

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155224	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
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NAME OF PROVIDER OR SUPPLIER COLUMBIA HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 621 W COLUMBIA ST EVANSVILLE, IN 47710
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F0000	<p>This visit was for the Investigation of Complaint IN00123476 and Complaint IN00123700.</p> <p>Complaint IN00123476 -Substantiated. Federal/State findings related to the allegations are cited at F245.</p> <p>Complaint IN00123700 -Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: February 11 and 12, 2013</p> <p>Facility number: 000129 Provider number: 155224 AIM number: 100266780</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 154 Total: 154</p> <p>Census payor type: Medicare: 27 Medicaid: 110 Other: 17 Total: 154</p> <p>Sample: 5</p>	F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after March 5, 2013.</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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 14, 2013, by Jodi Meyer, RN</p>				

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F0245 SS=E	<p>483.15(d) PARTICIPATE IN SOCIAL/RELIGIOUS ACT/COMMUNITY</p> <p>A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on interview and record review, the facility failed to ensure residents were allowed to leave the facility grounds independently; failed to assess the residents regarding their requests; and failed to implement a plan of care for residents desiring to leave the grounds, for 3 of 4 residents reviewed for resident rights, in a sample of 5. Residents B, C, and E</p> <p>Findings include:</p> <p>1. On 2/11/13 at 11:40 A.M., during interview with Resident B, he indicated he had lived at the facility for 4 years. Resident B indicated he "tried to go outside once, I just wanted to go for a walk with [a co-resident]. They came right away and got us and took us right back inside. Said they were not responsible for us if we went outside." Resident B indicated he "would like to go to the drugstore [across from the facility], but they won't let us do that. Can you imagine?" Resident B indicated he "may try it again in the spring, but they said we couldn't do that."</p>	F0245	<p>Columbia Healthcare Center respectfully requests a face to face IDR meeting to discuss F 245. Thank you. F245– Participate in Social/Religious Activity/Community <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident # B, C and E</i></p> <p>– Care plan meetings have been scheduled/held with the resident and resident family/POA to discuss the residents wishes to participate in outside activities. Based on the care plan meeting, care plan will be updated to provide resident choice activity in the community by working with family, staff and volunteers based on their availability. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i> All residents have the potential to be affected by this finding. All residents will be asked about their activity preference using the QIS questionnaire section entitled Activities. The activity calendar/schedule will be adjusted to accommodate the</p>	03/05/2013			

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	<p>The clinical record of Resident B was reviewed on 2/11/13 at 2:00 P.M.</p> <p>A resident care plan, dated 6/4/12, included: "Problem: Resident may need encouragement for socialization and participation in group activities outside of room Strengths: Resident is alert & oriented and ambulates freely...Approach, Praise all independent leisure and group activity participation...."</p> <p>A care plan did not address that the resident would like to leave the facility at times, or develop interventions to assist the resident in leaving the facility.</p> <p>The most current Minimum Data Set [MDS] assessment, dated 2/5/13, indicated the resident scored a 15 out of 15 for cognition, with 15 indicating no memory loss. The MDS assessment indicated the resident walked in the room and corridor independently with no setup or physical help from staff. The resident had not fallen in the previous 180 days.</p> <p>Resident Progress Notes included the following notations:</p> <p>2/9/13 at 5:44 P.M.: "Up ad lib [as desired] per self, alert and oriented...."</p>		<p>resident wishes for community outings. All resident's plan of care will be updated to accommodate the resident activity preferences. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: An activity in-service was conducted by corporate consultant/designee for nursing and activity staff to include provision of activities based on resident preference, conducting of care plan meetings to ensure resident activity preferences are obtained and accommodations are planned ,the revised LOA policy, and provision of activities on or before March 5, 2013. All residents will be asked upon admission and at least quarterly by Activity Director/Designee about activities using the QIS activity section of the form. Forms will be reviewed by the ED to ensure activities are meeting the resident needs and wishes. Activity calendar will be reviewed during the Resident Council Meeting for resident input. Council minutes will be reviewed by the ED on a monthly basis to ensure resident preferences are included on the activity calendar. Activity calendar will be reviewed by the ED/designee prior to the posting of the monthly calendar to ensure activity calendar meets the needs of the resident and includes community outings. All residents</p>				

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	<p>2. On 2/11/13 at 3:05 P.M., during interview with Resident C, he indicated he had lived at the facility for 5 years. He indicated he used his electric wheelchair to get around the facility. He indicated he had always been allowed to visit his family who lived nearby, or go to the drugstore. He indicated the facility changed their policy last fall, and now was unable to go out when he wanted to independently. Resident C indicated, "I'm in my sound mind, and was always able to do it before." Resident C indicated he had a cell phone and could call if he needed anything. Resident C indicated, "I think this has really affected my rights." Resident C indicated the facility told him if he didn't like it, "he could leave." Resident C indicated the facility told him he had 2 chances, and on the second chance he would have to find another facility in which to live. Resident C indicated the reason he chose this facility was the proximity to his family. Resident C indicated he asked staff if he could sign a release, or have his physician sign an order permitting him to leave independently, and the facility told him no, that the new policy did not allow it.</p> <p>The clinical record of Resident C was reviewed on 2/11/13 at 3:00 P.M.</p> <p>A care plan, dated 8/6/12, included:</p>		<p>upon admission and quarterly during care plan meetings will be asked about their participation in activity, preference for activities including outside community activities. The care plans will be updated accordingly by the IDT team. How the 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: To ensure compliance, the Activity Director/Designee is responsible for the completion of the Community Activity CQI tool weekly times 4 weeks, bi-monthly times 2 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. By what date the systemic changes will be completed: Compliance Date: March 5, 2013.</p>				

