

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155270	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/29/2014
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NAME OF PROVIDER OR SUPPLIER  CORE OF DALE	STREET ADDRESS, CITY, STATE, ZIP CODE 510 W MEDCALF ROAD DALE, IN 47523
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F000000	<p>This visit was for the Investigation of Complaint IN00146561 and Complaint IN00146634.</p> <p>Complaint IN00146561 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00146634 - Substantiated. Federal/State deficiency is cited at F311.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: April 28 and 29, 2014</p> <p>Facility number: 000170 Provider number: 155270 AIM number: 100287490</p> <p>Survey team: Anne Marie Crays, RN-TC</p> <p>Census bed type: SNF/NF: 50 Total: 50</p> <p>Census payor type: Medicare: 1 Medicaid: 47 Other: 2 Total: 50</p>	F000000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or of conclusions set forth on the statement of deficiencies. This Plan of Correction is prepared and executed solely because it is required by federal and state law. This Plan of Correction is submitted in order to respond to the allegations of noncompliance during complaint survey review concluding on 4/29/2014. Please accept this Plan of Correction as the provider's credible aggregation of compliance effective on 05/29/2014. We respectfully request a desk review for compliance.</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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F000170 SS=D	<p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 4, 2014, by Janelyn Kulik, RN.</p> <p>483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</p> <p>Based on interview and record review, the facility failed to ensure a resident's personal mail was received unopened, for 1 of 1 residents reviewed for mail delivery, in a sample of 7. Resident #B</p>	F000170	F170 Right to Privacy Affected Residents: Resident #B Resident #B reviewed and signed the new policy and procedure on Resident Mail and Finances and the form regarding Handling of Resident's Business & Personal Mail. Other Resident:No other residents	05/14/2014			

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	<p>Findings include:</p> <p>On 4/28/14 at 10:30 A.M., during an interview with #B, he indicated the facility opened a personal letter addressed to him prior to delivering it to him.</p> <p>On 4/29/14 at 9:20 A.M., the clinical record of Resident #B was reviewed. A MDS assessment, dated 3/31/14, indicated Resident #B scored a 15 out of 15 for a Brief Interview of Mental Status.</p> <p>On 4/29/14 at 10:00 A.M., during an interview with the Social Services Director (SSD), she indicated Resident #B had signed a form upon admission directing the facility to open his financial mail. The SSD indicated the resident had recently received a letter, "which did not look like a personal letter," and so was opened by the Business Office Manager, and given to her. The SSD indicated once she realized it was a personal letter, she gave the letter to the resident. The SSD indicated Resident #B now receives all of his mail, and then he gives the financial mail to the Business Office.</p> <p>On 4/29/14 at 10:30 A.M., the SSD provided a document, dated 6/3/13, which indicated, "In an effort to better serve our residents, we are requesting that you let us know how to handle mail,</p>		<p>affected. Systemic Change: Social Service revised the policy and procedure on handling the residents business and personal mail. At admission, Core will review the residents' finances to determine who will manage their financial affairs. The financial packet will be completed including the handling of financial and personal mail. All resident's mail will go to Social Services to review. Social Services will determine which residents get their mail and who needs assistance. The residents that have given permission to Core of Dale's Social Service to open their financial mail will be reviewed by Social Services. Anything not labeled with Social Security, Medicaid, and Medicare is to be given to the resident, and or responsible party to assist in determining if this is a matter they need assistance with. All personal mail is given to the Activities Director to take to the residents. With consent from POA and or guardian, staff will open the personal mail and read it to the resident if help is needed. Those residents or responsible party that have not given permission to open any mail will have the mail forwarded to their address or taken to the resident's room, which ever was specified during the admissions process. Social Service will keep a spreadsheet on resident's regarding how to handle each resident's mail. The</p>				

