) shower. Resident J was recorded as having received 3(three) showers. Resident L was recorded as having received 3(three) showers. On 7/2/14 from 10:36 a.m. to 11:00 a.m., confidential interviews were conducted with primary staff providing hygiene care. The following was indicated: Staff #32 indicated, "... Residents often do not get showered." Staff #33 indicated, "... Resident's do not get showered." On 7/2/14 at 12:00 p.m., an interview was conducted with the Director of Nursing Services (DNS). The DNS indicated that she was unaware that residents weren't receiving their showers as care planned and requested. 2. On 7/1/14 at 1:45 p.m., an interview was conducted with the Dietary Manager. The Dietary manager indicated that the kitchen provided a menu titled, "Always Available List. Main Dining Room" that included yet not limited to, "...Lunch and Dinner Options... Grilled cheese sandwich...." The Dietary Manager			

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	indicated this menu was not exclusive to the 'Main Dining Room' and could be utilized by residents remaining in their rooms during the dining hours. On 7/1/14 at 3:00 p.m., an interview was conducted with Resident O. Resident O indicated a request of a grilled cheese sandwich had been requested of the Dietary Manager repeatedly and had been denied. Resident O is not on special dietary restrictions, functional disabilities and is thin in appearance. On 7/2/14 at 11:30 a.m., an interview was conducted with the Administrator in regards to the Always Available Menu and it's provision to all residents. The Administrator indicated that this menu included all residents, not only the main dining room residents and that Resident O should be allowed a grilled cheese sandwich. This Federal tag relates to Complaint IN00151077. 3.1-3(u)(3)			
F000243	483.15(c)(1)-(5)			

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SS=C	RIGHT TO PARTICIPATE IN RESIDENT/FAMILY GROUP A resident has the right to organize and participate in resident groups in the facility; a resident's family has the right to meet in the facility with the families of other residents in the facility; the facility must provide a resident or family group, if one exists, with private space; staff or visitors may attend meetings at the group's invitation; and the facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings. Based on interviews, record review and observation, the facility failed to provide a monthly resident council group, minutes to the meetings and a private space for the council to meet. This potentially affected 52 of 52 residents residing in the facility. Findings included: On 7/1/14 at 12:20 p.m., an interview was conducted with the Administrator. The Administrator indicated there had not been a Life Enrichment Director (LED) for "several months" and the Resident Council minutes were questionable due to that position being in charge of overseeing the Resident Council Group. On 7/1/14 at 3:00 p.m., an observation was made of the Administrator leading a Resident Council Meeting for the	F000243	This plan of correction constitutes this facilities written allegation of compliance for the defiencies cited. This submission of this plan of correction is not an admission or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. Elkhart Rehabiliation Center requests consideration for a desk review of this plan of correction. F 243 483.15(c) (1)-(5) Right to participate in resident family group.The facilities will provide monthly resident council meetings with minutes and a private space for the residents council to meet. Other facility resident have the potential to be affected. The facility will provide a staff member(Life enrichment director and or designee) for resident council meeting to take minutes if requested and ensure a private place is provided. Life enrichment director and or designee will post	07/31/2014

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	Residents located in the main dining room. The main dining room is accessible from the main hall way, main doorway, the nurses station and the kitchen. The room offered no privacy. The meeting could be heard across a room, across a hallway and into an adjacent room. On 7/2/14 at 11:00 a.m., an interview was conducted with the Resident Council Chairperson. The Chairperson indicated the meetings did not meet, were not provided a private space to conduct a meeting, were not conducted without facility staff and did not support complaints/ grievances. The Resident Council Chairperson indicated, "...it's a problem... the meeting yesterday was pointless, it was very short and it wasn't what we want...." The Chairperson indicated she did not keep minutes. On 7/2/14 at 12:00 p.m., a record review was conducted of the requested Resident Council Meeting minutes for the past few months. The Administrator provided the minutes from the meeting held on 7/1/14 and indicated, "...we (the facility) have been unable to locate the minutes for April, May and June." 3.1-3(i) 3.1-3(j)		meeting information to all residents and assist residents to attend meetings. Re-education of facility staff concerning resident council meetings to meet monthly and document meeting minutes. Life enrichment director and or designee will attend resident counsel meeting if approved by resdient council and bring any issue forward to facility personnel. Resident council minutes will be reviewed monthly in QPI with resident council approval. Any negative findings will be immediately addressed by the facility administrator or designee.	

