

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/13/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE PORTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196851.</p> <p>Complaint IN00196851- Substantiated. State deficiency related to the allegations is cited at R0036.</p> <p>Survey date: April 13, 2016</p> <p>Facility number: 010889 Provider number: 010889 AIM number: N/A</p> <p>Residential census: 35</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 32883 on 4/14/16.</p>	R 0000		
R 0036 Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or</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>(2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to ensure the resident's family was notified of changes in a Physician appointment for 1 of 3 residents reviewed for notification of Physician appointments in a sample of 5. (Resident #C)</p> <p>Finding includes:</p> <p>The record for Resident #C was reviewed on 4/13/16 at 8:40 a.m. The resident's diagnoses included, but were not limited to, depression, chronic obstructive pulmonary disease, high blood pressure, and osteoarthritis.</p> <p>The 3/2016 and 4/2016 Interdisciplinary Progress Notes were reviewed. An entry made on 3/17/16 at 11:30 a.m. indicated the resident's appointment at the Orthopedic Physician's office was rescheduled for 9/8/16 at 9:30 a.m. There was no documentation of the resident's family being notified of the change of the appointment. There were no further entries.</p> <p>When interviewed on 4/13/16 at 10:40 a.m., the Health and Wellness Director</p>	R 0036	<p>The following is the Plan of Correction for Brookdale Portage regarding the Statement of Deficiencies dated 4/13/16 and your request for additional information received on 4/27/16. Attached is our updated response to that request. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>For affected resident, resident and POA were again notified of appointment change. Resident is</p>	05/12/2016			

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	<p>indicated the resident's family had taken him to some appointments in the past. When interviewed on 4/13/16 at 1:45 p.m. the Health Wellness Director indicated no documentation of the resident's family being notified of the change in the appointment was present.</p> <p>The facility titled "Change in Condition" was reviewed on 4/13/16 at 9:10 a.m. The policy had a last revised date of 6/2013. The Health and Wellness Director provided the policy and indicated the policy was current. The policy indicated the resident's legally responsible party were to be notified of any changes.</p> <p>This State residential finding is related to Complaint IN00196851.</p>		<p>alertand oriented and is able to make his own decisions related to healthcare atthis time, but frequently will ask son to assist with transportation.</p> <p>An investigation as to what occurred was completed by Healthand Wellness Director.</p> <p>Investigationconcluded that resident did not have a change of condition, but instead had achange of appointment date. The changeof appointment date was communicated to POA via voicemail and resident was madeaware per nurse, but was not documented properly. Documentation on 03/17/16 included awaitingtransport confirmation but was not clear on parties notified for appointment on9/18/16.</p> <p>How will the facilityidentify other residents with the potential to be affected by the same allegeddeficient practice and what corrective action will be taken.</p> <p>In order to determine if other residents were affected bychanges in appointments, chart audits were conducted by the Health and WellnessDirector/Nurse designees of 100% of all resident charts to verify scheduledappointments were placed on the master appointment calendar in the WellnessCenter, and that transportation method was confirmed with responsible partiesand documented in the clinical record.</p> <p>Nursing staff was re-educated by the</p>				

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			<p>Health and Wellness Director on current Documentation guidelines for notification as well as utilization of the master calendar to record appointments and transportation method.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure that the deficient practice does not recur.</p> <p>A Master Calendar will be kept in the Wellness Center to track resident appointments as well as transportation methods; Upcoming and scheduled resident appointments, referrals to third party providers will be reviewed by the management team two times monthly during Collaborative Care Meetings, and the HWD/Designee will be responsible for performing verification checks on documentation following receipt of new orders.</p> <p>How will the corrective actions be monitored?</p> <p>Health and Wellness Director /Nurse designee will audit all new orders at least weekly to verify documentation is present in the Master Calendar as well as in the clinical record. Reports of findings will be provided to the Executive Director weekly and the Executive Director will direct additional corrective action, based on audit findings.</p> <p>By what date the systemic changes will be completed.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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