

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/13/2012
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NAME OF PROVIDER OR SUPPLIER CARMEL HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032
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F0000	<p>This visit was for the Investigation of Complaint IN00106112.</p> <p>Complaint IN00106112 - Substantiated. Federal/state deficiencies related to the allegations are cited at F202, F203, and F250.</p> <p>Survey dates: April 12, 13 2012</p> <p>Facility number: 000095 Provider number: 155181 AIM number: 100290490</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF: 30 SNF/NF: 100 Total: 130</p> <p>Census payor type: Medicare: 30 Medicaid: 83 Other: 17 Total: 130</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC</p>	F0000		
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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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	16.2. Quality review 4/19/12 by Suzanne Williams, RN			
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F0202 SS=D	<p>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>Based on record review and interview, the facility failed to document the reasons for a resident's discharge and denial of readmission following a transfer to a hospital for 1 resident of 3 reviewed for transfer and discharge rights in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 4/12/12 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to, Parkinson's disease, gastro esophageal reflux disease, chronic pain, hypertension, coronary artery disease, cerebrovascular disease, and encephalopathy.</p> <p>Records indicate Resident B was transferred to an acute care hospital on 1/17/12 following incidents of aggressive</p>	F0202	<p>This plan of correction is to serve as Carmel Health & Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Carmel Health & 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> <p>F202 483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RESIDENT</p> <p>I. Resident B no longer resides at Carmel Health & Living Community.</p> <p>II. The facility has conducted an audit</p>	05/13/2012			

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	<p>behavior. The resident did not return to the facility.</p> <p>The resident's Health Care Power of Attorney (P.O.A.) was interviewed on 4/12/12 at 10:30 a.m. and again on 4/13/12 at 10:30 a.m. She indicated that she had notes and a calendar of events that occurred during Resident B's stay in the facility and referred to them during the interviews. The P.O.A. indicated that when Resident B was transferred to the hospital on 1/17/12, she was advised that this would be a short term stay and the resident would be readmitted to the facility following evaluation and medication adjustment. The P.O.A. indicated that when she called the facility from the hospital to arrange the resident's return to the facility, she was advised the resident would not be allowed to return to the facility. She indicated this was the first time she was aware the resident would not be allowed to return to the facility, and she had never, either before or after this action, received any written documentation from the facility about why the resident was not allowed to return to the facility. She indicated that during the phone call she was advised that the reason was the resident's behavior issues, but noted that during her many visits to the facility she had not observed behaviors that the facility was not able to</p>		<p>of all residents transferred and/or discharged in the last 30 days to determine that the resident/P.O.A. were properly notified of the reason for transfer or discharge, the effective date of transfer or discharge, the location to which the resident was discharged and that appeal rights were made known that included the name, address and telephone number of the State long term care ombudsman.</p> <p>III.</p> <p>Education was provided to the Social Service Associates. The education included the requirement to notify the resident/P.O.A. of the reason for transfer or discharge, the location to which the resident will be discharged/transferred, the effective date of transfer or discharge and appeal rights are provided that includes the name, address and telephone number of the State long term care ombudsman.</p> <p>The systemic change will be that the Social Services Associates will review with the Administrator or Designee any planned or unplanned discharges/transfers to determine that notification has been provided to the resident/P.O.A. as outlined above.</p> <p>IV.</p> <p>At the daily stand up meeting, discharges/transfers will be discussed to determine that all</p>				

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	<p>successfully manage.</p> <p>A "Patient Transfer Form" for Resident B dated 1/17/12 indicated the acute care hospital as the receiving facility. The form contained places to document diagnoses, vital signs, disabilities, impairments, incontinence, activity tolerance limitations, patient knowledge of diagnosis, and important medical information, including allergies. There was no information entered in any of these areas. The form contained no information about, or reason for, the transfer.</p> <p>Resident B's record contained no documentation by a physician or physician extender of the circumstances requiring Resident B to be transferred to the acute care hospital, and his subsequent denial of readmission. There was no documentation the resident's P.O.A received notification including, but not limited to, the reason for transfer or discharge, the effective date of transfer or discharge, the location to which the resident was discharged, a statement that the resident has the right to appeal the action to the State, and/or the name, address, and telephone number of the State long term care ombudsman.</p> <p>During an interview with the Associate</p>		<p>notifications have occurred as required.</p> <p>The Social Services Associates will conduct a monthly audit of discharges/transfers and the audit reviews will be discussed at the monthly facility Quality Assurance Committee meeting. The Committee will review the audits monthly for 12 months and upon 100% compliance being achieved, will determine the frequency of continued audits.</p> <p>Compliance: May 13, 2012</p>		

