

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155237	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/11/2013
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NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S SHELBY ST INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00124795.</p> <p>Complaint IN00124795 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 5, 6, 7, 8, and 11, 2013.</p> <p>Facility number: 000142 Provider number: 155237 AIM number: 100266940</p> <p>Survey team: Dinah Jones, RN - TC Marcy Smith, RN Patti Allen, BSW Leia Alley, RN (March 5, 7, 8, and 11)</p> <p>Census bed type: SNF/NF: 90 Total: 90</p> <p>Census payor type: Medicare: 9 Medicaid: 69 Other: 12 Total: 90</p> <p>These deficiencies reflect state</p>	F000000		

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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	findings cited in accordance with 410 IAC 16.2. Quality Review completed on March 18, 2013; by Kimberly Perigo, RN.				

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F000278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident's transferring ability was accurately assessed for a 30-day Minimum Data Set (MDS) (an assessment tool) for 1 of 12 residents who met the criteria for review of lack</p>	F000278	What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Resident #110 30-day Minimum Data Set (MDS) to be modified by 3/29/13 to reflect Resident's accurate transfer status. How will you identify other Residents having the potential to	04/05/2013

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	<p>of transferring progress between 5 day and 30 day MDS assessments in a sample of 26. (Resident #110)</p> <p>Findings include:</p> <p>The clinical record of Resident #110 was reviewed on 3/11/13 at 9:35 a.m.</p> <p>Diagnoses for Resident #110 included, but were not limited to, Alzheimer's dementia with behavior disturbance and muscle weakness.</p> <p>Resident #110 was admitted to the facility on 9/25/12.</p> <p>An admission MDS, dated 10/4/12, indicated she had severe cognitive impairment. It indicated she needed extensive assistance from 1 person for transferring, defined as, "How a resident moves between surfaces including to or from: bed, chair, wheelchair, standing position..."</p> <p>An Initial Assessment and Plan of Care, dated 9/26/12, completed by the Rehabilitation Manager, indicated Resident #110 needed "Contact Guard assist (contact with patient due to unsteadiness" for transfers between bed and chair, sit and stand, and stand and sit).</p>		<p>be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. All MDS assessments and plans of care completed since 12/1/2012 will be reviewed by 4/5/13 to determine that the assessments accurately reflect each Resident's status for transferring progress. Any assessments found to be inaccurate will be modified by 4/5/13. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? All MDS assessments completed since 12/1/2012 will be reviewed by 4/5/13 to determine that the assessments accurately reflect each Resident's status for transferring progress. Any assessments found to be inaccurate will be modified by 4/5/13. An inservice will be held by 4/5/13 by RAI Specialist or designee for all therapy staff, nursing staff, and MDS Coordinator to be re-educated on the Resident Assessment Instrument(RAI) for a Resident's transferring ability and accurate documentation to reflect Resident transfer status on the Minimum Data Set (MDS). MDS assessments will be reviewed by MDS Coordinator to ensure transfer status is complete and accurate for all new MDSs and Significant Change MDSs. How the corrective action(s) will be monitored to ensure the deficient</p>		

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	<p>The Plan of Care transferring goal for Resident #110 was that she would, "safely perform all functional transfers increasing to independence (0% assist, no assistive device or extra time needed)."</p> <p>A Physical Therapist Progress note, dated 10/16/12, completed by the Rehabilitation Manager, indicated this transferring goal had been met. It indicated, "The patient is able to safely complete all functional transfers..."</p> <p>During an observation on 3/5/13 at 1:20 p.m., Resident #110 stood up from her chair in the dining room and walked away from the table without assistance.</p> <p>A 30 day MDS, dated 10/21/12, indicated Resident #110 continued to need extensive assistance from 1 person for transferring.</p> <p>During and interview with the MDS Coordinator on 3/11/13 at 10:45 a.m., she indicated she was fairly new in her position and had not done the 5 day or 30 day MDS for Resident #110.</p> <p>The MDS Coordinator indicated prior to deciding on an assessment level</p>		<p>practice will not recur, i.e. what quality assurance program will be put into place? A Resident Assessment Instrument (RAI) Program Quality Control Inspection tool will be utilized weekly x 4 weeks, monthly x 2 months, then quarterly thereafter to ensure compliance. The CQI committee will review the data. If threshold of 100% is not achieved, an action plan will be developed, one-on-one education provided, and MDS and careplan modifications as required.</p>	

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	<p>for a resident's transferring abilities, she would review Activities of Daily Living (ADL) Sheet for the 7 days prior to the assessment date, containing documentation by staff regarding how well a resident is able to transfer. She indicated if a resident needed "extensive assistance" 3 or more times during this 7 day period, they would be assessed on the MDS as needing "extensive assistance."</p> <p>A review of this ADL sheet for Resident #110, dated from 10/14/12 thru 10/21/12, indicated she needed extensive assistance once on 10/16/12 at 1:52 p.m. and 2 times on 10/17/12 at 5:17 a.m. The 10/17/12 assessments were completed by the Rehabilitation Manager.</p> <p>During an interview with the Rehabilitation Manager on 3/11/13 at 10:20 a.m., more information was requested regarding why Resident #110 was assessed on 10/16/12 as being independent with her transfers, but on 10/17/12 at 5:17 a.m., she was assessed as needing extensive assistance.</p> <p>The Rehabilitation Manager indicated at this time on 3/11/13 at 10:20 a.m., that Resident #110 was independent with her functional transfers on</p>			

