STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON HEALTH CARE CENTER	900 PROVIDENT DR WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0000	This visit was for the Investigation of Complaints IN00103954 and IN00104551. Complaint IN00103954-Substantiated. No Federal/ State deficiencies related to the allegations are cited. Complaint IN00104551-Substantiated. Federal/ State deficiency related to the allegations is cited at F157. Survey dates: March 6, 2012 Facility number: 000003 Provider number: 155003 AIM number: 100290600 Survey team: Christine Fodrea, RN Census bed type: SNF: 3 SNF/NF: 96 Total: 99 Census payor type: Medicare: 21 Medicaid: 63 Other: 15 Total: 99	F0000	**1.) Facility Disclaimer** **2.) Credible Allegation of Substantial Compliance** This Plan of Correction (POC) is prepared and executed because it is required by the provisions of State and Federal Law, and not because Mason Health Care agrees with the allegations contained there-in. Mason Health Care maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capability to render adequate care. Please let these POC responses serve as the facilities Credible Allegation of Compliance 04/05/12.	

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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	Sample: 4 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed on March 7, 2012 by Bev Faulkner, RN			

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F0157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on interview and record review, the facility failed to notify the physician of continued itching after completion of an ordered treatment for 1 of 4 residents reviewed with itching in a sample of 4.	F0157	**F157 Notify of Changes (Injury/ Decline/Room, etc)** This plan of correction is	04/05/2012

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NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN 46580	

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	(Resident #G) Findings include: Resident #G's record was reviewed 3-6-2012 at 2:39 P.M. Resident #G's diagnoses included but were not limited to Alzheimer's dementia, anxiety and insomnia. On 2-18-2012, the nurse's notes indicated at 19:12 (7:12 P.M.) Resident #G was to have a consult with a dermatologist. A nurse's note dated 2-19-2012 at 15:38 (3:38 P.M.) indicated Resident #G had a red rash to arms, chest, back and abdomen. A physician's order, dated 2-20-2012, indicated Resident #G was to receive Claritin (an antihistamine) 10 milligrams daily for 7 days then to be given as necessary for itching. The February 2012 medication Administration record indicated Claritin was finished on 2-27-2012. A nurse's note, dated 2-29-2012 at 22:08 (10:08 P.M.), indicated Resident #G was experiencing some itching. A nurse's note, dated 3-1-2012 at 13:32		prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility as specified in §483.12 (a).It is facility practice to promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.It is facility practice to record and periodically update the address	

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	(1:32 P.M.), indicated rash was improving, but continued to have itching. A nurse's note, dated 3-2-2012 at 21:09 (9:09 P.M.), indicated Resident #G's legs were itching. A nurse's note, dated 3-5-2012 at 22:03 (10:03 P.M.), indicated Resident #G had complaints of itching. A nurse's note, dates 3-6-2012 at 3:14 A.M., indicated Resident #G was complaining of itching. In an interview with the Director of Nursing on 3-6-2012 at 4:20 P.M., she indicated the physician should have been notified about the itching after completion of the treatment. This Federal tag relates to Complaint IN00104551. 3.1-5(a)(3)		and phone number of the resident's legal representative or interested family member. **Note:** A Paper Compliance Desk Review is requested to clear this cited tag. 1. **Cited Residents:** Corrective action cannot be taken due to the alleged deficiency occurred in the past.2. **Other Residents:** All residents have the potential to be effected by the alleged deficiency. Addendum (3/28/12): All residents have been assessed (3/14/12) for skin issues. No new skin issues identified.3. **Recurrence:** Licensed nursing staff will be reinserviced on Physician Notification to ensure that medical care problems are communicated.4. **Monitoring:** The Director of Nursing, or licensed designee, will utilize a QA tool to ensure proper notifications have been made 5x/wk x 4wk, then 2x/wk x 2wk, then quarterly thereafter. The Director of Nursing, or licensed designee, will report findings to the QA Committee monthly x 6mon then ongoing until 100% compliance is achieved.5. **Date:** April 5, 2012.	