STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155691	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRISTOWN MANOR	868 S WASHINGTON ST MORRISTOWN, IN 46161

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F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: November 18, 19, 20, 21, 24, & 25, 2014 Facility number: 000422 Provider number: 155691 AIM number: 100291030 Survey team: Beth Walsh, RN-TC Karina Gates, Generalist (11/18,11/19,11/20,11/24,11/25, 2014) Tom Stauss, RN (11/18,11/19,11/20,11/21,11/24, 2014) Census bed type: SNF: 20 SNF/NF: 80 Total: 100 Census payor type: Medicare: 17 Medicaid: 62 Other: 21 Total: 100 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.	F000000	Submission of this plan of correction does not constituteadmission or agreement by the provider of the truth of facts alleged orcorrection set forth on the statement of deficiencies. The plan of correction is prepared andsubmitted because of requirement under and state and federal law. Please accept this plan of correction as ourcredible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of thesurvey finding, please find the sufficient documentation providing evidence ofcompliance with the plan of correction. The documentation serves to confirm the facility's allegation ofcompliance. Thus, the facilityrespectfully requests the granting of paper compliance. Should additional information be necessary toconfirm said compliance, feel free to contact me.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 completed on November 26, 2014 by Cheryl Fielden, RN.			
F000250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on interview and record review, the facility failed to ensure a Resident with the diagnosis of borderline intellectual function, had continued hearing exams as recommended by the Resident's last PASRR (Pre-Admission Screening/Annual Resident Review) for 1 of 1 residents reviewed for PASRR. (Resident #1) Findings include: The clinical record for Resident #1 was reviewed on 11/21/14 at 11:05 a.m. The diagnoses for Resident #1 included, but were not limited to, borderline intellectual function, obsessive compulsive disorder, diabetes mellitus, and history of renal failure. A review of the PASRR (Pre-Admission Screening/Annual Resident Review),	F000250	F250 Requires the facility to provide medically –relatedsocial services to attain or maintain the highest practicable physical, mentaland psychosocial well-being of each resident. 1. Resident#1 was not harmed. 2.All residents have the potential to be affected. The Audiologist Records for all residents whohave consent for Audiology were reviewed. The Audiologist referral and visitprocedure was reviewed and changes were made to the procedure. (See attachment A) The staff responsible for assisting incoordinating the Audiologist visits, the signing up of services, and who meetswith the Audiologist when rounding were in-serviced on the on the aboveprocedure. The facility contracted Audiologist was notified of the procedurechange and of any resident who needs seen. Resident #1 was seen by theAudiologist on 11/26/14. The	12/24/2014

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	dated 8/3/12, indicated Resident #1 does not need a yearly review due to, "...Individuals who have geriatric medical needs are not required to have annual diagnostic evaluations." The 2012 PASRR Program/Service section did indicate, "....Routine optometry, audiology, dental & medical follow along...." A PASRR, dated 4/19/11, had the recommendation for "....may benefit from continued support with regular medical exams as needed...may benefit from continued hearing exams...as needed...." A Health Services Consent Form, dated 6/21/05, was signed by Resident #1's legal guardian for approval of on-site hearing services. A Care Plan, dated 8/27/13, indicated a Focus as, "....Resident has Dx [diagnosis] of borderline intellectual functioning and MR [mental retardation] and requires annual screening for ancillary services and therapy screens." The Care Plan indicated an intervention, "Annual audio exam/eval [evaluation] as needed...." A review of a Audiogram [hearing exam performed by an Audiologist], dated 11/13/08, indicated, "....no problems, re [symbol for check] 1 year."		Audiologist returned on 12/3/14 and saw multipleresidents and will be returning to the facility on 12/16/14 to follow up withany other residents that need their yearly evaluation. (See Attachment B). The SS staff did a reviewof all residents' most recent PASRR paperwork to ensure the facility is incompliance with the recommendations of the PASRR. There is only one residentwith a HAB plan and it was reviewed for any recommendations. All residents careplans were reviewed and revised as necessary. 3.A schedule of when residents' are to be seen bythe Audiologist will be maintained by the DON or unit manager. When theAudiologist rounds in the facility, the Audiologist will now give the progressnotes to the DON or unit manager for review. At the time of the exit with the Audiologist,the DON or unit manager will assure that all residents who were due for theirannual exam were seen. The DON or unitmanager will utilize the Audiologist monitoring tool after each audiology visitfor 6 months, then quarterly thereafter to ensure Audiology visits are beingdone timely. (See attachment C) Theaudits will be reviewed during the facility's quarterly quality assurancemeetings and the plan of correction will be adjusted accordingly. The SSDirector or	

