

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155473	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/31/2012
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NAME OF PROVIDER OR SUPPLIER CHALET VILLAGE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 PARKWAY ST BERNE, IN 46711
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F0000	<p>This visit was for the Investigation of Complaint IN00121341.</p> <p>Complaint IN00121341 Substantiated. Federal/ state deficiencies related to the allegations are cited at F 166, F248, and F315.</p> <p>Survey dates: December 30, and 31, 2012</p> <p>Facility number: 000546 Provider number: 155473 AIM number: 100267370</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 37 Total: 37</p> <p>Census payor type: Medicare: 4 Medicaid: 28 Other: 5 Total: 37</p>	F0000	F0000Submission 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 the requirement under the state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 3, 2013 by Randy Fry RN.</p>			

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F0166 SS=F	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on interview and record review the facility failed to address resident concerns voiced in a resident council meeting regarding activities. This had the potential to affect 37 of 37 residents residing in the facility.</p> <p>Findings include:</p> <p>A review of the October Resident Council minutes dated 10-11-2012 indicated several residents attending the meeting had requested more groups to be involved in activities in the facility.</p> <p>A response from the Activity Director dated 10-12-2012 indicated the Activity Director had contacted schools, churches, and volunteer groups, but she had no response to her requests.</p> <p>A review of the December Activity Calendar revealed Bicounty small reading group, and Rosary group on the second Tuesday of the month. The calendar also indicated there</p>	F0166	<p>F166</p> <ol style="list-style-type: none"> Alert and oriented residents were interviewed to determine any activity concerns and suggestions for outside groups to be involved in facility activities. See attachment #1. The new Activity Director was in-serviced regarding Resident Council concern referrals with adequate resolution and prompt efforts to resolve grievances. All residents have the potential to be affected. Residents and families were interviewed to determine any activity concerns and suggestions for outside groups to be involved in facility activities. Suggestions to be followed by Activity Director and contacts made to outside groups for facility activities. Resident Council meeting conducted on 1-10-13 to determine any activity concerns and suggestions for outside groups to be involved. Administrator or designee will review all Resident Council concern referrals for adequate resolutions and prompt and continued efforts to resolve grievances. See attachment #2. Activity Director will follow up any suggestions from Resident 	01/15/2013

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	<p>were three caroling groups coming in for the month of December.</p> <p>A review of the Activity calendar proposed for January 2013 indicated the weekly Bicounty small reading group and the monthly rosary group were the only groups on the schedule.</p> <p>In a confidential interview, on 12-30-2012 at 11:02 AM, the interviewee indicated there were not enough activities and the facility was boring when there was nothing to do. Additionally, there were not enough outside groups coming in, and even though this had been addressed in Resident Council, the Activity Director did not get anyone to come in.</p> <p>In an interview on 12-31-2012 at 9:10 AM, the Social Services Director and acting Activity Director indicated she was unsure if anyone had been contacted about bringing their group in for the residents. She additionally indicated there was only one group coming in to the facility every Wednesday to read to the residents. She further indicated the Rosary group was no longer coming to the facility due to disinterest from the residents. She further indicated the previous activity Director should have</p>		<p>Council, and contacts will be made to outside groups for facility activities. Any such contacts will be documented and good faith effort reported back to Resident Council as to attempts and successes of engaging outside groups and enhancing the activity program.</p> <p>4. Outcome of Administrator reviews and continued compliance with review and response to Resident Council Concerns to be reviewed at monthly Quality Assurance Meetings monthly x 3 months and then quarterly thereafter.</p> <p>5. 1-15-13</p>		

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	<p>responded to the resident requests for more small groups in the calendar.</p> <p>This Federal tag relates to complaint number IN 00121341.</p> <p>3.1-7(a)(2)</p>				

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F0248 SS=D	<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, interview and record review, the facility failed to provide activities of interest for 2 of 3 residents reviewed for activity participation in a sample of 3. (Resident # H, Resident #J)</p> <p>Findings include:</p> <p>1. Resident #H's record was reviewed 12-30-2012 at 2:19 PM. Resident #H's diagnoses included, but were not limited to, psychosis, depression, and diabetes.</p> <p>During initial tour on 12-30-2012 at 10:32 AM, Resident #H was observed sitting in the TV lounge with her family. Resident #H was in her wheelchair and rocking back and forth. Resident #H's family was watching television and conversing with her about the program.</p> <p>In an interview on 12-30-2012 at 10:35 AM, Resident #H's family</p>	F0248	<p>F248</p> <p>1. Resident H and Resident J assessed for current activity interests and care plans updated to reflect identified interests.</p> <p>2. All residents have the potential to be affected. The new Activity Director educated regarding resident assessment and care planning to meet the residents identified interests, weekend activity scheduling and resident activity attendance documentation. Staff in-service regarding weekend activity scheduling, and resident activity calendar and resources for providing scheduled activities. Interviews being conducted for Activity assistant to be hired.</p> <p>3. The new Activity Director educated regarding resident assessment and care planning to meet the residents identified interests, weekend activity scheduling and resident activity attendance documentation. Staff in-service regarding weekend activity scheduling, and resident activity calendar and resources for providing scheduled activities. Interviews being conducted for Activity assistant to be hired.</p>	01/15/2013			

