

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155526	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/17/2014
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NAME OF PROVIDER OR SUPPLIER  PERSIMMON RIDGE REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 N PARK ST PORTLAND, IN 47371
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F000000	<p>This visit was for the Recertification and State Licensure Survey</p> <p>Survey dates: January 13, 14,15,16 and 17, 2014</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Survey team: Angela Selleck, RN, TC Shelley Reed, RN Jason Mench, RN Karen K. Koeberlein, RN</p> <p>Census bed type: SNF/NF: 55 Other: 8 Total: 63</p> <p>Census payor type: Medicare: 12 Medicaid: 43 Other: 8 Total: 63</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>	
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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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F000156 SS=A	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>				

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on interview and record review, the facility failed to ensure residents, who were discontinued from Medicare services and had not exhausted their 100 days, were provided documentation on the appeal process and failed to complete the "Advance Beneficiary Notice" for Medicare services for 1 of 3 residents reviewed for proper notification of benefits change. (Resident #74).</p> <p>Findings include:</p> <p>1. During an interview with the Business Manager on 1/15/14 at 1:27 p.m., she indicated there was not an area on the "Skilled Nursing Facility Advance Beneficiary Notice" (SNFABN) form on how to appeal the discontinuation of Medicare services. The Business Manager was unable to provide a copy of the appeal process for Resident #74.</p> <p>A review of the SNFABN form, provided by the Business Manager on 1/15/14 at 2:45 p.m., indicated no option was chosen as to whether the resident wanted to submit a claim to Medicare to continue to use their remaining Medicare days or</p>	F000156	F 1561. Resident #74 was identified as being affected by the noted deficient practice. The correction for this resident occurred on 2/5/14 when the resident's POA was informed and the business office manager then met with the POA and correctly completed and signed the SNFABN form, as well as the appeal process form. 2. All residents receiving Medicare benefits had the potential to be impacted by this deficient practice. Thus, ABN notices issues within the last 60 days were reviewed in an effort to identify any further concerns. The Business Office Manager was re-educated as to the SNFABN process, and required information to be provided to the residents/responsible party when Medicare benefits are ending, as well as what forms need to be maintained.3. In an effort to ensure ongoing compliance, the Administrator and the Business Office Manager will review each prospective SNFABN that will be issued weekly during the Utilization Review Meeting in an effort to ensure all necessary information is listed. 4. As a means of quality assurance, the facility will monitor the SNFABN process via the QAPI process. The administrator will review all SNFABN letters as previously stated and report continued	02/05/2014			

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F000282 SS=D	<p>not.</p> <p>During an interview with the Business Manager on 1/16/14 at 11:30 a.m., she indicated Resident #74 was on Medicare services 7/9/13 to 10/2/13. A total of 85 days were used as Medicare days.</p> <p>During an interview with the Administrator and Business Manager on 1/17/14 at 12:59 p.m., they indicated the resident was to have checked an option on the (SNFABN) form on whether they wanted a claim submitted to Medicare to use their remaining Medicare days or not. The Administrator indicated the facility does not keep a copy of the appeal form that the residents signed.</p> <p>3.1-4(a)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to obtain psychiatric services for a resident as ordered by the physician for 1 of 5</p>	F000282	<p>compliance and/or any concerns and corrective actions taken to the QA team quarterly. Revisions will be made to the plan if warranted.5. Completed Date 2/5/14</p> <p>F2821. Resident #62 Care plan was updated and the psychiatric services were provided as ordered.2. In an effort to identify all applicable residenst, all residents care plans</p>	02/05/2014			

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	<p>residents reviewed for unnecessary medications. (Resident #62) Findings include:</p> <p>The clinical record for Resident #62 was reviewed on 1/16/14 at 9:35 a.m.</p> <p>Resident #62 was admitted on 11/27/13, following discharge from a psychiatric hospital. Diagnoses for the resident included, but were not limited to, persistent mental disorder, delusional disorder, depressive disorder, anxiety, angina, anemia and hypertension. Resident #62 was receiving the following medications; Lorazepam (antianxiety medication) 0.25 mg twice daily, Paxil (antidepressant medication) 10 mg daily, Seroquel (antipsychotic medication) 12.5 mg in the morning and 25 mg in the evening and Vistaril (a medication used to treat anxiety and tension) 25 mg four times daily as needed for anxiety.</p> <p>The admission Minimum Data Set (MDS) assessment, dated 12/7/13, indicated Resident #62 had moderate cognitive impairment. Resident #62 received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with one person assist,</p>		<p>were audited to assure that psychiatric services were identified timely upon return from psychiatric hospitalization. All care plans reviewed and updated as necessary.3. As a means to ensure ongoing compliance with timely psychiatric care following psychiatric hospitalization, the DON and/or her designee will monitor all new admissions and readmissions to assure orders are received, and care plans are updated timely (see attachment A). Should concerns be noted, corrective action shall be taken.4. As a means of quality assurance, the DON and/or her designee will report findings of audits and any corrective actions taken to the Quality Assurance Committee quarterly. Revisions will be made to the plan if warranted.5. Completed 2/5/14</p>		

