

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155480	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/18/2016
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NAME OF PROVIDER OR SUPPLIER  BROOKVILLE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11049 SR 101 BROOKVILLE, IN 47012
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00196028, IN00196390, IN00197822 and IN00200094.</p> <p>Complaint IN00196028 -- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00196390 -- Substantiated. Federal/state deficiency related to the allegations is cited at F153.</p> <p>Complaint IN00197822 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00200094 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: May 13, 16, 17 and 18,2016</p> <p>Facility number: 000550 Provider number: 155480 AIM number: 100286110</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census payor type:</p>	F 0000	<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. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</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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F 0153 SS=D Bldg. 00	<p>Medicare: 5 Medicaid: 41 Other: 9 Total: 55</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on May 20, 2016</p> <p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility. Based on interview and record review, the facility failed to provide copies of a clinical record within two working (business) days of receiving the written request for the clinical record for 1 of 1</p>	F 0153	F153 Requires the facility to provide copies of clinical record within two working business dahs of receiving the written request for clinical record. 1. Resident C's family was given copies of the clinical record per her request.	05/23/2016	

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	<p>residents reviewed for records request. (Resident #C)</p> <p>In an interview with a family member of Resident #C on 5-16-16 at 1:50 p.m., she indicated the POA (power of attorney) for Resident #C had verbally requested clinical records Resident #C on 3-7-16, and on 3-10-16, the POA requested specific clinical records in writing, then received the requested clinical records on 3-16-16.</p> <p>In an interview with the Regional Administrator on 5-17-16 at 1:55 p.m., she indicated the request for clinical records was submitted to the facility on 3-10-16. The POA was notified of the availability of the records on 3-15-16. She indicated the POA picked up the requested records on 3-16-16.</p> <p>On 5-17-16 at 1:55 p.m., the Regional Administrator provided a copy of a handwritten request for specific clinical records information, from the POA of Resident #C, dated 3-10-16.</p> <p>In review of a copy of the "HIPAA Compliant Authorization for the Release of Resident Information Pursuant to 45 CFR 164.508" provided by the Regional Administrator on 5-17-16 at 1:55 p.m., the document indicated the records were</p>		<p>2. All residents have the potential to be affected. The facility will provide medical records per family request in a timely manner and will provide proper documentation as to when records are ready for pick up and date when records were received. See below for corrective measures. 3. The Medical Record Request policy and procedure was reviewed with no changes made. (See attachment A) The Administrator, Director of Nurses and Medical Director Coordinator were inserviced on the on the above procedure. 4. The administrator will review all written request for medical records and contact the medical records coordinator to ensure copies of the clinical records is obtained. The records will be provided within 2 working days (business days) to the family. Once records are gathered, the family will be contacted that the records are ready and the date documented. Once the family recieves the records that date as well be documented. The administrator or her designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100 percent compliance is obtained and maintained. (See attachment B) The audits will be reviewed during</p>				

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	<p>signed by Resident #C's POA on 3-16-16 to "...acknowledge that I am aware and consent to the estimated cost for duplication of the requested clinical record(s) and hereby request the facility proceed to produce the above listed clinical record(s). This form did not indicate the actual date of the request for clinical records, the date of notification to the POA of the records being available for pickup or the actual date the records were picked up.</p> <p>This document indicated, "The facility will observe the resident's or his/her legal representative's right to have immediate access to the current active clinical record. Upon oral or written request, access to all other records pertaining to himself/herself will be made available within twenty-four (24) hours (excluding weekends and holidays); and after receipt of his/her records for inspection, the resident or legal representative may purchase, at cost not to exceed the community standard, photocopies of the records, or any portions thereof, upon request and two (2) working days advance notice to the facility in accordance with F153."</p> <p>This Federal tag relates to Complaint IN00196390.</p>		<p>the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly. 5. The above corrective measures will be completed on or before MAY 23, 2016.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	3.1-4(b)(2) 3.1-4(b)(3)				