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	<p>indicated the door to the TV room was often locked and there were no afternoon activities for the residents on Sunday. The family further indicated they watched the nurse unlock the door with the restroom key so they knew where the key was and they unlocked the door themselves to use the TV room so Resident #H was not so bored.</p> <p>In an interview on 12-30-2012 at 2:48 PM, CNA #4 indicated staff was responsible to put videos in, or turn on the TV. She additionally indicated the TV room is usually locked on Sundays, and staff did not know which key unlocked the room until last week when someone told them the restroom key opened the TV room door.</p> <p>In a continuous observation on 12-30-2012 between 10:30 Am and 12:30 PM, no activities were offered or occurring.</p> <p>In a continuous observation on 12-30-2012 between 1:30 PM and 3:30 PM, no activities were offered or occurring.</p> <p>An activity assessment for Resident #H dated 10-17-2012 included interests of reading, animals, group</p>		<p>The Administrator or designee will monitor the weekend activity schedule compliance, review activity attendance documentation of 10 random residents weekly for 3 months to assure compliance. Satisfaction with the provision of activities of interest will be addressed during Resident Council Meetings ongoing.</p> <p>4. The outcome of the Administrator monitoring and continued compliance with provision of activities of interest will be reviewed at monthly Quality Assurance meetings x 3 months and quarterly thereafter.</p> <p>5. 1-15-13</p>				

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	<p>activities, religious activities, music, news, and time outdoors.</p> <p>A care plan dated 10-18-2012 titled enjoys facility sponsored activities indicated interests included bingo, religious services, TV shows, music, outside activities, cooking, trivia, women's group, and crafts. The care plan indicated family visits frequently. Interventions included provide monthly calendar, provide transport to and from activity, provide activities of interest, praise all efforts, encourage all efforts, give reminders, and observe for changes in preferences and address as needed.</p> <p>During an interview on 12-31-2012 at 9:10 AM, the acting Activity Director indicated there were no activity logs for the month of December to review if Resident #H had attended or refused any activities. The acting Activity Director indicated the logs should have been completed for the residents.</p> <p>2. Resident #J's record was reviewed 12-31-2012 at 11:00 AM. Resident #J's diagnoses included, but were not limited to, dementia, depression, and diabetes.</p> <p>During initial tour on 12-30-2012 at</p>						

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	<p>10:34 AM, Resident #J was observed sitting in her room with no TV or radio on. Resident #J was in her wheelchair looking out the window.</p> <p>In an interview on 12-30-2012 at 10:34 AM, with Resident #J's family, they indicated Resident #J was often bored especially on Sunday when no activities were scheduled for the afternoons.</p> <p>In a continuous observation on 12-30-2012 between 10:30 Am and 12:30 PM, no activities were offered or occurring.</p> <p>In a continuous observation on 12-30-2012 between 1:30 PM and 3:30 PM, no activities were offered or occurring.</p> <p>A review of the activity calendar for December 2012 indicated on Sunday, December 2nd, a 1 PM movie was to be shown; on December 9th, no activities were scheduled between 11 AM and 7 PM family visits were noted on the calendar without a time assigned; on December 16th, no activities were noted on the calendar between 11 AM and 5 PM; on December 23rd, no activities were scheduled on the calendar between 11 AM and 7 PM; and on December</p>						

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	<p>30th, no activities were scheduled on the calendar between 9 AM and 7 PM.</p> <p>An activity roster posted next to the dining area indicated Activities were subject to change. Additionally, the roster indicated for 12-30-2012: 8 AM was Missionary video, at 9 AM was Pastor Troy and at 7 PM was Decatur Baptist.</p> <p>In an interview on 12-30-2012, CNA #1 indicated the Missionary video had not been shown because they staff had no access to the video and the staff were too busy to set the video up and get residents to the video area.</p> <p>An activity assessment for Resident #J dated 12-18-2012 included interests of walking, parties, shopping, zoo, theatre, and museums.</p> <p>There was no care plan to address activities interests or assistance to meet Resident #J's interests.</p> <p>During an interview on 12-31-2012 at 9:10 AM, the acting Activity Director indicated there were no activity logs for the month of December to review if Resident #J had attended or refused any activities. The acting</p>						

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	<p>Activity Director indicated the logs should have been completed for the residents.</p> <p>This Federal tag relates to complaint number IN 00121341.</p> <p>3.1-33(a)</p>				

