

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155005	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2012
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N MADISON AVE ANDERSON, IN 46011		
(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	
F0000	<p>This visit was for the Investigation of Complaints IN00116177, IN00117031, and IN00117154.</p> <p>Complaint, IN00116177, substantiated, federal/state deficiencies related to the allegations cited at F279.</p> <p>Complaint, IN00117031 substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint, IN00117154, unsubstantiated, due to lack of evidence.</p> <p>Survey dates: October 2, 3, 4, 2012</p> <p>Facility number: 000005 Provider number:155005 AIM number: 100270840</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF: 13 SNF/NF: 125 Total: 138</p> <p>Census payor type: Medicare: 13 Medicaid: 97 Other: 28</p>	F0000	<p>October 19, 2012 Long Term Care Division, 4 th Floor 2 North Meridian Street Indianapolis, IN 46204 RE: ManorCare Health Services of Anderson 1345 N. Madison Ave. Anderson, IN 46011 Dear Kim Rhoades:</p> <p>Please note our Plan of Correction and allegation of compliance for the Complaint Survey completed on October 4, 2012. We respectfully request a desk review. Should you have any other questions or need additional information, please contact me at (765) 644-2888. You may also contact me via email at 421admin@hcr-manorcare.com. Sincerely, Nicole Fields, HFA Administrator</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>Total: 138</p> <p>Sample: 5</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/9/12 Cathy Emswiller RN</p>			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a discharge planning care plan for 1 (Resident A) of 4 residents, in the sample of 5 reviewed for transfer/discharge.</p> <p>Findings include:</p> <p>Resident (A) was interviewed 10/3/12, in his room. Resident (A) indicated on 9/13/12, he was told by the Social Services Director (SSD) he had been deemed not eligible for long term placement and would have to leave.</p> <p>Resident (A) indicated he had appealed the decision and was granted a temporary extension. Resident (A) indicated initially, after rehabilitation and a move to an apartment he would have required a walker. Resident (A) indicated he had developed clostridium difficle (C-Diff, was</p>	F0279	<p><u>Tag F 279 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> Resident A's medical record was reviewed and updated to include a Discharge Care Plan. Audit tool attached.</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</u> All residents that anticipate discharge to home or other community placement have the potential to be affected by the same deficient practice. Facility</p>	10/26/2012			

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	<p>weaker, and now would need a wheel chair and a walker.</p> <p>Resident (A) indicated he was self responsible and was attempting to find an apartment in the community. Resident (A) indicated he was relying on the SSD to assist in faxing applications.</p> <p>Resident (A) indicated he had encountered several obstacles in attempting to obtain housing. Resident (A) indicated he had obtained medicaid in another state, then found out he had to re-apply after moving to Indiana. Resident (A) indicated he had discovered to meet the housing qualifications, he needed a copy of a divorce decree from another state.</p> <p>Resident (A) indicated he did not believe the facility had coordinated plans for his discharge which had resulted in delay after delay and caused him frustration.</p> <p>Social Services Director #1 (SSD #1) was interviewed 10/3/12, and indicated Resident (A) was self responsible and preferred to make his own applications for medicaid and community housing arrangements. SSD #1 indicated she was attempting to assist Resident (A) with medicaid and housing applications by faxing and helping him obtain the required documents.</p> <p>SSD #1 indicated just the past week the facility had received medicaid approval retroactive to 5/2011, with the liability amount.</p> <p>SSD #1 indicated Resident (A) did not seem to understand the failure to meet requirements for long term placement nor the delays in obtaining medicaid and the out of state divorce decree to facilitate the community housing applications.</p> <p>SSD #1 indicated Resident (A) believed the facility was somehow impeding his discharge efforts.</p> <p>The record of Resident (A) was reviewed 10/4/12, at 10:00 A.M. Discharge planning was not</p>		<p>audit completed to identify those residents that wish to discharge to home or other community placement. Their medical record was updated to include a discharge care plan. <u>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur;</u> Social Services will be educated on timely review and completion of the discharge planning and development of a discharge care plan. Social Services will review all new admissions and re-admissions for the potential to discharge home or to other community placements and develop an appropriate discharge care plan. This will be reviewed along with the Comprehensive MDS cycle which includes review of the residents discharge plan. <u>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;</u> Audit findings will be presented to QA&A committee weekly for 4 weeks and then as determined by the QA&A committee for a minimum of six months. QA&A committee will review findings and determine need for further monitoring and/or education per the QA&A process.</p>				

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	<p>addressed in the 8/30/12, plan of care.</p> <p>The Director of Nursing (DoN) was interviewed at 12:00 P.M., 10/4/12, and indicated a plan of care for discharge planning with investigation of the need for equipment, home health, or other referrals should have been completed.</p> <p>The Administrator provided a 6/2012, Discharge Planning Policy on 10/4/12. The policy indicated a resident's needs and goals were the focus of every admission. The interdisciplinary team was to drive and control the admission and care planning, including the discharge process.</p> <p>This federal tag also relates to Complaint IN00116177.</p> <p>3.1-35(e)</p>				