| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155772 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 11/18/2013 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COBBLESTONE CROSSINGS HEALTH CAMPUS | 1850 E HOWARD WAYNE DR<br>TERRE HAUTE, IN 47802 |

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| F000000 | This visit was for the Investigation of Complaint IN00139694.<br><br>Complaint IN00139694 Substantiated, federal/state deficiencies related to the allegations are cited at F157.<br><br>Survey date: November 18, 2013<br><br>Facility number: 011906<br>Provider number: 155772<br>AIM number: 200912380<br><br>Survey team: Joyce Hofmann, RN<br><br>Census bed type:<br>SNF: 40<br>SNF/NF: 10<br>Residential: 30<br>Total: 80<br><br>Census payor type:<br>Medicare: 25<br>Medicaid: 8<br>Other: 47<br>Total: 80<br><br>Sample: 3<br><br>This deficiency also reflects state findings in accordance with 410 IAC 16.2. | F000000 | The submission of this plan of correction does not indicate an admission by the Cobblestone Crossings Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care and services provided to the residents of Cobblestone Crossings Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18 & 19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | Quality review completed on 11/25/2013 by Brenda Marshall Nunan, R.N. | | | |

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| F000157 SS=D | 483.10(b)(11)<br>NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)<br>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).<br><br>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.<br><br>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.<br>Based on interview and record review, the facility failed to notify a resident's medical power of attorney of a decline in the resident's condition for 1 of 3 sampled residents reviewed | F000157 | Resident B no longer resides in campus as written in 2567. There were no other residents affected by the alleged deficient practice and through corrective actions will ensure resident's responsible | 12/18/2013 |

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| | for notification of the resident's legal representative and/or an interested family member (Resident B).<br><br>Findings include:<br><br>Resident B's closed clinical record was reviewed on 11/18/13 at 1:50 p.m. and indicated the resident had diagnoses which included, but were not limited to, triple bypass heart surgery, atrial fibrillation, coronary artery disease, chronic obstructive pulmonary disease, acute bronchitis, diabetes, hypertension, colorectal cancer, syncope, mild chronic renal insufficiency, and history of transient ischemic accidents. The closed record indicated the resident was admitted on 07/22/13 at 6:45 p.m. with the resident's daughter having accompanied him to the facility.<br><br>Nurse's Notes, dated 07/22/13 at 9:40 p.m., indicated the nurse, LPN #1, had spoken with the hospital 3 times regarding medications and the physician, (Medical Director) was paged at 10:00 p.m.<br><br>Nurse's Notes, dated 07/22/13 at 10:10 p.m., indicated LPN #1 had called and asked the nurse practitioner (NP) who worked for another physician to accept the | | party will be notified when changes occur. Systemic change will be the nurses having access to a temporary facesheet for after business hour admissions to ensure responsible party's information is obtained timely. Licensed nurses will be inserviced on procedure as well as facesheet location and use. DHS/Designee will audit all after hours admission daily for 30 days, weekly for 6 months and monthly thereafter to ensure that timely responsible party information is obtained. Results of audits will be forwarded to QA committee for review of compliance and suggestions monthly for 6 months and quarterly thereafter. | |

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| | resident as a patient. The NP agreed and orders were given for duonebs for shortness of breath and morphine for abdominal pain.<br><br>Nurse's Notes lacked documentation of Resident B's daughter, who was the medical power of attorney (poa) as having been contacted about the resident's complaint of abdominal pain, shortness of breath, or new medications.<br><br>Interview with the Director of Nursing (DON) and Administrator, on 11/18/13 at 3:25 p.m., indicated during review of the Nurse's Notes, that the daughter had not been notified of the change in condition.<br><br>Interview with Resident B's daughter, on 11/18/13 at 4:23 p.m., indicated early the next morning on 07/23/13, when she visited her father, her father said the open heart surgery was a walk in the park compared to the pain he was experiencing. The daughter indicated she was not notified of the resident having pain until she visited that morning. .<br><br>Review of the facility's policy, "GUIDELINES FOR RESPONSIBLE PARTY NOTIFICATION," dated 11/08/2010, indicated, "...The | | | |

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| | responsible party should be notified of change in condition ...in a timely manner... Documentation of notification or notification attempts should be recorded in the resident medical record."<br><br>This federal deficiency is related to Complaint IN00139694.<br><br>3.1-5(a)(2)<br>3.1-5(a)(3) | | | |