

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E657	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2015
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NAME OF PROVIDER OR SUPPLIER SILVER MEMORIES HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6996 S US 421 VERSAILLES, IN 47042
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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
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F 0000 Bldg. 00	<p>This was an offsite paper review. Complaint Number: IN00179596</p> <p>Complaint IN00179596 - Substantiated. Federal/State deficiency related to the allegation cited at F287.</p> <p>Survey date: August 6, 2015</p> <p>Facility number: 000483 Provider number: 15E657 AIM number: 100273470</p> <p>Census bed type: NF: 20 Total: 20</p> <p>Census payor type: Medicaid: 20 Total: 20</p> <p>This deficiency reflects a State finding cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
F 0287 SS=C Bldg. 00	<p>483.20(f) ENCODING/TRANSMITTING RESIDENT ASSESSMENT (1) Encoding Data. Within 7 days after a facility completes a resident's assessment, a</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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	<p>facility must encode the following information for each resident in the facility:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. <p>(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on a resident that does not have an admission assessment. 			

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	<p>(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>Based on record review and interview the facility failed to transmit the electronic Minimum Data Sets (MDS) records that pass standard edit specifications, for months of June and July of 2015.</p> <p>Findings include:</p> <p>1. On 7/1/2015, ISDH records indicated the facility had not transmitted their required MDS data within 14 days of completion date of the MDS assessments for June 1, 2015 to June 30, 2015.</p> <p>Phone interview with the administrator on 7/15/2015 at 3:24 p.m. indicated that the MDS assessments would be transmitted by the next day.</p> <p>On 7/20/2015, ISDH records indicated that the facility had not transmitted their required MDS data within 14 days of completion date of the MDS assessments from July 15, 2015 to July 20, 2015.</p> <p>2. On 8/3/2015, ISDH records indicated the facility had not transmitted their required MDS data within 14 days of completion date of the MDS assessments</p>	F 0287	<p>In July 2015, the administrator reviewed all resident's assessments that were completed and transmitted. On June 25, 2015, the facility hired a new Director of Nursing, Darla Miller, RN who is knowledgeable of the MDS process and transmission. On August 6, 2015, four MDS assessments were retransmitted. On September 9, 2015, ten MDS assessments were transmitted. All resident's assessments will be current and transmitted, no later than September 14, 2015. The Director of Nursing will be responsible to ensure all resident's MDS assessment are completed and transmitted timely. CQI will monitor the completion and transmission of MDS assessments, weekly for 6 months, then no less than monthly thereafter.</p>	09/14/2015

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	for July 1, 2015 to July 31, 2015. This federal tag relates to the Investigation of Complaint IN00179596. 3.1-13(r)				