

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 08/22/2013
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NAME OF PROVIDER OR SUPPLIER WOOD RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 17650 GENERATIONS DR SOUTH BEND, IN 46635
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates August 20, 21, and 22, 2013</p> <p>Facility number: 001148 Provider number: 001148 AIM number: N/A</p> <p>Survey team: Julie Baumgartner RN-TC Sharon Ewing RN</p> <p>Census bed type: Residential: 65 Total: 65</p> <p>Census payor type: Medicaid: 57 Other: 8 Total: 65</p> <p>Residential sample: 7</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2</p> <p>Quality Review completed on August 29, 2013, by Brenda Meredith, R.N.</p>	R000000		

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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R000041	<p>410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals.</p> <p>Based on interviews and record review, the facility failed to implement their Policy for Grievances and Complaints for 2 of 2 residents interviewed. (Resident #22 and #20)</p> <p>Findings include:</p> <p>During an interview on 8-20-2013 at 2:20 P.M., Resident #22 indicated he had complained to the Administrator the previous week. He went to the dining room to get his food for lunch and they would not allow him into the serving area. The serving area is a walk through room that has a solid wall partition. It connects the kitchen to the dining room and is the location that the staff load trays of food to serve to the residents in the dining room. He was told he would have to wait until meal service was complete. He indicated that he has always gone into that area to get his meal which he then takes back to his room. He</p>	R000041	<p>Effective 9/16/13 during resident council, the administrator will review the importance of grievances and complaints, and will review the grievance process to meet the regulations. Documentation of this review with the residents will be on file for review. Effective 9/16/2013, the administrator or designee shall complete a Grievance form whenever a resident shares a grievance or complaint. The grievance or complaint and the resolution shall be recorded on this grievance form. A copy of the completed form shall be kept in the administrator's office for review. A designee appointed by the administrator will review on a monthly basis the grievance forms, any trends or patterns of deficient practice will be reported to the administrator and regional director. The regional director will also review grievance forms on a quarterly basis. Any trends or patterns of deficient practice will be corrected to meet the regulations.</p>	09/16/2013			

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	<p>indicated he then went right to the Administrators office and complained to her. He indicated that she did nothing to resolve the situation.</p> <p>During an interview 8-21-2013 at 9:15 A.M., Resident #20 indicated she had complained many times to the Administrator about various problems. The latest complaint "was about 2 weeks ago, I don't remember the exact date". She indicated she had gone to the dining room to order her food. She indicated that she sits at her assigned table to place her food order as staff come by to take orders. She indicated on this particular day, her chair was missing from her table and she was standing, leaning against the wall. Staff took orders at the table next to hers, skipped her table, and started taking orders at the next table. She asked why they had not gotten her order and staff indicated "I didn't know you wanted to order anything." Resident #20 indicated she became upset and left the dining room because, "the girl didn't use a nice tone when talking to her." Resident #20 went to complain to the Administrator. Resident #20 indicated that the Administrator did not resolve the issue.</p> <p>During an interview on 8-22-2013 at</p>						

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	<p>1:15 P.M., the Administrator indicated she has done only two grievances in the last year. The Administrator indicated she had no other documentation for complaints or grievances to offer for review. The Administrator indicated "I hear 10 complaints a day and if I had to write them all down, that is all I would do."</p> <p>Record review of the two grievances on 8-22-2013 at 1:15 P.M., indicated that they were not for either Resident #22 or Resident #20.</p> <p>The policy for Grievances and Complaints was reviewed on 8-22-2013 at 1:45 P.M. The policy indicated, "Policy: All grievances and complaints will be reported, investigated, documented, and resolved. and Procedure 1. Any resident, resident representative, or employee may submit a grievance or complaint. a. Verbally to the administrator, or; b. In writing to the administrator, signed by the employee, resident representative, or person(s) expressing concern. 2. All grievances or complaints shall be documented on the Grievance Report form, including investigation results and efforts to address the issue. The grievance reports shall be stored in a confidential file in the administrator's</p>						

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R000378	<p>410 IAC 16.2-5-11.1(b)(1)(A-H)(2-3) Mental Health Screening- Deficiency (b) If the individual is a recipient of Medicaid or federal Supplemental Security Income (SSI), the individual needs evaluation provided in section 2(a) of this rule shall include, but not be limited to, the following: (1) Screening of the individual for major mental illness, such as a diagnosed major mental illness, is limited to the following disorders: (A) Schizophrenia. (B) Schizoaffective disorder. (C) Mood (bipolar and major depressive type) disorder. (D) Paranoid or delusional disorder. (E) Panic or other severe anxiety disorder. (F) Somatoform or paranoid disorder. (G) Personality disorder. (H) Atypical psychosis or other psychotic disorder (not otherwise specified). (2) Obtaining a history of treatment received by the individual for a major mental illness within the last two (2) years. (3) Obtaining a history of individual behavior within the last two (2) years that would be considered dangerous to facility residents, the staff, or the individual. Based on record review and interview, the facility failed to conduct a mental health screening for 1 resident in a sample of 7. (Resident #21) Findings include: The record for Resident #21 was reviewed on 8/22/13 at 10:00 A.M., and indicated the resident had been admitted on 2/22/11, with diagnoses</p>	R000378	Effective no later than September 22, 2013, the administrator or designee will review all resident charts for those who require a screening for major mental illness. Any chart found out of compliance, will be completed to meet the state regulations. All potential residents will have their physician complete the updated Physician's Assessment Form. The Mentation Section of this form contains the require information for the mental	09/23/2013			

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	<p>including, but not limited to GERD (Gastroesophageal Reflux Disease), Hypertension, Hyperlipidemia, Morbid Obesity, Depression, Diabetes Mellitus 2, Chronic Obstructive Pulmonary Disease, Lower Extremity Vascular insufficiency and Anxiety.</p> <p>Review of face sheet indicated a medicaid recipient number.</p> <p>During an Interview on 8/22/13 at 10:30 A.M., the Administrator indicated they could not find the mental health screening and that it wasn't done.</p>		<p>assessment. These forms shall be reviewed prior to a resident moving into the community. A copy of the Physician's Assessment Form shall be maintained in the resident's chart for review. Effective 9/16/2013, the administrator or designee will review on a quarterly basis new resident chart's. Any trends or patterns of deficient practice will be reported to the administrator and regional director.</p>				