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	<p>10/16/12. She indicated on 10/17/12 at 5:16 a.m., she began working with Resident #110 on going from squatting on the floor to a standing position on the floor, because the resident liked to clean. She indicated she still needed 1 person assistance to do this. She indicated she considered going from a squatting position on a floor surface to a standing position on a floor surface a type of transfer but that it was, "really more of a strengthening balance kind of thing."</p> <p>During an interview with the Executive Director on 3/11/13 at 3:20 p.m., she indicated the facility's "interpretation is going from a squatting position to a standing position is a type of transfer."</p> <p>3.1-31(g)</p>			

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F000322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation and interview, the facility failed to ensure a resident was properly checked for placement of her gastric tube before receiving medication through the tube. This affected 1 of 2 residents reviewed for the administration of medications via gastric tube. (Resident #23)</p> <p>Findings include:</p> <p>During an observation of medication administration, on 3/8/13, at 1:40 p.m., Resident #23 was observed to have a gastric tube (a tube in the stomach to receive nutrition and medications). LPN #1 (Licensed Practical Nurse) checked Resident #23 for the correct placement of her gastric tube, to ensure it was properly placed in the stomach. LPN #1 placed 20 millimeters of water into a syringe and forced it in to the gastric tube and listened with a stethoscope around</p>	F000322	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Director of Nursing provided re-education to LPN #1 on 3/11/13 on medication administration guidelines via enteral tubes, which included but not limited to checking the feeding tube placement by aspiration of gastric contents or by auscultation. Licensed nurses will be re-educated in inservice by Director of Nursing Services by 3/29/13 on facility Policy for Enteral Tube (Gastrostomy/Jejenostomy) Procedure (Position, Gastric Content, Patency, Dressing, and Re-Insertion). All licensed nurses will perform enteral tube procedure under supervision of Director of Nursing Services or Assistant Director of Nursing Services for validation of skills. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents with enteral tubes have the potential to</p>	03/29/2013			

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	<p>the area of the abdomen, where the tube was placed. LPN #1 then checked for residual gastric contents (any fluids or contents remaining in the stomach) by pulling back on the syringe. There were no contents noted when LPN #1 checked for residual gastric contents. LPN #1 then administered the medication as ordered.</p> <p>During an interview with LPN #1 on 3/11/13 at 9:00 a.m., she indicated she put the 20 millimeters of water into the stomach, because that's how she was trained to check for the placement of the tube and that she was worried that if she placed air into the stomach it would cause the residents to have gas.</p> <p>During an interview with the Director of Nursing (DON) on 3/11/13 at 2:45 p.m., she indicated that she would address the issue with LPN #1.</p> <p>A facility policy titled "Medication Administration Guidelines Via Enteral Tubes", dated 7/2011, indicated "Check for feeding tube placement by aspiration of gastric contents or by auscultation (forcing air into the tube and listening to establish that it is in the stomach, rather than the lung)..."</p>		<p>be affected by this alleged deficient practice. Licensed nurses will be re-educated in inservice by Director of Nursing Services by 3/29/13 on facility Policy for Enteral Tube (Gastrostomy/Jejenostomy) Procedure (Position, Gastric Content, Patency, Dressing, and Re-Insertion). All licensed nurses will perform enteral tube gastric content and patency procedure under supervision of Director of Nursing Services or Assistant Director of Nursing Services for validation of skills. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Licensed nurses will be re-educated in inservice by Director of Nursing Services by 3/29/13 on facility Policy for Enteral Tube (Gastrostomy/Jejenostomy) Procedure (Position, Gastric Content, Patency, Dressing, and Re-Insertion). All licensed nurses will perform enteral tube gastric content and patency procedure under supervision of Director of Nursing Services or Assistant Director of Nursing Services for validation of skills. Skills validation for Enteral Tubes will be included in new licensed nurse orientation. Director of Nursing will conduct rounds to ensure proper enteral tube procedures on all shifts following completion of skills validations. How the</p>				

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	3.1-44(a)(2)		corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? An Enteral Therapy Quality Control Inspection tool will be utilized weekly x 4 weeks, monthly x 2 months, then quarterly thereafter to ensure compliance with residents being properly checked by licensed nurses per facility policy for placement of gastric tube before receiving medications via the gastric tube. The CQI committee will review the data. If threshold of 100% is not achieved, an action plan will be developed, and one-on-one re-education and/or disciplinary action for non-compliance.		