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	<p>"...Resident has dx [diagnosis] of Quadraplegia [sic], prefers independent leisure activities, Strengths:...resident socializes with peers when up operating W/C [wheelchair]...Approach, Assist and adapt all activities and refreshments to meet resident personal needs...."</p> <p>A care plan indicating the resident's request to leave the facility unattended at times, or approaches to help him with his requests, was not documented.</p> <p>The most recent MDS assessment, dated 1/24/13, indicated the resident scored a 14 out of 15 for cognition, with 15 indicating no memory impairment. The MDS indicated the resident did not ambulate, and had not fallen in the previous 180 days.</p> <p>3. On 2/11/13 at 3:20 P.M., during interview with Resident E, she indicated she had resided at the facility for 3 years. She indicated she was now unable to "walk to [name of drugstore] unless a staff member goes with me." She indicated she thought the staff would "have to be off the clock." She indicated she was not allowed to go off of the nursing home property. Resident E indicated she had a talk with the Regional Administrator, and he told her "some place up north got in trouble, so they</p>			

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	<p>made all of their nursing homes make this new rule." Resident E indicated the Regional Administrator told her a release form "wouldn't fly." Resident E indicated, "This is my home. I've been here awhile. I even had the doctor sign a paper as a prescription, but that didn't fly either."</p> <p>The clinical record of Resident E was reviewed on 2/11/13 at 3:50 P.M., and again on 2/12/13 at 9:00 A.M.</p> <p>The most current Minimum Data Set [MDS] assessment, dated 2/4/13, indicated the resident scored a 13 out of 15 for cognition, with 15 indicating no memory loss. The MDS assessment indicated the resident walked in the room and corridor independently with no setup or physical help from staff. The resident had not fallen in the previous 180 days.</p> <p>Resident Progress Notes, dated 2/11/13 at 11:50 P.M., included: "...Amb [ambulates] independently. Gait steady."</p> <p>A care plan which addressed her requests to go outside independently was not documented.</p> <p>4. On 2/11/13 at 3:35 P.M., during interview with the Unit Manager # 1, she indicated she was unsure if there was a specific assessment to determine if a</p>						

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	<p>resident could go LOA [leave of absence] by himself. Unit Manager # 1 indicated she didn't think so, but would check with the Social Services Director [SSD]. After a few minutes, she then indicated she checked with SSD # 1, who informed her, "It was company policy that all residents must be accompanied by family or staff" if they wish to go LOA. She indicated if the physician ordered it, "they still can't do it; they can't leave facility property." She indicated she thought there may be a refusal of treatment paper residents could sign. She indicated if a resident requested to leave independently, she guessed she would check with the Administrator, because it "would be out of her hands."</p> <p>On 2/11/13 at 3:50 P.M., during interview with SSD # 1, she indicated there was "no real assessment" for residents wishing to sign themselves out independently. She indicated, "It's company policy; they can leave with family or responsible party." SSD # 1 indicated, "It was a new policy, and everyone was inserviced. If they didn't like it, they could always leave." SSD # 1 indicated she had walked with different residents at times to the drugstore, and she was sure other staff would do that also if they had time.</p> <p>On 2/12/13 at 9:10 A.M., during interview with the Administrator, she</p>			

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	<p>indicated the corporate nurse had sent out an email last year regarding the new LOA policy, which indicated the corporation was "going to choose safety over resident rights." The Administrator indicated there was no certain assessment of residents who wished to go out LOA on their own. The Administrator indicated she did not think any of the residents would be safe to go LOA independently. The Administrator indicated staff could go with residents who requested to go LOA if possible.</p> <p>On 2/12/13 at 10:50 A.M., during interview with SSD # 2, she indicated she met with the residents last fall, and they received a 30 day notice regarding the new policy. SSD # 2 indicated she did not think any of the residents would be assessed as safe to leave the facility independently, and she did not think there would be an appropriate assessment to address that.</p> <p>5. On 2/12/13 at 8:30 A.M., the Administrator provided a copy of the facility policy on "Leave of Absence," dated July 2012. The Administrator indicated the policy went into effect on October 1, 2012. The policy included: "...Nursing will obtain a physician's order for the resident to go out on pass or leave of absence with responsible person and</p>			

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	<p>medications, if necessary. The physician in conjunction with the interdisciplinary team makes the decision of appropriateness of a leave...." The policy did not address if staff could or would accompany residents requesting to go LOA.</p> <p>This federal tag relates to Complaint IN00123476.</p> <p>3.1-3(m)</p>			

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