

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155261	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2012
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NAME OF PROVIDER OR SUPPLIER WILLIAMSBURG HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1609 LAFAYETTE RD CRAWFORDSVILLE, IN 47933
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F0000	<p>This visit was for Investigation of Complaint IN00114997.</p> <p>Complaint IN00114997 - Substantiated. Federal/State deficiencies related to the allegations are cited at F248 and F9999.</p> <p>Survey dates: September 4, 5 and 10, 2012</p> <p>Facility number: 000162 Provider number: 155261 AIM number: 100284300</p> <p>Survey team: Vanda Phelps, R.N.</p> <p>Census bed type: 69 SNF/NF 69 Total</p> <p>Census payor type: 6 Medicare 54 Medicaid 9 Other 69 Total</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	Submission of this plan of correction shall not constitute or be construed as an admission by Williamsburg Health and Rehab that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Williamsburg Health and Rehab. Williamsburg Health and Rehab requests review for paper compliance on complaint IN00114997.	

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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	Quality review 9/17/12, by Suzanne Williams, RN			

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F0248 SS=E	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, record review and interviews, the facility failed to provide 5 of 6 sampled residents with individualized activity programs designed in accordance with each individual resident's assessed, observed and/or stated interests and abilities. (Residents E, F, G, H, R)</p> <p>Findings include:</p> <p>1. Resident E was observed during the orientation tour of 9/4/12 at 11:30 a.m. wandering around the hall in front of Desk 3, in a wheelchair, with a consistently solemn facial expression. She carried a baby doll and did not smile even when staff asked about her "baby." At this time, the Director of Nursing identified this resident as cognitively impaired and one who had tried to elope within the past three months. This same observation was repeated on 9/4/12 at 5:50 p.m., and 9/5/12 at 10:30 a.m., 2:10 p.m. and 4:30 p.m.</p> <p>Resident E's clinical record was reviewed</p>	F0248	<p>F248-Activities Meet Interests/Needs of Each Resident</p> <p>I. Please note that residents E, F, G, H, and R were not negatively affected as a result of the failure to provide individualized activities. The activities programs for residents E, F, and G were reviewed and updated so as to be individualized. As residents H and R are no longer in the facility, their activities programs were not adapted.</p> <p>II. As all residents could be affected by lack of individualized activities programs, the following corrective action was taken:</p> <p>III. As a means to ensure ongoing compliance with providing individualized activities programs to meet the interests/needs of each resident, an initial audit was conducted to identify those residents with current concerns regarding their likes and dislikes and the reflection of that in their activities programming. For those residents who did not have an activities assessment completed since 8/01/12, new activities assessments reflecting the resident's current and past interests were</p>	10/10/2012	

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	<p>on 9/5/12 at 2:16 p.m. It indicated her diagnoses included, but were not limited to, cerebral aneurysm and hypertension. Review of her RAI (Resident Assessment Instrument) assessments indicated her BIMS (Brief Interview for Mental Status) was 7 of 15 on the 2/21/12 annual review and had fallen to 3 of 15 on the 8/17/12 quarterly. The 8/17/12 quarterly also indicated she had inattentive and confused thoughts, and was delusional and displayed verbally aggressive behavior 1 to 3 days of the last 7. The activity assessment on the 2/12/12 RAI indicated it was important to her to have music, animals, news, go outside and to do her favorite activities daily. It also indicated is was also important to have access to reading materials and church. Finally, it indicated she was not interested in attending group activities.</p> <p>The undated "Activity Assessment" form indicated it was completed by the Activity Director. It indicated Resident E's current interests were as follows: card games (no particular game specified), Bingo, walking with therapy, music in the dining room, newspapers, magazines, Bible study, TV/soap operas, game shows, news, movies, history channel, ABC, talking with friends and family. This assessment commented Resident E was quiet, and a loner. It indicated she</p>		<p>completed. Activities programs were updated for residents as warranted. Administrator or designee shall monitor twice monthly that new and updated activities programs for residents are individualized. Should concerns be noted, necessary re-education and/or disciplinary action shall be taken as warranted. Monitoring for compliance will be conducted by the Administrator or her designee.</p> <p>IV. As a means of quality assurance, results of continued monitoring and subsequent actions taken shall be reported to the Administrator on a monthly basis. Continued completion of necessary assessments and any corrective action(s) taken to ensure compliance will be reported to the Quality Assurance Committee on a quarterly basis.</p> <p>V. Evidence of the completion of new activities assessments and the resulting activities programs are provided in Attachments A, B, C, D, E, and F.</p>		

