STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE HOME HEALTH CARE CENTER	520 W 9TH ST JASPER, IN 47546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00139223, Complaint IN00139783, Complaint IN0013992, and Complaint IN00139905. Complaint IN00139223 - Unsubstantiated, due to lack of evidence. Complaint IN00139783 - Substantiated, Federal/State deficiencies cited at F406. Complaint IN00139927 - Substantiated, Federal/State deficiencies cited at F406. Complaint IN00139905 - Unsubstantiated, due to lack of evidence. Survey dates: December 16 and 17, 2013 Facility number: 000315 Provider number: 155720 AIM number: 100289030 Survey team: Anne Marie Crays RN Census bed type: SNF/NF: 48	F000000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 1/10/14 to the state findings of the complaint survey conducted December 16 and 17, 2013.	

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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	Total: 48 Census payor type: Medicare: 2 Medicaid: 38 Other: 8 Total: 48 Sample: 6 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed on December 18, 2013, by Jodi Meyer, RN			

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F000406 SS=D	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. Based on observation, interview, and record review, the facility failed to provide the correct leg rests for a resident's wheelchair after an occupational therapy evaluation, for 1 of 4 residents reviewed who received therapy services, in a sample of 6. Resident C Findings include: 1. On 12/16/13 at 9:40 A.M., Resident C was observed sitting in a wheelchair in the hallway. 2 leg rests were observed attached to the wheelchair, with a gait belt fastened around the 2 foot rests. The resident's	F000406	The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident C has had his wheelchair reassessed by therapy and now has the correct leg rests on his wheelchair to meet the resident's specific needs.The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that all residents who utilize a wheelchair for mobility have been reassessed by therapy to ensure that their wheelchair is appropriate for each resident including appropriate leg rests in accordance with each residents' individualized current needs.The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur is that the rehab director has provided a mandatory in-service for all occupational and physical	01/10/2014

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	right foot was on a foot rest, and the resident's left foot was on the ground. The clinical record of Resident C was reviewed on 12/16/13 at 12:00 P.M. Diagnoses included, but were not limited to, cerebral palsy and mental retardation. A Minimum Data Set (MDS) assessment, dated 9/7/13, indicated Resident C was unable to complete a brief interview for mental status, had a short-term and long-term memory problem, and was moderately impaired in cognitive skills for daily decision-making. The MDS assessment indicated the resident required total dependence of two + staff for transfer, and did not ambulate. An OT (Occupational Therapy) Daily Treatment Note, dated 10/10/13, included: "Pt [patient] tolerated curved back w/c [wheelchair] without c/o [complaints]. Maintenance staff were able to shorten leg rests to appropriate ht [height]. Foot rests added to assist in securing leg rests in correct position...." An OT Progress and Discharge Summary, dated 10/11/13, included: "Pt changed to alternative seating		therapists to ensure that they are knowledgeable and skilled in providing the necessary adaptive devices to wheelchairs to meet each individual resident's current needs including appropriate leg rests.The corrective action taken to monitor to assure performance to assure compliance through quality assurance is that a Quality Assurance tool has been developed and implemented to monitor the use of appropriate wheelchair equipment to ensure that the equipment meets the current needs of the resident who is dependent on a wheelchair for mobility. This tool will be completed by the rehab director and/or designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality Assurance Committee meeting quarterly to determine if any additional action is warranted.Completion Date: 01/10/14	

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	system which provided curved back, drop seat, gel cushion, 1 arm padded bolster, and foot rest...It is felt this seating system met his needs...Pt was offered to rest his feet on the floor when not being transported... On 12/17/13 at 9:25 A.M., Resident C was observed lying abed. LPN # 1 and CNA # 1 were going to get him up and into the wheelchair. The wheelchair, sitting in the resident's room, was observed to have the leg rests and gait belt, and also a footboard. CNA # 1 indicated at that time that the gait belt was used on the leg rests because "the leg rests won't stay locked." CNA # 1 indicated, "They must have found a foot board, and if we use the foot board, we don't need the gait belt." CNA # 1 indicated the resident self-propelled the wheelchair with his arms. On 12/17/13 at 11:30 A.M., the registered Occupational Therapist (OTR) was interviewed. The OTR indicated she had been at the facility for 4 months, and had treated Resident C for wheelchair positioning. She indicated the resident's previous chair was not adequate or comfortable for the resident. The OTR indicated the previous therapy manager had supposedly ordered a			

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	new wheelchair for the resident, but that it would not have been appropriate for the resident. The OTR indicated a gait belt was used to hold the swing away leg rests together. The OTR indicated the wheelchair was a specialty chair, and routine leg rests would not fit it. She indicated, "It was the best we could do." 2. On 12/17/13 at 2:30 P.M., the DON provided manufacturer's guidelines on the "Gait and Transfer Belts," dated 2010. The guidelines included: "Indications: Patients/Residents requiring ambulation and/or transfer assistance. Posey Gait Belts provide caregivers with a secure hold point while assisting patients during supervised walking and transfers...." This Federal tag relates to Complaint IN00139783 and Complaint IN00139927. 3.1-23(a)			

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