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	During an interview with Medical Records #4, on 11/21/14 at 1:46 p.m., she indicated 2008 was the last time Resident #1 saw an audiologist for a hearing evaluation. Medical Records #4 further indicated Audiology services do not routinely come to the facility. Medical Records #4 indicated the service only comes when the facility calls the service with a concern. On 11/21/14, at 2:00 p.m., Social Services Assistant #1 (SSA#1) indicated Resident #1 recently moved to her unit, so she was unsure of when Resident #1 last had an audiology evaluation. SSA#1 further indicated both Nursing and Social Services should keep track of ancillary services visits. SSA#1 also indicated if the last PASRR recommended to have continued hearing exams, the Resident should have an annual hearing exam. At 2:11 p.m., on 11/21/14, Social Services Assistant #2 indicated an evaluation was not completed so recommendations were not provided for 2012 PASRR. SSA#2 further indicated the facility should follow the recommendations from the 2011 PASRR, which included continued audiology evaluations. During an interview with the Social		Designee will complete an audit monthly on any resident who had anew PASRR assessment or HAB plan completed during the month to assure therecommendations are followed through and the care plan is reflective ifnecessary. (See attachment D). The audit will be done monthly for 6 months,then quarterly thereafter. The audits will be reviewed during the facility'squarterly quality assurance meetings and the plan of correction will beadjusted accordingly. 4.The above corrective measures will be completedon or before December 24, 2014.	

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	Services Director (SSD), on 11/21/14 at 2:27 p.m., she indicated the facility interpreted the 2011 PASRR recommendation for continued hearing exams on an as needed basis. The SSD further indicated since Resident #1 hasn't had any issues with hearing, Resident #1 has not had a hearing exam since 2008. The SSD further indicated the Facility knows Resident #1 has hadn't any issues with hearing because when staff converse with her or ask her to do something, Resident #1 responds appropriately. A Social Services Progress Note, dated 11/10/14 at 4:16 p.m., indicated, "....Resident has a diagnosis of borderline intellectual function, mental retardation, obsessive compulsive disorder (OCD), and dementia with depression. Resident also has a diagnosis of history of renal failure, diabetes....Resident was seen by the dentist on 10/8/14, the podiatrist on 10/23/14, and the ophthalmologist on 4/22/14....Resident most recent D&E [diagnostic evaluation] recommended 24 hour residential care setting, regular medical exams, annual therapy screenings.... Resident was seen by the BDDS [Bureau of Developmental Disabilities Services] office on 8/2/12 and the reported [sic] stated because of her geriatric medical conditions she does not require an annual review. Resident			

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	chooses not to participate in specialized OBRA [Omnibus Budget Reconciliation Act] services....Resident has HAB [habilitation] plans in place for annual evaluations, assisting in dressing, impaired communication....Resident was approached in the hallway by the nurses station and the writer spoke with resident for approx. [approximately] 5 minutes." A Social Services Progress Note, dated 10/7/14 at 3:11 p.m., indicated, "....The following information was gathered on 10/7/14. The residents hearing was adequate. The residents speech was clear. The resident was able to make themselves understood. Resident was able to understand others...." A Social Services Progress Note, dated 7/14/14 at 11:18 a.m., indicated, "....Resident was seen by the dentist on 3/27/14, the podiatrist on 6/19/14, and the ophthalmologist on 4/22/14....Resident is care planned for....impaired communication....impaired decision making....Resident has HAB plans in place for annual evaluations....Resident was approached in the hallway by the nurses station and the writer spoke with resident for approx. 10 minutes....Resident did not report any concerns...."			