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	<p>used a walker and wheelchair, had good hand usage and could read. At the end of this assessment form, her activity program was "swat team, Bible study at times, Bingo, sing-a-long, Bean Bag Toss, basketball, exercise at lunch and supper and 'miscellaneous.'" All of these were group activities which the assessment indicated Resident E was not interested in attending.</p> <p>Comparison of the activity progress notes dated 5/22/12 and 8/19/12 noted they were nearly identical: "(name) is alert & oriented with confusion. She is able to make her wants and needs known. She is able to propel herself in her wheel chair to and from and she attends activity as she chooses at least 1-3 times a week. (Activities of interest are Swat Team, Basketball and History, etc.) She eats meals in the MDR (main dining room) and is sociable with tablemates and staff. She also listens to music, piano (when scheduled) TV and she participates in activity before breakfast such as Trivia and breakfast warm up... While in room she watches TV channels of choice. She also continues to carry her stuffed animals around with her daily, their names are Henry and Crackers and she continues to try and feed them and give them drinks. She will also bring them to activity and to the MDR to eat with her. During this</p>			

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	<p>time they will sit in a chair or lay on a bench close to (name). There are times she just holds them as this is her right. Activity staff will assist in any way. They will update the care plan at this time."</p> <p>The differences were that in the 5/22/12 entry, it mentioned a friend who visited and took Resident E on LOA and decorated her room per season and holiday. This was not mentioned in the 8/17/12 entry. In the 8/17/12 entry, it mentioned "(name) may also visits (sic) others (sic) residents in their room."</p> <p>Resident E's care plan dated 8/27/12, for activities, was as follows: Problem statement: "I attend activity as I choose and feel up to at least 1-3 times a week, such as Team, Basketball, and History, etc. I am able to propel myself to and from. I initiate my own in my room daily such as TV (channels of choice) I am able to initiate this on my own when I choose. I also carry stuffed animals with me to meals and activity with me."</p> <p>Goals: A. "I will attend at least 1-3 activities a week, out of room of my choice. Such as Swat Team, Basketball, History, etc. By next eval date."</p>			

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	<p>B. "I will attend activity of my choice 1-3 times a week by next eval date and place my stuffed animals that I carry in a chair or lay them on a bench so I may enjoy the activity without holding them and know that they are close. Her right to hold them if she chooses will be respected."</p> <p>C. "I will initiate my own activity in my room daily by next eval date such as TV. I am able to initiate this on my own."</p> <p>Interventions:</p> <p>A. "invite and encourage resident to attend activity of her choice respecting her right to refuse. Document refusals."</p> <p>B. encourage her to lay her stuffed animals down during activities and respect her right to hold them if she so chooses</p> <p>C. likewise at meals. Also eat in MDR and enjoy breakfast and lunch time activities</p> <p>D. "encourage resident to initiate her own activity in room daily, i.e. TV shows of her choice. She likes game shows, the news and movies."</p> <p>Review of the remainder of this care plan noted the resident had frequent falls, had</p>						