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	3.1-3(k)			
F000325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. Based on observations, record reviews and interviews, the facility failed to assure dietary recommended menu was offered to a Resident at breakfast. (Resident G.) This affected 1 of 6 residents receiving double portions for their meals. Finding includes: On 7/1/14 at 12:30 p.m., a tour of the facility was conducted alongside of the Director of Nursing Services (DNS). Resident G was observed lying in her	F000325	This plan of correction constitutes this facilities written allegation of compliance for the defiencies cited. This submission of this planof correction is not an admission or or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. F 325483.25(i) Maintain nutrician status unless unavoidable.Elkhart Rehabiliatation Center respectfully request desk IDR for the following reasons: 2567 states the resident failed to recieve double portions. 2567 continues to state physican order	07/31/2014

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	bed, over-bed light turned on and meal tray on over bed table. The meal had not been touched. The cover to the plate remained in place, silverware was not uncovered nor used, and the drinks were full. On 7/1/14 at 12:31 p.m., an interview was conducted with the DNS. The DNS indicated Resident G, "...has psychological problems, sleeps most of the day and is up most of the night...." On 7/1/14 at 3:01 p.m., a record review was conducted of Resident G's clinical medical record (CMR). The following was indicated: "Diagnoses: Schizoaffective and Hypertension." "IDT note: 4.16.14. Regarding: 11% weight loss in 3 months and 13% weight loss in 6 months. RD [registered dietician] and MD [medical doctor] continue to monitor." "IDT note: 5.2.14. Regarding: [name of computer program used for documenting services provided for activities of daily living] data poor fluid consumption." "RD note: 6.16.14. D/C [discontinue] double portions w [with] lunch and dinner. Give HS [hour of sleep] sandwich." "Physicians order. Regular Diet. Double Portions."		regular 7/1/14 during a record review the resident was ordered to have a regular diet.double portions. Careplan:encourage to go to dining room refuses to go to breakfast. The physican orders on 3/17/14 written as double portions at lunch and dinner. Careplan was updated to reflect regular diet.double portion lunch and dinner. On 6/16/14 written physican order to DC double portions at lunch and dinner and sandwich at HS was obtained with careplan updated to reflect current status. We believe the facility physican orders and careplan meet the requirements of this regulation and do not have a deficent practice. Resdient G chart has been reviewed and careplan reflects current status. Other residents at this facility will be reviewed for any deficent practice. It is the responsibility of the registered dietican to maintain nutrictional status parameters and review therapeutic diets and make recommendations to nursing. Nursing will review recommendations with physicans and write and follow up with ordered as necessary. This will be montored monthly in QPI. Any negative findings will be immediately addressed by facility administrator/designee.	

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	"Care Plan: Diet/ Dining. Encourage to go to dining room. Refuses to get up for breakfast." On 7/2/14 at 8:15 a.m., an observation was conducted of Resident G. Resident G was observed lying in her bed, over-bed light turned on and meal tray on over bed table. The meal had not been touched. The cover to the plate remained in place, silverware was not uncovered nor used, the drink was full and the bowl of oatmeal was covered and cool to touch. The menu ticket was observed and the following was noted: "[Resident G's name and room number] 6/23/14[sic]. Diet: Regular: DP [double portions]. Breakfast. Room Tray. X2Reg.[sic]." The breakfast tray included: one slice of french toast, one sausage link, a small fresh orange slice, a 4 ounce glass of juice, and a bowl of oatmeal . On 7/2/14 at 9:10 a.m., an interview and observation of Resident G's room tray was conducted alongside of the Dietary Manager. The Dietary Manager indicated, "... a double portion serving would be 2 of everything: 2 sausages, maybe 2 french toast, depending... 2 oatmeal's, 2 fruits...double of everything." The Dietary Manager indicated, "			