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	<p>Administrator on 4/12/12 at 3:35 p.m., he indicated there was no documentation by the physician or physician extender of the reasons for the transfer to the hospital and subsequent discharge. He indicated there was no documentation of any notification to Resident B's P.O.A. of any information related to his discharge.</p> <p>2. A document titled "Discharging the Resident" dated 2001, received from the Director of Nursing 4/12/12 at 1:15 p.m., and indicated to be a current facility policy, indicated:</p> <p>"Documentation: The following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time the discharge was made. 2. The name and title of the individual(s) who assisted in the discharge. 3. All assessment data obtained during the procedure... 4. How the resident tolerated the procedure..." <p>This federal tag relates to Complaint IN00106112.</p> <p>3.1-12(a)(5)(A) 3.1-12(a)(5)(B)</p>			

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F0203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State</p>				

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	<p>long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to notify a resident's Health Care Power of Attorney (P.O.A.) as soon as practicable of required information related to a resident's discharge and denial of readmission following a transfer to a hospital for 1 resident of 3 reviewed for transfer and discharge rights and notification in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 4/12/12 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to, Parkinson's disease, gastro esophageal reflux disease, chronic pain, hypertension, coronary artery disease, cerebrovascular disease, and encephalopathy.</p> <p>Records indicate Resident B was</p>	F0203	<p>F203 483.12 (a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE I. Resident B no longer resides at Carmel Health & Living Community. II. The facility has conducted an audit of all residents transferred and/or discharged in the last 30 days to determine that the resident/P.O.A. were properly notified of the reason for transfer or discharge, the effective date of transfer or discharge, the location to which the resident was discharged and that appeal rights were made known that included the name, address and telephone number of the State long term care ombudsman. III. Education was provided to the Social Service Associates. The education included the requirement to notify the resident/P.O.A. of the reason for</p>	05/13/2012			

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	<p>transferred to an acute care hospital on 1/17/12 following incidents of aggressive behavior. The resident did not return to the facility.</p> <p>The resident's Health Care Power of Attorney (P.O.A.) was interviewed on 4/12/12 at 10:30 a.m. and again on 4/13/12 at 10:30 a.m. She indicated that she had notes and a calendar of events that occurred during Resident B's stay in the facility and referred to them during the interviews. The P.O.A. indicated that when Resident B was transferred to the hospital on 1/17/12, she was advised that this would be a short term stay and the resident would be readmitted to the facility following evaluation and medication adjustment. The P.O.A. indicated that when she called the facility from the hospital to arrange the resident's return to the facility, she was advised the resident would not be allowed to return to the facility. She indicated this was the first time she was aware the resident would not be allowed to return to the facility, and she had never, either before or after this action, received any written documentation from the facility about why the resident was not allowed to return to the facility. She indicated that during the phone call she was advised that the reason was the resident's behavior issues, but noted that during her many</p>		<p>transfer or discharge, the location to which the resident will be discharged/transferred, the effective date of transfer or discharge and appeal rights are provided that includes the name, address and telephone number of the State long term care ombudsman.</p> <p>The Social Services Associates will review for documentation that the physician or physician extender notes include the reasons for the transfer to the hospital.</p> <p>The systemic change will be that the Social Services Associates will review with the Administrator or Designee any planned or unplanned discharges/transfers to determine that notification has been provided to the resident/P.O.A. as outlined above.</p> <p>IV.</p> <p>At the daily stand up meeting, discharges/transfers will be discussed to determine that all notifications have occurred as required.</p> <p>The Social Services Associates will conduct a monthly audit of discharges/transfers and the audit reviews will be discussed at the monthly facility Quality Assurance Committee meeting. The Committee will review the audits monthly for 12 months and upon 100% compliance being achieved, will determine the frequency of continued audits.</p>				

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	<p>visits to the facility she had not observed behaviors that the facility was not able to successfully manage.</p> <p>Resident B's record contained no documentation by a physician or physician extender of the circumstances requiring Resident B to be transferred to the acute care hospital, and his subsequent denial of readmission. There was no documentation the resident's P.O.A received notification including, but not limited to, the reason for transfer or discharge, the effective date of transfer or discharge, the location to which the resident was discharged, a statement that the resident has the right to appeal the action to the State, and/or the name, address, and telephone number of the State long term care ombudsman.</p> <p>During an interview with the Associate Administrator on 4/12/12 at 3:35 p.m., he indicated there was no documentation by the physician or physician extender of the reasons for the transfer to the hospital and subsequent discharge. He indicated there was no documentation of any notification to Resident B's P.O.A. of any information related to his discharge.</p> <p>2. A document titled "Discharging the Resident" dated 2001, received from the Director of Nursing 4/12/12 at 1:15 p.m.,</p>				