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	<p>impaired decision making skills, poor safety awareness, history of fractures, required staff assistance for all aspects of her daily care, had bowel and bladder incontinence, was depressed, had daily pain, exit seeking behavior at times, frequent urinary tract infections with increased confusion, and had a baby doll which she sometimes treated as a live baby.</p> <p>Interview with the Activity Director and Administrator on 9/5/12 at 5:45 p.m. indicated Resident E really enjoyed the group activities. They did not comment regarding the activity progress notes not mentioning the resident's response to the programmed activities and the care plan not reflective of the resident's decline in cognition and ADL abilities as it relates to activity participation.</p> <p>2. Resident G was identified by the Director of Nursing during the orientation tour of 9/4/12 at 11:30 a.m. as cognitively impaired and one who had tried to elope within the past three months. He was observed at that time seated in a wheelchair in his room, alone, with his eyes closed.</p> <p>Resident G's record review was done on 9/5/12 at 3:30 p.m. His 5/12/12 readmission RAI (Resident Assessment</p>						

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	<p>Instrument) indicated his BIMS (Brief Interview for Mental Status) was 3 of 15 indicating severely impaired cognition. It also indicated Resident G was inattentive and displayed confused thoughts. He was unable to consistently comprehend what was being said to him.</p> <p>His diagnoses included, but were not limited to, Alzheimer's disease, coronary heart disease, and anxiety.</p> <p>Nursing notes indicated he tried to elope through the doors on 7/8/12, 7/9/12, 7/10/12 and 8/4/12. The nursing notes from 7/1/12 to 9/5/12 were reviewed and indicated he was either anxious and difficult or drowsy.</p> <p>His "Activity Assessment" was dated 2/6/12. It indicated Resident G had been in the National Guard 40-45 years, he liked the Gaithers, Patsy Cline and Elvis for music and the family would bring in a radio. It indicated he was "not much on TV," but liked John Wayne movies. The summary indicated he would be offered exercise and "misc." and his "right to refuse will be respected."</p> <p>Review of his care plan dated August 2012, indicated the following: Problem statement: "If I would choose to attend activity out of room, I will need assist to and from via</p>			

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	<p>wheel chair. My right to refuse invite will be respected."</p> <p>Goals:</p> <p>A. "I will attend at least 1-2 activities a week out of room such as Bingo, Euchre, music programs, etc. by next eval date."</p> <p>B. "I will accept assist from staff to and from activity via wheel chair if I choose to attend at least 1-2 times a week. My right to refuse will be respected."</p> <p>Interventions:</p> <p>A. "Invite and assist to and from activity if resident accepts invite, such as Bingo, euchre, etc."</p> <p>B. "Invite family and lady friend (girlfriend) to attend with resident if they are visiting during activity time."</p> <p>C. "Respect residents right not to accept invite to out of room activity as this is his right."</p> <p>D. "Encourage family to remain supportive and take resident out on Loa's (leave of absence)."</p> <p>E. "Encourage resident to initiate his own activity in his room of choice. (i.e., TV channel of choice or music, Patsy Cline, Elvis or Gaithers)"</p>						

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	<p>This activity program for Resident G did not reflect his physical and/or cognitive abilities. It offered one or two group activities a week. It did not include interventions to deflect him from wandering and exit seeking.</p> <p>Comparison of the activity progress notes of 5/7/12 and 8/4/12 noted much of the verbiage was identical. Both indicated he was "alert & oriented with confusion." Both indicated "He has had no change in activity level and attends out of room activity if he chooses...His right to refuse is respected...."</p> <p>Resident G was observed on 9/4/12 at 5 p.m., 9/5/12 at 10:40 a.m., 2:05 pm and 3:30 - 4 p.m. On each observation, he was alone in his room sitting in a wheelchair with his eyes closed. No music or TV was playing. He did not have a roommate.</p> <p>3. Resident F was observed during the orientation tour of 9/4/12 at 11:30 a.m. to be awake and alone in his room. His clinical record was reviewed on 9/5/12 at 2:16 p.m. It indicated his diagnoses included, but were not limited to, diabetes, an amputation of his leg, emphysema, pleural effusions, and hypoxia (low oxygen level in the</p>						