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	[Resident G] seldom eats breakfast... they're a night person... they eat very poorly to be honest...." On 7/2/14 at 10:45 a.m., an observation was conducted of Resident G's room and breakfast tray. Resident G was observed lying in her bed, over-bed light turned on and meal tray on over bed table. The meal had not been touched. The cover to the plate remained in place, silverware was not uncovered nor used, the drink was full and warm to touch, and the bowl of oatmeal was covered and cold to touch. On 7/2/14 at 12:00 p.m., an interview was conducted with the Administrator. The Administrator indicated there was a concern related to the resident not receiving the correct portions and not being encouraged to eat breakfast. This Federal tag relates to Complaint IN 00151077. 3.1-46(a)(2)			
F009999				

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	3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS (r) Hot water temperature for all bathing and hand washing facilities shall be controlled by automatic control valves. Water temperature at the point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit. The state rule was not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide hot water in the residents rooms for use in showering. This affected 5 of 8 shower rooms on the South hall. Finding includes: On 7/2/14/ from 8:15 a.m. to 10:30 a.m., confidential interviews were conducted with the following Residents in relation to their showers. The following was indicated: Resident L indicated, "...I haven't had a shower in over 5 days. The water gets cold...." Resident H indicated, "...I often do not get showered (because) the water doesn't	F009999	This plan of correction constitutes this facilities written allegation of compliance for the defiencies cited. This submission of this plan of correction is not an admission or or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. Elkhart Rehabiliation Center requests consideration for a desk review of this plan of correction. The facility will make every effort to ensure appropriate hot water is provided in shower rooms. Facility residents have a potential to be affected by this practice. Facility staff will be re-educated on reporting hot water issues immediately per policy to administrator. Facility staff will be reeducated on completing a maintenance slip for any hot water issues. Maintenance or designee will complete hot water temperature checks at both the resident bathroom sinks and showers in three resident rooms and document in TELS five times a week. Facility awaiting parts to repair hot water issue in building. Ordered parts on 7/11/14 for hot water repair. Monthly QPI meetings will review hot water temperatures. Any negative findings will be immediately addressed by the facility administrator or designee.	07/31/2014

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	get hot enough...." Resident K indicated, "... the showers are too cold...." Resident O indicated, "...the water is cold in the showers...." Resident P indicated, "... we [the facility] have problems with the hot water... the showers aren't warm...." Resident M indicated, "...the water is too cold in the shower...." On 7/2/14 from 9:10 a.m. to 10:00 a.m., observations were made of the South Hall room showers with the Maintenance Manager. The Maintenance Manager temped the showers and the results were as follows: Room 21 and 23: 95 degrees Fahrenheit Room 22 and 24: 94 degrees Fahrenheit Room 25 and 27: 86 degrees Fahrenheit. Room 26 and 28: 90 degrees Fahrenheit. Room 29 and 31: 95 degrees Fahrenheit. On 7/2/14 at 9:10 a.m., an interview was conducted with the Maintenance Manager. The Maintenance Manager indicated the Resident Room temps were to be maintained between 100 and 110 degrees Fahrenheit.			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	On 7/2/14 at 10:15 a.m., a record review was conducted of the water temperature audit logs provided by the Maintenance Manager. The Maintenance Manager indicated,"... when I do my routine temping, I do not temp the resident showers, I temp the residents' bathroom sink's...." It is noted that every resident room has it's own toilet and sink. The shower room's are shared between two separated-adjoining rooms and can serve up to four residents. The shower rooms are separated from the sink and toilet room's. On 7/2/14 from 10:36 a.m. to 11:00 a.m., confidential interviews were conducted with primary staff providing hygiene care to the residents. The following was indicated: Staff #32 indicated, "... the mornings [sic] the water isn't even warm, the pressure is poor too...." Staff #33 indicated, "...the water in the showers is just too cold." On 7/2/14 at 11:00 a.m., an interview was conducted with the Resident Counsel Chairperson. The Chairperson indicated, "... the showers are difficult to keep warm water... it isn't hot, the others complain			

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	about it a lot... I've been told it's because the laundry and kitchen take all the hot water and there isn't enough left for the others' showers...." On 7/2/14 at 12:00 a.m., an interview was conducted with the Administrator. The Administrator indicated she was not aware of the showers not having hot water. This State finding relates to Complaint IN00151077. 3.1-19(r)			