

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER WALKER PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2216 N RILEY HWY SHELBYVILLE, IN 46176
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 18 and 19, 2016</p> <p>Facility number: 004444 Provider number: 004444 AIM number: N/A</p> <p>Census bed type: Residential: 34 Total: 34</p> <p>Sample Size: 6</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 30576 on April 20, 2016.</p>	R 0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiency was correctly cited, and is also NOT to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
R 0356 Bldg. 00	<p>410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following: (1) The resident ' s name, sex, room or</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>apartment number, phone number, age, or date of birth.</p> <p>(2) The resident ' s hospital preference.</p> <p>(3) The name and phone number of any legally authorized representative.</p> <p>(4) The name and phone number of the resident ' s physician of record.</p> <p>(5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death.</p> <p>(6) Information on any known allergies.</p> <p>(7) A photograph (for identification of the resident).</p> <p>(8) Copy of advance directives, if available.</p> <p>Based on record review and interview, the facility failed to ensure the emergency files contained sufficient information, in the event of an emergency, for 5 of 5 residential records reviewed in a sample of 6. (Residents #8, 11, 21, 29, and 34)</p> <p>Findings include:</p> <p>The "Residential Emergency Info Book" was provided by the Executive Director on 4/19/16, at 11:00 a.m., and reviewed at that time. The following information was missing from the emergency files:</p> <p>1. Resident #8 was admitted to the residential unit on 2/27/16. Resident #8 had no emergency information in the emergency file.</p> <p>2. Resident #11 was admitted on 9/8/15.</p>	R 0356	<p>1.) The emergency binder was updated on 04/20/2016 for residents #8, #11, #21, #29, and #34, to include the facesheet with resident's name, sex, apartment number, phone number, date of birth hospital preference, emergency contacts and/or POA information, any allergies and current photographs.2.) The remaining 28 current residents were found to be missing photographs in the emergency binder. Photographs were taken and placed with each resident's information on 04/20/2016.3.) Concierge was inserviced on 04/20/2016 by Executive Director on completion of emergency binder with each new move in.4.) The concierge is responsible for sustained compliance to ensure required information on new move-ins is placed in the emergency binder. Monitoring will be ongoing. 5.) Completion date: 05/13/2016</p>	05/13/2016

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	<p>Resident #11's emergency file failed to include a photograph of the resident, sex of the resident, phone number, room number, age, physician, physician's phone number, name and phone number of an emergency contact, allergies, and a copy of advance directives.</p> <p>3. Resident #21 was admitted on 8/8/14. Resident #21's emergency file failed to include his phone number, hospital preference, and a copy of advance directives.</p> <p>4. Resident #29 was admitted on 4/18/14. Her emergency file failed to include her phone number, hospital preference, name and phone number of her legally authorized representative, and a copy of advance directives.</p> <p>5. Resident #34 was admitted on 5/22/15. His emergency file failed to include his phone number, age, and copy of advance directives.</p> <p>During an interview, on 4/19/16 at 12:08 p.m., the Executive Director indicated the Director of Nursing is responsible to maintain the emergency file.</p> <p>On 4/19/16 at 12:33 p.m., the Executive Director indicated they do not have a policy for emergency files.</p>			

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

PRINTED: 05/26/2016

FORM APPROVED

OMB NO. 0938-0391

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