

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155845	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2021
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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00359414.</p> <p>Complaint IN00359414 - Substantiated. Federal/State deficiencies related to the allegations are cited at F626.</p> <p>Survey date: August 9, 2021</p> <p>Facility number: 000368 Provider number: 155845 AIM number: 100275220</p> <p>Census bed type: SNF/NF: 21 Total: 21</p> <p>Census payor type: Medicare: 1 Medicaid: 18 Other: 2 Total: 21</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/11/21.</p>	F 0000		
F 0626 SS=D Bldg. 00	<p>483.15(e)(1)(2) Permitting Residents to Return to Facility §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</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>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>Based on record review and interview, the facility failed to allow a resident to return to the facility after a hospitalization for a change in condition for 1 of 3 residents reviewed for admission/ transfer/ discharge. (Resident D)</p> <p>Finding includes:</p> <p>The closed record for Resident D was reviewed on 8/9/2021. Diagnoses included, but were not limited to, traumatic brain disorder, right eye blindness, hoarding disorder and renal dialysis.</p>	F 0626	<p>F626</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Simmons Loving Care Health Facility has a policy to re-admit</p>	10/22/2021

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	<p>A Minimum Data Set Quarterly assessment was completed on 7/1/2021. The resident's Cognitive Skills for decision making were intact. No antidepressants, hypnotics or Opioid medication use occurred. No Antipsychotic medications had been given. Resident D voiced no complaints of pain.</p> <p>Nurse Practitioner Medical Visit Notes indicated the following: 5/20/21 - Staff reported behavior issues had worsened. No suicidal or homicidal ideations. Staff reported agitation. Resident was alert and orientated to person, place and situation. 6/23/21 - Resident D's behaviors had worsened and he had been agitated and verbally aggressive at times. Also displayed abusive behaviors. Staff did report the resident was having more agitation. 8/09/21 - Writer spoke with Franciscan Hospital related to the facility refusal to accept Resident D back after an Emergency Room Visit. No changes.</p> <p>There was no bed hold form or 30 day notice in the resident's record.</p> <p>When interviewed on 8/9/21 at 11:30 a.m., RN 1 indicated the resident was sent out to a Psychiatric hospital. She was informed he was very aggressive and threatening. The nurse had to call the local police. The resident had not returned to the facility at this time. Management had told staff he would not be coming back. RN 1 indicated the facility did not send a 30 day notice to the hospital with the resident, but did have the forms available in the facility.</p> <p>When interviewed on 8/9/21 at 10:00 a.m., the</p>		<p>residents in which they can provide the proper care to meet their optimal needs. The Q.A. Committee reviewed the admission policy, notice of transfer/discharge policy which states the following:</p> <p><i>Not Permitting Residents to Return</i> Not permitting a resident to return following hospitalization or therapeutic leave requires a facility to meet the requirements for a facility-initiated discharge as outlined in §483.15(c)(1)(ii). A facility must not discharge a resident unless: 1. <i>The discharge or transfer is necessary for the resident's welfare and the facility cannot meet the resident's needs.</i> 2. <i>The resident's health has improved sufficiently so that the resident no longer needs the services of the facility.</i> 3. <i>The resident's clinical or behavioral status endangers the safety of individuals in the facility.</i> 4. <i>The resident's clinical or behavioral status endangers the health of individuals in the facility.</i> 5. <i>The resident has failed to pay for (or to have paid under Medicare or Medicaid) his or her stay at the facility.</i> 6. <i>The facility ceases to operate.</i> As noted at 483.15(c)(2)(i)(B), when the facility transfers or discharges a resident for the resident's welfare, or because the resident's needs cannot be met in the facility, the medical record must contain</p>	

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	<p>Administrative Staff #1 indicated the resident was sent to the hospital because he was yelling loudly and aggressive. The Director of Nursing (DON) was called when the hospital called here to report Resident D was returning.</p> <p>The DON and Administrator were not available during survey for interview.</p> <p>Telephone interview with the hospital Case Manager on 08/09/2021 at 9:50 a.m., indicated Resident D was admitted to their psychiatric unit. The resident was evaluated and treated. The Case Manager indicated he had no further behaviors on the unit and was cleared for discharge back to the facility. The Case Manager had contacted the facility related to the resident's discharge and the facility had refused to accept Resident D back to their facility.</p> <p>This Federal Tag relates to Complaint IN00359414.</p> <p>3.1-12(a)(26)</p>		<p><i>documentation of the specific resident needs that cannot be met, facility attempts to meet those needs, and the service available at the receiving facility to meet the needs. Resident decisions to refuse care should not be considered a basis for transfer or discharge unless the refusal poses a risk to the resident's or other individuals' health and/or safety. In situations where a resident's choice to refuse care or treatment poses a risk to the resident's or others' health or safety, the comprehensive care plan must identify the care or service being declined, the risk the declination poses to the resident, and efforts by the interdisciplinary team to educate the resident and the representative, as appropriate (See F656, 483.21(b)(1)(ii), Comprehensive Care Plans.)</i></p> <p><i>If unable to resolve situations where a resident's refusal for care poses a risk to the resident's or others' health or safety, the facility administration, nursing and medical director may wish to convene an ethics meeting, which includes legal consultation, in order to determine if the facility can meet the resident's needs, or if the resident should be transferred or discharged. If a facility does not permit a resident who went on therapeutic leave to return, the facility must meet the requirements for a facility-initiated discharge at F622. Because the</i></p>	

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			<p><i>facility was able to care for the resident prior to therapeutic leave, documentation related to the basis for discharge must clearly show why the facility can no longer care for the resident.</i></p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. <i>Residents are admitted and readmitted according to the facility being able to meet their needs.</i></p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Residents will be readmitted according to the medical director and psy NP recommendations. Local Ombudsman will be consulted for all transfers to ensure proper placement is done and to ensure all rights of the residents are considered.</p> <p>4. Describe who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. <i>The medical director and Psy N.P. will review all applicable documentation on residents with behavioral issues to ensure they are of no danger to themselves, other residents and staff prior to readmission.</i> Medical director and Psy N.P. will</p>	

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			<p>review and ensure resident is stable and able to return after a behavioral crisis is exhibited. D.O.N. will monitor residents with behavior upon each incident to ensure resident is safe for the facility environment. Charge Nurses will document all behaviors with residents and notify D.O.N., Medical Director and NP if behavior crisis occurs so that proper treatment can be obtained. All residents will be allowed to be re-admitted when deemed suitable for the facility.</p> <p>Q.A. Committee along with Ombudsman will review each case as it occurs so that proper placement and transfer maintains the rights of each resident.</p> <p>5. 10/22/21</p>	