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	<p>which arrives at our facility addressed to the resident...[Resident #B] 1. Personal Mail may go to the resident, Yes...Financial Mail should go to the facility Business Office to be Opened and processed...6. I give my permission for assistance in the opening and/or Reading of personal mail at the resident's request, No...."</p> <p>At that time, the SSD indicated the facility opens mail for 27 of its residents, mainly due to the residents' diagnoses.</p> <p>On 4/29/14 at 1:15 P.M., the SSD indicated she had just written a new policy regarding Resident Mail. She provided the new policy, which indicated, "It is the policy of the facility to allow the resident to exercise their right to privacy with opening their mail and managing their finances...All resident mail is to go to Social Services to review which residents get their mail and who needs assistance...Anything not labeled Social Security, Medicaid, and Medicare is to be given to the resident...."</p> <p>3.1-3(s)(1)</p>		<p>Activity Director will have a copy of the spreadsheet to know who he needs to assist in opening and or reading of personal mail. A revised copy of the Policy and Procedure on Resident Mail and Finances, and Handling of Resident's Business &amp; Personal Mail was sent to all residents, POAs, and guardians. When Social Services are not available alternative administrative staff is trained to review the mail and assist in delivering to who it goes to. Quality Assurance: All new admits will be reviewed to insure that the resident's mail is being managed correctly according to the resident or responsible party's request. Completion Date: May 14, 2014</p>		

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F000311 SS=E	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on interview and record review, the facility failed to ensure restorative services were provided for all residents requiring it, for 3 of 3 residents interviewed regarding restorative services, and 31 residents listed as requiring restorative services, in a sample of 7. Resident #G, Resident #D, and Resident #B</p> <p>Findings include:</p>	F000311	F 311 Treatment/Services to Improve/Maintain ADL's Residents Affected by Alleged Deficiency #G, #D, #B. All Plans of Care for the previous residents have been reviewed and updated as appropriate. Residents Potentially Affected: All residents have the potential to be affected by this alleged deficiency. All residents have been reviewed to ensure restorative services are provided if needed. Systemic Changes: Revised Restorative Program Policy to include a weekly review of amount of	05/29/2014	

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	<p>1. On 4/28/14 at 9:50 A.M., the Director of Nursing (DON) provided a list of residents, highlighting those considered interviewable. Residents #G, #D, and #B were indicated as being interviewable.</p> <p>On 4/29/14 at 8:35 A.M., during an interview with Resident #G, she indicated she had been ambulated the previous day by CNA # 1. She indicated, "Sometimes the girls walk me if he's [CNA # 1] not here."</p> <p>The clinical record of Resident #G was reviewed on 4/29/14. A Minimum Data Set (MDS) assessment, dated 3/27/14, indicated the resident scored a 6 out of 15 for a Brief Interview of Mental Status.</p> <p>On 4/28/14 at 1:55 P.M., during record review of the Restorative Program book, a Restorative Care Plan, initially dated 9/2013 and updated 4/2014, indicated, "Problem, Restorative, Type: Walking...Interventions, Staff to assist resident to walk 100 feet [with] RW [rolling walker] et [and] 1 assist (moderate) QD [every day]."</p> <p>A "Restorative Program Intervention Record," dated April 2014, was initialed as completed daily.</p> <p>On 4/29/14 at 9:30 A.M., the Minimum</p>		<p>Restorative Services provided to ensure appropriate staffing to meet the need. Restorative Care Plans will be updated quarterly and as needed to ensure that interventions and goals are appropriate for the resident. Additional Restorative Staff have been added to the schedule to promote complete compliance for every resident involved in this program. All nursing staff has been in-serviced on Restorative Program and Documentation. Quality Assurance: Perform random audits of 3 random residents to assure that Restorative Program is completed per plan of care. This audit will be done three times weekly for 3 months, then weekly with results forwarded to the QA committee monthly for six months and quarterly thereafter for review and further suggestions or comments. Completion Date: 05/29/2014</p>				