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review the facility failed to ensure toileting was offered for 2 of 3 residents reviewed for toileting in a sample of 3. (Resident #I and Resident #J)</p> <p>Findings include:</p> <p>1. Resident #I's record was reviewed 12-31-2012 at 10:20 AM. Resident #I's diagnoses included, but were not limited to, dementia, high blood pressure and seizure disorder.</p> <p>During initial tour on 12-30-2012 at 10:23 AM, Resident #I was observed sitting in the dining area with no TV or radio on. Resident #I was in her wheelchair looking down the hall and talking to herself.</p>	F0315	<p>F315</p> <p>1. Residents I and J were provided prompt care and incurred no skin breakdown as a result of the incidents in question. Assessments and care plans were reviewed to ensure appropriate interventions in place.</p> <p>2. All residents exhibiting incontinence have the potential to be affected and have been identified via bowel and bladder assessments. See attachment #3. Those residents' plans of care were reviewed to ensure appropriate interventions were in place and assignment sheets were revised accordingly.</p> <p>3. Nursing staff were re-educated on Bowel and Bladder policy. The DON or designee will monitor identified residents for toileting needs to assure planned interventions are implemented as per plan of care per observations conducted twice daily x 1 month, then daily x 1 month then weekly thereafter.</p>	01/15/2013			

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	<p>In a confidential interview on 12-30-2012 at 10:35 AM, a visitor indicated Resident #I had been in the dining room since church had ended.</p> <p>In an interview on 12-30-2012 at 10:36 AM, CNA #3 indicated Resident #I enjoyed staying in the dining area after church, so the facility staff allowed her to stay in the dining area. CNA #3 further indicated Resident #I had not been toileted since before church at 9 AM.</p> <p>In a continuous observation between 10:30 AM and 12:30 PM, Resident #I was observed in the dining area in her wheelchair. No staff offered to toilet her during that time. Resident #I's clothing remained dry during the time of the observation.</p> <p>A current bowel and bladder assessment dated 05-21-2012 indicated Resident #I had dementia and was unable to participate in toileting program.</p> <p>A Minimum Data Set dated 09-25-2012 indicated Resident #I was incontinent at least 7 times per week and required extensive assistance with one person physical assist.</p> <p>A care plan dated 9-28-2012 titled</p>		<p>See attachment #4. Should concerns be observed, corrective action shall be taken immediately.</p> <p>4. The findings of above observations and any corrective actions taken will be reviewed during the facility Quality Assurance meetings monthly x 3 months then quarterly thereafter.</p> <p>5. 1-15-13</p>				

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	<p>bladder incontinence indicated to toilet per schedule as listed, but no schedule was listed for Resident #1. The care plan further indicated to provide peri care each shift and with each incontinent episode.</p> <p>In an interview on 12-31-2012 at 9:10 AM, the Director of Nursing indicated residents are to be checked and toileted about every 2 hours.</p> <p>2. Resident #J's record was reviewed 12-31-2012 at 11:00 AM. Resident #J's diagnoses included, but were not limited to, dementia, depression, and diabetes.</p> <p>During initial tour on 12-30-2012 at 10:34 AM, Resident #J was observed sitting in her room with no TV or radio on. Resident #J was in her wheelchair looking out the window.</p> <p>In an interview on 12-30-2012 at 10:34 AM, Resident #J's family indicated Resident #J was up in her chair when they arrived at 9:30 AM. Resident #J's family indicated Resident #J had not been toileted since their arrival.</p> <p>In an interview on 12-30-2012 at 10:36 AM, CNA #3 indicated Resident #J's family toileted her at their</p>						

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	<p>request. CNA #3 further indicated she had not toileted Resident #J at all that shift.</p> <p>In a continuous observation between 10:30 Am and 12:30 PM, Resident #J was not toileted. Resident #J's clothing remained dry during the observation period.</p> <p>A bowel and bladder assessment dated 12-13-2012 indicated Resident #J was continent and needed 1 assist to toilet and Resident #J had a perception of the need to urinate.</p> <p>A Minimum Data Set dated 12-19-2012 indicated Resident #J had incontinence at least daily and required minimal physical assistance of 1 person to toilet.</p> <p>A care plan dated 12-21-2012 titled bladder incontinence indicated to approach resident at least every 2 hours and ask or check for evidence of incontinence. The care plan further indicated to provide peri care each shift and with each incontinent episode.</p> <p>In an interview 12-31-2012 at 11:32 AM, the Administrator indicated Resident #J's family toileted her. She further indicated Resident #J needed</p>				

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NAME OF PROVIDER OR SUPPLIER CHALET VILLAGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1065 PARKWAY ST BERNE, IN 46711		
(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	
	<p>assistance in the morning, but was independent after she was up for awhile.</p> <p>This Federal tag relates to complaint number IN 00121341.</p> <p>3.1-41(a)(1)</p>				