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	<p>ambulation-limited assistance with one person assist, hygiene and bathing-independent with set up assist. The (MDS) indicated Resident #62 was receiving the following types of medication; antipsychotic, antianxiety and antidepressant.</p> <p>The health care plan assessment, dated 12/7/13, indicated Resident #62 had a problem related to mental health services provided by psychiatrist, admitted from a geri-psych facility related to diagnoses for dementia, anxiety and dementia with paranoid delusions. Interventions for the problem included, but were not limited to, mental health services will be provided as ordered, provide reassurance as needed and encourage activities of daily living.</p> <p>During review, a nursing note, dated 12/1/13 at 5:00 p.m., indicated Resident #62 was given Vistaril related to increased complaints of anxiety.</p> <p>A nursing note, dated 12/4/13 at 10:25 a.m., indicated Resident #62 complained of feeling anxious and short of breath and was given Vistaril.</p>				

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	<p>A nursing note, dated 12/13/13 at 11:00 a.m., indicated Resident #62 complained of being nervous and was given Vistaril.</p> <p>A nursing note, dated 12/18/13 at 3:30 p.m., indicated Resident #62 stated she was "shaky" and "very anxious". Resident #62 requested an appointment with her physician since she had not seen him for awhile. Resident #62 was given Ativan.</p> <p>A faxed physician's sheet, dated 12/18/13 at 1:10 p.m., indicated the Social Service Director (SSD) was asking for an order for Resident #62 to be seen by the psychiatrist at the facility.</p> <p>A nursing note, dated 12/19/13 at 9:00 a.m., indicated an unidentified staff member received an order for Resident #62 to be seen by her psychiatrist from her attending physician.</p> <p>A nursing note, dated 12/21/13 at 12:00 p.m., indicated Resident #62 was "packing up her belongings". Resident #62 indicated she was going home.</p>			

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	<p>A nursing note, dated 12/21/13 at 7:00 p.m., indicated Resident #62 was given Vistaril for anxiety.</p> <p>A nursing note, dated 12/22/13 at 8:30 p.m., indicated Resident #62 was given Vistaril after complaining "nerves".</p> <p>During record review, the Medication Administration Record (MAR) for the month of December indicated Resident #62 was given Vistaril 0.25 mg on 19 different occasions and Ativan was given on one occasion.</p> <p>During an interview on 1/15/13 at 11:00 a.m., Social Service Director (SSD) indicated Resident #62 was admitted from a psychiatric facility. She indicated Resident #62 had 5 documented behaviors in November and 2 behaviors in December. She indicated when she reviewed the chart, she noticed Resident #62 did not have an order for a psychiatric consult. She indicated she then asked staff to request a psychiatric consult after the initial care plan meeting on 12/7/13.</p> <p>The initial psychiatric evaluation was completed on 1/10/14.</p> <p>3.1-35(d)(2)(B)</p>			

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation and interview, the facility failed to ensure a safe environment was maintained for residents in a common area for 49 of 63 residents related to 8 razors being left on top of a sharps disposal container.</p> <p>Findings include:</p> <p>During initial tour of the facility on 1/13/14 at 10:30 a.m., 6 open razors and 2 covered razors were observed on top of the sharps disposal container in the 500 hall shower room.</p> <p>During an interview with CNA #1 on 1/13/14 at 10:40 a.m., when asked about the proper disposal of sharps, she indicated razors should never be left on top of a sharps container and left the room to inform her nurse the sharps container needed changed.</p>	F000323	F323 1. No residents were negatively affected.2. Upon identification of the concern, all other containers in use were observed to ensure proper disposal and to ensure containers remained appropriate for continued use.3. In an effort to ensure ongoing compliance, Administration and/or designee will monitor all sharp containers daily during environmental rounds, on scheduled work days to assure all items in sharps containers are properly disposed and the sharps containers are not overfilled, requiring replacement. Should concerns be noted, corrective action shall be taken. Staff were re-educated concerning the safe disposal of razors and other sharps and the need to inform the nurse when the sharps container needs replaced (see attachment B)4. As a means of quality assurance, the Administrator and/or designee will report the findings of monitoring and any corrective actions taken to the Quality Assurance Committee	02/05/2014			

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	<p>During an interview with LPN #2 on 1/13/14 at 10:42 a.m., she indicated the razors should have been placed inside of the sharps container unless it was full. The nurse on duty should have been notified of the need to change the sharps container and then the razors properly disposed of inside the sharps container.</p> <p>During an interview with the DoN on 1/17/14 at 1:00 p.m., she indicated razors should be disposed of inside sharps containers and not left of top of the container and if the container was full the nurse should have been notified and the container changed and the sharps properly disposed of inside the sharps container.</p> <p>Review of a current facility policy, dated 9/2005, titled "Sharps, Disposal Of" which was provided by the DON on 1/17/14 at 11:20 a.m., indicated the following:</p> <p>"PURPOSE: To provide storage of potentially hazardous supplies; to minimize potential risk of sticks caused by used needles.</p> <p>PROCEDURE</p>		<p>quarterly. Revisions will be made to the plan if necessary.5. Completed 2/5/14</p>		

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	<p>1. Place all used needles and syringes in needles/sharps disposable container after use."</p> <p>3.1-19(a)(4)</p>			