STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

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F000000	This visit was for the Investigation of Complaint #IN00141882. Complaint #IN00141882 - Substantiated. Federal/state deficiencies related to the allegations are cited at F170. Survey date: February 12, 2014 Facility number: 000074 Provider number: 155154 AIM number: 100290050 Survey team: Michelle Carter, RN- TC Census bed type: SNF- 20 SNF/NF- 105 Total- 125 Census payor type: Medicare- 27 Medicaid- 68 Other- 30 Total- 125 Sample: 9 This deficiency reflects state findings cited in accordance with 410 IAC	F000000	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. This provider respectfully requests a Desk Review in Lieu of a Revisit and that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after February 21, 2014. This provider would like to	

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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	16.2. Quality Review was completed by Tammy Alley RN on February 17, 2014.		respectfully request IDR	
F000170 SS=D	483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. Based on interview and record review, the facility failed to ensure residents privacy rights were maintained related to resident's reception of unopened mail for 1 of	F000170		02/21/2014

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	9 residents, in a sample of 9, reviewed for the right to receive unopened mail. (Residents B) Findings include: During an interview, on 2/12/14, at 11:07 a.m., the Business Office Manager (BOM) indicated business office staff opened mail, addressed to resident's, from the Medicaid office and/or related to Medicaid information. She indicated this was done, confidentially, to ensure payment and/or to ensure correct steps were followed in order to complete a Medicaid application. After the Medicaid information was received and documented, the mail was forwarded to the resident and/or the resident's representative. The BOM indicated, additionally, she contacted resident representatives, as soon as possible, and shared the Medicaid information. On 2/12/14, at 1:00 p.m., during an interview, Resident B indicated he received mail that was opened. He continued, not all of his mail was opened, only mail that was related to Medicaid. Resident B indicated, a few months ago, he communicated with staff, he did not want any of his mail opened by facility staff.		F170 Right to Privacy – Send/Receive Unopened Mail The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B's privacy will be maintained by assuring resident receives mail unopened. How will you identify other residents having the potential to be affected by the same deficient practice and what	

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	A document in the Resident B's admission agreement, titled "Authorization and Acknowledgements", and dated 7/1/13, indicated Resident B disagreed with the following statement: "5. I authorize my personal/business mail be opened by authorized facility personnel and/or read to me at those times when I am unable to do so." During an interview with the BOM, on 2/12/14, at 2:30 p.m., she indicated, in the past, she opened mail addressed to Resident B, even though the Authorization and Acknowledgements page indicated he did not give admission. The BOM indicated she opened Medicaid related mail, only, and informed Resident B's wife of the information. This federal tag is related to Complaint #IN00141882. 3.1-3(s)(1)		corrective action will be taken? Pull statement from last POC and put in the as the first sentence. All residents receiving mail have the potential to be affected by the alleged deficient practice.Business Office staff and Activities staff will be in-serviced regarding resident rights, mail delivery, and delivering mail unopened to the residents by the Executive Director by February 21, 2014Resident preferences regarding mail delivery will be obtained upon admission by the Admissions Director and Business Office Manager. Mail will be delivered unopened unless the resident or responsible party requests forwarding or assistance with opening/reading mail. Care plan will indicate requests for mail delivery.	

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			What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur. Resident preferences regarding mail delivery will be obtained upon admission by the Admissions Director and Business Office Manager. Mail will be delivered unopened unless the resident or responsible party requests forwarding	

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			or assistance with opening/reading mail. Care plan will indicate requests for mail deliveryBusiness Office staff and Activities staff will be in-serviced regarding resident rights, mail delivery, and delivering mail unopened to the residents by the Executive Director by February 21, 2014. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place An Accommodation of Needs CQI tool will be utilized weekly x 4, monthly x 6, and quarterly	

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			thereafter. If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. Data will be submitted to the CQI Committee for review and follow up. Compliance date: February 21, 2014	

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