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	<p>blood/brain). The 6/4/12 readmission RAI indicated his cognition was impaired with a BIMS score of 12/15. It also indicated he was inattentive, confused and had an altered level of consciousness, which indicated a decline for this resident.</p> <p>Review of the "Activity Assessment" dated 7/28/12 indicated he had current interests of card games, computer games, puzzles, almost all kinds of music, working on his computer in his room, watching church services on TV, going outside, watching news, movies, sports, History channel on TV, visiting with friends and family and men's gatherings. It concluded he would initiate activities in his room and was interested in exercises, lunch time activities, computer and misc.</p> <p>Nursing notes back through 7/1/12 were reviewed. They indicated Resident F's physical condition had declined with multiple urinary tract infections which required intravenous antibiotics and impacted his blood sugar, strength and his cognition fluctuated up and down, from alert and oriented to confusion. At one point he was even throwing urine and feces at staff. He lost his understanding of safety issues and fell. He required oxygen intermittently. He repeatedly tried to get out of bed without assistance.</p>			

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	<p>Review of the activity care plan dated 7/28/12, indicated it had not been updated to reflect his current status and strongly emphasized his right to refuse activities. It indicated Resident F was able to do his own activities in his room and might attend one group activity per month. The problem statement was "I prefer to initiate my own in room/activity daily in my room. I am content with initiating my own activity daily as I feel up to it. I will need assist to and from activity out of room if I would choose to attend. My right not to attend will be respected."</p> <p>The activity progress note dated 7/28/12, noted the decline in Resident F's condition, but did not reflect any changes to his activity program, still indicating he will initiate his own activities in his room. When compared to the progress note of 5/29/12, there was no change in his activity program.</p> <p>He was observed sitting in his wheelchair and/or lying in bed, alone in his room, without music, visitors, or interaction with staff during multiple observations on 9/4 and 9/5/12.</p> <p>4. The closed clinical record of Resident H was reviewed on 9/4/12 at 3 p.m. It indicated he was admitted the autumn of</p>			

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	<p>2011 and expired in June 2012. A readmission RAI dated 4/20/12 indicated his BIMS was 8 of 15 and he was inattentive, had an altered level of consciousness and psychomotor retardation. He required extensive staff assistance of one person for all activities of daily living. His diagnoses included, but were not limited to, dementia with agitated behaviors, history of a stroke, diabetic neuropathy, and emphysema.</p> <p>Resident H's activity care plan was dated 4/18/12.</p> <p>Problem statement: (synopsis) I attend Bingo but need assistance with the cards and chips. "My right to refuse invites or to not attend due to resting will be respected. While in room I watch TV. Shows I like are game shows, the news, History channel, hunting an fishing shows." (sic)</p> <p>Goals: A. 1 group activity per week. Right to refuse will be honored. B. I will accept assist to and from activity</p> <p>Interventions: A. invite and encourage resident to attend out of room activity such as Bingo</p>						

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	<p>B. respect resident right to refuse out of room activity if he is resting</p> <p>C. invite to Veteran's meetings, respect right not to attend</p> <p>D. assist with Bingo</p> <p>E. assure he sits at the caller's table to receive needed assist.</p> <p>F. assure music is playing during meal time in dining room #2</p> <p>G. watch TV in room. Shows of choice are game shows, the news, history channel, westerns, hunting and fishing shows</p> <p>H. assure music is on in dining room #2 during meal time for listening pleasure</p> <p>Review of the activity participation records for April and May 2012 indicated he was recorded as "unable to attend" and/or "refused" for all out of room activities. TV and music were the only activities marked as provided for Resident H.</p> <p>Interview with Resident H's family on 9/5/12 at 8:43 a.m. indicated activities Resident H would have found interesting or entertaining were not offered to him.</p>				

