

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155487	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/22/2014
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NAME OF PROVIDER OR SUPPLIER BROWN COUNTY HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 55 E WILLOW ST NASHVILLE, IN 47448
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: August 17, 18, 19, 20, 21, and 22, 2014.</p> <p>Facility number: 000479 Provider number: 155487 AIM number: 100290880</p> <p>Survey team: Angela Patterson, RN-TC Melissa Gillis, RN (8/17, 8/18, 8/22, 2014) Cheryl Mabry, RN Diana McDonald, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 89 Total: 95</p> <p>Census payor type: Medicare: 11 Medicaid: 63 Other: 21</p> <p>These deficiencies reflect state findings</p>	F000000	<p>This plan of correction is to serve as Brown County Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Brown County Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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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F000242 SS=D	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 29, 2014; by Kimberly Perigo, RN.</p> <p>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. Based on interview and record review, the facility failed to ensure a resident was able to choose when to get up in the morning and when to go to bed at night for 1 of 4 residents who met the criteria for review of choices. (Resident #4)</p> <p>Findings include:</p> <p>Resident #4's clinical record was reviewed on 8/20/2014 at 1:53 p.m. Diagnoses included, but were not limited</p>	F000242	F 242 483.15(b) SELF-DETERMINATION – RIGHT TO MAKE CHOICES Resident # 4 was interviewed regarding preferences on when to get up in the morning and when to go to bed at night and these preferences are honored. Current residents with a BIMs score of 8 and above will be interviewed regarding preferences on when to get up in the morning and when to go to bed at night and specific preferences will be noted on the C.N.A. assignment sheet. The systemic change includes:	09/19/2014

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	<p>to: pneumonia, herpes simplex, hypoxia, dysphagia, dementia, cardiomegaly, hypercholesterolemia and diabetes mellitus.</p> <p>The quarterly MDS (Minimum Data Set) assessment, dated 7/21/2014, indicated Resident #4's BIMS (Brief Interview for Mental Status) score as an 11. A score of 8-15 indicated the resident was interviewable.</p> <p>On 8/18/2014 at 10:58 a.m., an interview with Resident #4 indicated they come and wake her up in the morning and come and put her to bed at night. At that time, the resident indicated she is not asked if she wants to go to bed.</p> <p>A progress note dated 2/5/2014 at 12:32 p.m., and signed by the Activities Director indicated, "...Resident has had no preferred activity setting changes, no general activity preference changes, and no change in daily routine."</p> <p>A progress noted dated 4/28/2014 at 5:40 p.m., and signed by the Activities Director indicated, "...Resident has had no preferred activity setting changes, no general activity preference changes, and no change in daily routine."</p> <p>A progress note dated 7/21/2014 at 3:53</p>		<p>·Resident preferences in regards to time to getup and go to bed have been added to the nursing admission check list and willbe reviewed upon admission. Preferenceswill also be discussed at the quarterly and as needed care conference. These preferences will be communicated to thestaff via the care plan and the C.N.A. assignment sheet</p> <p>·Resident preferences for noninterviewableresidents will be obtained from the family in regards to time to get up and goto bed through the same interview process and added to the nursing admissionchecklist. Preferences will becommunicated to the staff via the care plan and C.N.A. assignment sheet.</p> <p>Nursing staff and Social Services will be offered educationregarding the systemic change. The DON or designee, will complete a QA tool to audit forcompletion of the resident interview within 72 hours after admission andnotation of specific preferences on the C.N.A. Assignment sheet 5 days a week for 30 days, then weekly for 60 days, then monthlyfor a total 12 months of monitoring The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as</p>		

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	<p>p.m., and signed by the Activities Director indicated, "...Resident has had no preferred activity setting changes, no general activity preference changes, and no change in daily routine."</p> <p>Clinical record documentation was lacking, which indicated Resident #4's time preference of when to get up in the morning or go to bed at night.</p> <p>On 8/21/2014 at 1:00 p.m., an interview with the Activity Director indicated the preference sheet does not indicate when a resident wants to go to bed or get up in the morning.</p> <p>On 8/21/2014 at 2:39 p.m., the DoN (Director of Nursing) provided the CNA (Certified Nursing Assistant) Daily assignment sheet. The daily assignment sheet indicated the CNA's should allow Resident #4 to "choose...bedtime...."</p> <p>On 8/22/2014 at 8:48 a.m., the DoN (Director of Nursing) provided the Quality of Life - Self Determination and Participation policy, dated October 2009, and indicated the policy was the one currently used by the facility. The policy indicated: "1. Each resident shall be allowed to choose activities, schedules and health care that are consistent with his or her</p>		needed, if compliance is below 100%. Compliance date 09/19/14	