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	<p>and indicated to be a current facility policy, indicated:</p> <p>"Documentation: The following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time the discharge was made. 2. The name and title of the individual(s) who assisted in the discharge. 3. All assessment data obtained during the procedure... 4. How the resident tolerated the procedure..." <p>This federal tag relates to Complaint IN00106112.</p> <p>3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D) 3.1-12(a)(9)(E) 3.1-12(a)(9)(F)</p>				

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F0250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on record review and interview, the facility failed to provide medically related social services related to applying for disability benefits, resulting in a delay in establishing a benefit date, with loss of financial benefits for 1 of 1 resident reviewed for social services in a sample of 3. (Resident B).</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 4/12/12 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to, Parkinson's disease, gastro esophageal reflux disease, chronic pain, hypertension, coronary artery disease, cerebrovascular disease, and encephalopathy.</p> <p>The resident's Health Care Power of Attorney (P.O.A.) was interviewed on 4/12/12 at 10:30 a.m. and again on 4/13/12 at 10:30 a.m. She indicated that she had notes and a calendar of events that occurred during Resident B's stay in the facility and referred to them during the interviews.</p>	F0250	<p>F250 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>I. Resident B no longer resides at Carmel Health & Living Community.</p> <p>II. The Social Services Associates have conducted an audit to determine that there are no other residents or P.O.A.s of residents who have requested assistance with filing for benefits.</p> <p>III. The Social Services Associates were educated by the Assistant Administrator on the expectation that assistance will be provided to any resident and/or P.O.A. who have requested assistance with filing for benefits.</p> <p>The systemic change is that the Social Services Associates will identify to the Assistant Administrator any persons who have made a request for filing of benefits. The name of the person making a request for assistance will be documented on a 'Request for Benefits Log' that includes the name, date of request, type of benefit and notification to the requestor of the progress of the</p>	05/13/2012			

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	<p>The P.O.A. indicated that Resident B was admitted to the facility on 12/05/11, and on that day she asked Social Worker #1 for assistance with filing for Veteran's Administration Disability Benefits. The P.O.A. indicated the Social Worker agreed to help with the application, and the P.O.A. provided the Social Worker with a packet of medical information to help document the resident's disability.</p> <p>The P.O.A. indicated she called the Social Worker 3 times in December to ask about progress in filing for benefits and was told each time that the Social Worker was "working on it." On January 4th or 5th the P.O.A. had an in-person conversation with the Social Worker, who indicated she was "almost ready" to file the application. The P.O.A. indicated that on January 12th the Social Worker told her that she had filed the application for benefits.</p> <p>The P.O.A. indicated that in the following weeks she called the Social Worker "numerous times" to ask if there had been any response to the application, and was advised there had not. In early March, the P.O.A. contacted the Veteran's Administration three times, and was advised each time that there had been no application filed.</p>		<p>filing. The log will be reviewed weekly by the Assistant Administrator and Social Services Associates to determine the progress being made concerning the request.</p> <p>IV.</p> <p>The Social Services Associates will review the 'Request for Benefits Log' at the monthly facility Quality Assurance Committee meeting. The Log will continue to be reviewed at each Quality Assurance Committee meeting.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/13/2012
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	<p>The P.O.A. indicated that over March 13, 14, and 15, she left 9 voice mail messages for the Social Worker, and got no response. On March 19th (she was uncertain about this date) the P.O.A. indicated she went to the facility and waited for the Social Worker at her office and spoke with her about the application. The Social Worker used her computer to obtain the necessary application and printed it. She gave the application to the P.O.A. along with the medical information the P.O.A. had originally provided.</p> <p>The P.O.A. indicated she then began acquiring the necessary medical documentation needed to support the application for disability. She filed the application on 4/06/12. She indicated that because of the failure of the Social Worker to file the application on a timely basis as she stated she would, the resident has lost at least 3 months of disability benefits. She indicated she was unable to assign an amount of financial loss at this time because the resident's percentage of disability had not yet been established.</p> <p>Resident B's record contained no documentation of any actions by the Social Worker related to assisting with, preparing, or filing an application for</p>			

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	<p>Veteran's Administration Disability Benefits.</p> <p>During an interview with the Associate Administrator on 4/12/12 at 3:35 p.m., he indicated he had no documentation of any efforts by the Social Worker in assisting in the application for Disability Benefits.</p> <p>During an interview with the Social Worker on 4/12/12 at 1:40 p.m. she indicated she had no documentation or records of any assistance she may have provided in assisting the P.O.A. with applying for Veteran's Administration Disability Benefits.</p> <p>This federal tag relates to Complaint IN00106112.</p> <p>3.1-34(a)</p>				