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	<p>He never was one for Bingo and that was about all they offered. The family indicated they had not been sought out for information regarding their father's interests, hobbies, or entertainment history.</p> <p>5. Interview with former Resident R on 9/4/12 at 7:33 p.m. indicated no one had interviewed her regarding her activity preferences. She indicated she took herself and two dependent residents to an activity she called "bat the ball," because the ladies seemed to enjoy it so much and she enjoyed watching their faces. Other than that and Bingo, she indicated she watched television. She was unaware of an activity "program" having been developed for her. "It made for long days and weekends, especially."</p> <p>Review of Resident R's closed record was done on 9/4/12 at 2:45 p.m. It indicated she was cognitively intact. Review of her care plan indicated it did not contain an activity entry.</p> <p>6. The Activity Director indicated during an interview on 9/5/12 at 5:45 p.m. that she completed her activity training course in 2001 and had not attended any refresher courses or seminars since then.</p> <p>This federal tag relates to complaint</p>						

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	IN00114997. 3.1-33(a) 3.1-33(d)(2)			

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F9999	<p>STATE FINDINGS</p> <p>3.1-13 Administration and management The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report an unusual</p>	F9999	<p>F9999 I. The Administrator reviewed the facility policy regarding unusual death, as well as surrounding circumstances of the death of Resident H in an effort gain further understanding as to how further investigation was warranted. II. As all residents could be affected, the following corrective actions shall be taken: III. Administrative staff of the facility has again reviewed the reportable unusual occurrence guidance. Thorough investigation shall be conducted following a report of any such occurrence, with a summary of said investigation and decision made as to the meeting of the guidance and subsequent reporting to ISDH. Should an incident occur which appears that it could meet the guidance; however, the Administrator is uncertain, the incident will be immediately reviewed with the Regulatory Consultant to further clarify. Should the administrative staff still yet remain uncertain as to need to report, the ISDH Area Supervisor may be contacted and clarification sought in an effort to remain in compliance with reporting per ISDH guidance. IV. As a means of quality assurance, the Administrator shall review all reportable incidents with the Quality Assurance Committee on at least a quarterly basis. Should there be concerns as to facility</p>	10/10/2012			

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	<p>occurrence related to a resident's death, for 1 of 1 resident reviewed with an unusual death in a total sample of 6. (Resident H)</p> <p>Findings include:</p> <p>Resident H's closed record was reviewed on 9/4/2012 at 3 p.m.. A nursing note of 6/3/12 at 6:15 p.m. indicated he was found unresponsive in dining room #2, which is where residents requiring assistance dine. He was sent to the emergency room per 9-1-1. Interview on 9/4/2012 at 5:50 p.m., with LPN #2, indicated she found Resident H face down in his plate. They removed him from the dining room, did CPR and called 9-1-1. She said he appeared dead when found, was very pale, unresponsive, and not breathing. He had not been ill prior to his death.</p> <p>Resident H's nursing notes indicated he had been his usual self in the days preceding his sudden and unexpected death except for a short episode of difficulty breathing on 5/31/12 at 11:15 a.m. That nursing note indicated Resident H became short of breath, was coughing and required oxygen. He returned to his normal self immediately when oxygen was administered. He had not had any further problems documented.</p>		failure to recognize an incident as meeting the reportable unusual occurrence guidance; the same shall be addressed immediately upon discovery and corrective action taken, as warranted.		

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	<p>Review of the Emergency Room documentation on 9/4/12 at 10:30 a.m. indicated Resident H arrived there without cardiac activity and totally unresponsive. They were unable to revive him.</p> <p>During interview on 9/5/12 at 10:10 a.m., the Administrator indicated this sudden death was not reported to ISDH because they had not considered his death unusual in that he had experienced a TIA (transient ischemic attack) a few days prior, so they assumed he had died of natural causes. An investigation into the specifics of his last few minutes had not been done.</p> <p>The facility's abuse protocol, which was in effect at the time of this death, was reviewed 9/5/12 at 5:25 p.m. It indicated on page 9, "The facility will report unusual occurrences within 24 hours of occurrence to the Indiana State Department of Health, Long Term Care Division and will follow-up in writing within 5 working days of the occurrence."</p> <p>This state finding relates to complaint IN00114997.</p> <p>3.1-13(g)(1)</p>			

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