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F000246 SS=D	<p>interests, assessments and plans of care, including:</p> <p>a. Sleeping...</p> <p>2. In order to facilitate resident choices, staff shall:...</p> <p>b. Gather information about the resident's personal preferences during the initial care conference and periodically thereafter, and communicate these preferences...."</p> <p>On 8/22/2014 at 11:43 a.m., an interview with Resident #4 indicated the CNA's do not ask when the resident wants to get up in the morning or when to go to bed at night, they just get the resident up and put the resident to bed.</p> <p>3.1-3(u)(1)</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on interview and record review, the facility failed to ensure that each</p>	F000246	F 246 483.15(e)(1) REASONABLE ACCOMMODATION OFNEEDS/PREFERENCES	09/19/2014

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	<p>resident had the right to choose the amount of showers they take a week according to their preferences for 1 of 4 residents reviewed who met the criteria for preferences. (Resident #125)</p> <p>Findings include:</p> <p>Resident #125's clinical record was reviewed on 8/20/14 at 2:34 p.m. Diagnoses included, but were not limited to: muscle weakness, kidney disease, gout, hypertension, hyperlipidemia, depressive disorder, anxiety, obesity and pain.</p> <p>The current MDS (Minimum Data Set) assessment dated 8/15/14 indicated, Resident #125 had a BIMS (Brief Interview Mental Status) score of 14, which indicated the resident was cognitively intact and interviewable. The MDS indicated Resident #125, "needed extensive assist of one person for personal hygiene/self performance, ...Physical help in part of bathing, ... support provided by one staff member,"</p> <p>Care plan dated 8/11/14, "ADL Functional/Rehabilitation Potential... Requires assistance with some or all ADLs [Bathing, Dressing, Grooming, Oral Care], ...Resident will be clean and</p>		<p>Resident #125 is receiving the amount of showers he chooses to take according to his preferences. Current residents with a BIMS score of 8 and above will be interviewed regarding preferences on their shower schedule and amount of showers and specific preferences will be noted on the C.N.A. assignment sheet. The systemic change includes:</p> <ul style="list-style-type: none"> ·Resident preferences in regards to bathing and shower schedule have been added to the nursing admission check list and will be reviewed upon admission. Preferences will also be discussed at the quarterly and as needed care conference. These preferences will be communicated to the staff via the care plan and the C.N.A. assignment sheet ·Resident preferences for noninterviewable residents will be obtained from the family in regards to time to get up and go to bed through the same interview process and added to the nursing admission checklist. Preferences will be communicated to the staff via the care plan and C.N.A. assignment sheet. <p>Nursing staff and Social Services will be offered education regarding the systemic change. The DON or designee, will complete a QA tool to audit for completion of the resident interview within 72 hours after admission and notation of specific preferences on the</p>		

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	<p>exhibit well groomed appearance daily. ... Assist resident with bathing partial/full/shower or bath and encourage resident to do as much as possible...."</p> <p>On 8//18/14 at 1:55 p.m., Resident #125 indicated, when asked do you choose how many times a week you take a bath or shower? "No, I shower once a week and would like to shower 3 times a week." When asked if staff ever asked him shower preferences? "No, they haven't. I have tubing in my back that they have [referring to staff] to tape up before I can get a shower. This is a hassle."</p> <p>On 8/22/14 at 11:45 a.m., Resident #125 indicated when asked if he had any other information that he wanted to share, "The last time I was here [indicating Brown County nursing facility] I got showers 2-3 times a week, but now it is different, because I have the tubing in my back and they have to tape it up every time." When asked who gives him a shower, Resident #125 indicated, "Occupational Therapy [OT]." Resident #125 also indicated, the Wound Nurse spoke with him and indicated the CNA's (Certified Nursing Assistants) are not trained to work with his tubing and OT had to work him into their schedule.</p>		<p>C.N.A. Assignment sheet 5 days aweek for 30 days, then weekly for 60days, then monthly for a total 12 months of monitoring The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 09/19/14</p>	