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	<p>Data Set (MDS) Coordinator provided a restorative care plan for #G. The care plan, dated "5/2014," indicated, "Problem, Restorative Basic AROM [active range of motion]. Goal...Resident to complete 20 reps/1 set QD [every day] of AROM to bilateral upper/lower extremities...."</p> <p>2. The clinical record of Resident #D was reviewed on 4/28/14 at 2:20 P.M. A MDS assessment, dated 2/4/14, indicated the resident scored a 11 out of 15 for a Brief Interview for Mental Status.</p> <p>On 4/29/14 at 8:40 A.M., during an interview with Resident #D, she indicated she went to therapy 3 times a week, and basically was working on strengthening her right leg. She indicated she did not receive other exercises to her arms or leg by CNAs.</p> <p>On 4/29/14 at 9:30 A.M., the MDS Coordinator provided a restorative care plan for Resident# D. The care plan, dated 4/2014, indicated, "Restorative Basic AROM...Goal, Resident to complete 20 reps/set QD of AROM to bilateral upper/lower extremities...."</p> <p>A "Restorative Program Intervention Record," dated April 2014, was initialed as completed daily.</p>						

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	<p>3. On 4/28/14 at 10:30 A.M., during an interview with Resident #B, he indicated he was supposed to be receiving exercises daily, but rarely received them, especially in February and March. He indicated restorative staff "signed off" they gave him active range of motion every day in March, but he probably only received it 2 or 3 times .</p> <p>On 4/28/14 at 1:55 P.M., during record review of the Restorative Program Book, a care plan, initially dated 9/2013 and updated 2/2014, indicated, "Restorative, Type: Basic PROM [partial range of motion]...Goal, Resident to allow staff to perform 20 reps/1 set QD to bilateral lower extremities of PROM QD..."</p> <p>A "Restorative Program Intervention Record," dated April 2014, was initialed as completed daily.</p> <p>On 4/29/14 at 9:20 A.M., the clinical record of Resident #B was reviewed. A MDS assessment, dated 3/31/14, indicated Resident #B scored a 15 out of 15 for a Brief Interview of Mental Status.</p> <p>4. On 4/28/14 at 1:35 P.M., the MDS Coordinator indicated she was in charge of the facility's Restorative Program. She indicated she received input from the</p>						

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	<p>therapy and nursing departments to develop a plan for those residents needing restorative services.</p> <p>On 4/28/14 at 1:55 P.M., the MDS Coordinator provided the facility's "Restorative Book." The book indicated 31 residents were currently receiving restorative services, with 12 of those residents requiring assistance with walking. The book indicated each resident required at least 15 minutes for walking, dressing, eating, or range of motion. Adding up the totals for 4/27/14, the book indicated residents received 1190 minutes, or 19.8 hours of restorative services for that day, which was indicative of each day in the month.</p> <p>On 4/28/14 at 2:15 P.M., CNA # 1 was interviewed. CNA # 1 indicated he had just started doing restorative services. CNA # 1 indicated there was only 1 person scheduled daily for restorative, and he worked 12 hour shifts. CNA # 1 indicated that some of the residents "probably don't take 15 minutes to do."</p> <p>On 4/28/14 at 3:30 P.M., CNA # 2 indicated that she had been a restorative aide, but no longer did that. She indicated she had to be organized, and had to have a schedule, and did what she was able to get done.</p>			

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	<p>On 4/29/14 at 10:35 A.M., CNA # 3 was interviewed. CNA # 3 indicated she had been the Restorative aide for 5 months. CNA # 3 indicated she worked a 10 hour shift, and was responsible for restorative and passing the 10:00 A.M. and 2:00 P.M. snacks. CNA # 3 indicated passing each set of snacks "probably took 45 minutes each time." CNA # 3 indicated she did what she could, but that it was difficult to find another CNA to help her with residents requiring the assistance of 2 staff. She indicated she "focused on those residents who really needed" the restorative service. She indicated she sometimes asked other CNAs to do the range of motion when they were dressing a resident. CNA # 3 indicated, "We really need 2 CNAs each day to do all the restorative."</p> <p>On 4/29/14 at 1:15 P.M., the DON provided a "Restorative Nursing Program Policy," dated 4/29/14. The policy included, "...A natural outcome of restorative care is idealistically an enhancement of our residents' quality of life. Since the restorative program has been so successful and due to our higher census and residents [sic] abilities, we are re-evaluating our daily staffing needs and implementing changes to begin today 4/29/14...."</p>						

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	<p>This Federal tag relates to Complaint IN00146634.</p> <p>3.1-38(a)(1)(2)</p>			