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	A Social Services Progress Note, dated 7/14/14 at 10:22 a.m., indicated, "....The following information was gathered on 7/14/14. The residents hearing was adequate. The residents speech was clear but slow at times. The resident was able to make themselves understood. Resident was able to understand others....The resident is currently care planned for poor STM [short term memory] and impaired reasoning....The resident participated in the assessment on 7/14/14...." During an interview with SSA#2, on 11/14/14 at 9:40 a.m., SSA #2 indicated he wrote Resident #1 had adequate hearing in the above Progress Notes because Resident #1 was able to adequately participate in a conversation with him. On 11/14/14 at 10:00 a.m., SSA #1 and the MDS (Minimum Data Set) Coordinator indicated they would determine if a Resident had adequate hearing by the Resident's ability to participate in a "normal" conversation. At 12:26 p.m., SSA#2 indicated Resident #1 will be seen this Wednesday [11/26/14] and SSA#2 further indicated the Audiology company did not follow up after the 2008 appointment. SSA#2 also indicated he was unsure why the			

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	Facility did not follow up after the missed yearly visit. On 11/24/14, at 12:48 p.m., SSA#2 indicated he was unsure why/who determined to change the process of Resident #1 seeing the Audiologist routinely, to on an as needed basis. During an interview with SSA#2, on 11/24/14 at 1:04 p.m., he indicated the Audiologist's office told him their services were supposed to follow Resident #1 yearly, but the Audiologist services had an error with their paperwork and have missed evaluating Resident #1 since 2008. During the Quality Assurance and Assurance interview, on 11/25/14 at 11:40 a.m., the Administrator indicated there was a process breakdown in ensuring the Audiologist followed Resident #1 yearly. The Administrator further indicated Social Services was relying on Nursing to follow the Resident's ancillary services follow up. 3.1-34(a)			
F000411 SS=D	483.55(a) ROUTINE/EMERGENCY DENTAL			

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	SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care. A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist. Based on interview and record review, the facility failed to follow up with dental recommendations for 1 of 3 residents reviewed of 4 who met the criteria for dental status and services. (Resident #68) Findings include: The clinical record for Resident #68 was reviewed on 11/19/14, at 11:00 a.m. The diagnoses for Resident #68 included, but were not limited to, xerostomia (dry mouth). The 8/14/14 Dental Note for Resident #68 indicated, "Periodic oral evaluation: Pt (Patient) has xerostomia and needs to use Biotene products for dry mouth....Oral hygiene instruction: Pt has xerostomia and Biotene products were	F000411	F411 Requires the facility to assist residents inobtaining routine and 24 hour emergency dental care. 1.Resident # 68 was not harmed. The order for Biotene was written on 11/24/2014 as soon as the surveyors brought the matter to our attention, it is being administered bid routinely 2.All residents have the potential to be affected. An audit was completed to ensure dental recommendations have been followed through on all residents. Any recommendations from the facility dentalservice that had not been addressed with the PCP previously, was completed. See below for corrective measures. 3.The procedure for review of dental recommendations was reviewed with changes made. (See attachment E) The staff responsible for the Dental serviceswas in-serviced on the on	12/24/2014

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	recommended to be used for dry mouth. Biotene coupons were given to the pt." The August, September, October, and November, 2014 Physician Orders, MAR's (medication administration records), TAR's (treatment administration records), and progress notes for Resident #68 did not indicate the use of Biotene products or any indication the 8/14/14 dental recommendation for Biotene products was addressed. An interview was conducted with Resident #68 on 11/24/14, at 11:09 a.m. She indicated, "I never did get the Biotene. I don't know if anyone here (at the facility) knew about the recommendation. My mouth is dry all the time. It stays dry. It's hard to open my mouth when it's dry." An interview was conducted with LPN #3 on 11/24/14, at 11:16 a.m. LPN #3 indicated she was the staff member at the facility responsible for reviewing and following up with dental recommendations. She indicated, "I chart the dental appointments. He didn't say anything about getting her Biotene. I didn't know anything about it before now. I need to make sure she gets it." 3.1-24(a)(1)		the above procedure. A letter was provided to thedental service provider about the change in the facility procedure. (See attachment F) 4.After each dental service visit, the progressnotes/recommendations will be reviewed by the unit manager and then the DON or designee. The DON or her designee willutilize the nursing/dental visit monitoring tool after each Dental servicemonthly visit for 6 months, then quarterly thereafter to ensure any recommendationmade is being addressed with the PCP. (See attachment G) The auditswill be reviewed during the facility's quarterly quality assurance meetings andthe plan of correction will be adjusted accordingly. 5.The above corrective measures will be completedon or before December 24, 2014.	

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