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	<p>On 8/21/14 at 9:52 a.m., the Staff Development Coordinator provided a copy of Resident #125's activity assessment. When asked if the activity assessment sheet had a question for how often residents would like to take a bath or shower, "I don't know. [while looking through the activity assessment sheet] I don't see that question. He's rehab to home and they pretty much bathe whenever they want. I will have to ask [indicating the activities person]." There were no questions addressing how often Resident #125 would like a shower.</p> <p>On 8/21/14 at 2:50 p.m., the Staff Developer Coordinator provided a form labeled "CNA DAILY ASSIGNMENTS" undated indicating Resident #125 "SHOWER/BED BATH ... T/F/E [Tuesday, Friday Evening]..." Resident #125 indicated that he only gets a shower once a week when they (staff) have time.</p> <p>On 8/21/14 at 3:00 p.m., the Corporate Clinical Nurse indicated, Resident #125 was rehab to home and the facility allows him to make his own choices about bathing.</p> <p>On 8/22/14 At 11:30 a.m., interview with the DON (Director of Nursing), Nurse Consultant and Corporate Clinical Nurse present indicated Resident #125 was a</p>			

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F000431 SS=B	<p>rehab to home resident and they allow them to do as much on their own to prepare to go home. The DON indicated Resident #125 chooses when he wants to shower.</p> <p>On 8/22/14 at 8:48 a.m., the Director of Nursing provided "Quality of Life-Self Determination and Participation" revised date October 2009, and indicated the policy was the one currently used by the facility. The policy indicated, " Our facility respects and promotes the right of each resident to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life. ... 1. Each resident shall be allowed to choose activities, schedules and health care that are consistent with his or her interests, assessments and plans of care, including: a. ... bathing schedules; ...2. In order to facilitate resident choices, staff shall: ...b. Gather information about the resident' personal preferences during the initial care conference and periodically thereafter, and communicate these preferences...."</p> <p>3.1-3(v)(1)</p>			
	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS			

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	<p>& BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to remove and discard 5 unopened FluLaval influenza virus vaccine vials which expired on June 2014 as the facility policy indicated for 1 of 3 medication</p>	F000431	F431 483.60(b), (d), (e) DRUG RECORDS, LABELS/STORE DRUGS& BIOLOGICALS The unopened, expired FluLaval influenza virus vaccine vials were discarded/destroyed immediately. All medication storage areas were	09/19/2014			

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	<p>rooms and for 1 of 3 medication refrigerators.</p> <p>Findings include:</p> <p>Observation on 8/22/2014 at 10:05 a.m., of the B and D hall medication storage room refrigerator, indicated 5 unopened influenza virus vaccine vials. The FluLaval 5 milliliter vials indicated 10 doses per vial, 2013/2014 formula. All 5 vials had lot number 94zna and expiration date of 2014 June.</p> <p>Interview on 8/22/2014 at 10:06 a.m., with RN #1 indicated the 5 FluLaval vials expired on 2014 June. were the only vials of FluLaval at the facility in use for the residents.</p> <p>On 8/22/2014 at 10:57 a.m., the facility provide the Drug Storage policy, undated, and indicated it was the policy currently used by the facility. The policy indicated, "...Discontinued and expired medications should be removed from medication carts, refrigerators and cupboards promptly."</p> <p>3.1-25(o)</p>		<p>audited for expired medications, and no other expired medications were found.</p> <p>The systemic change includes: The Unit Manager will complete an audit of the medication room and medication refrigerator for expired medications weekly, and expose of any medications that have reached their expiration date.</p> <p>Education will be provided to licensed nurses regarding the systemic change.</p> <p>The Director of Nursing or designee will complete a QA audit tool reviewing the medication rooms and medication refrigerators for expired medication, five days a week for 30 days, weekly for 30 days, then monthly thereafter for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 09/19/14</p>		