

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

PRINTED: 09/15/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>09/06/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUNSTER MED-INN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7935 CALUMET AVENUE MUNSTER, IN 46321</b>		
(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	
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a 23 day revisit to the Investigation of Complaint IN00094249 completed on 8/24/11 which resulted in an Immediate Jeopardy (IJ) at F 323 that was not removed prior to exit.</p> <p>Complaint IN00094249- Corrected</p> <p>Survey date: September 6, 2011</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Survey team: Janelyn Kulik, RN</p> <p>Census bed type: SNF: 12 SNF/NF: 176 Total: 188</p> <p>Census payor type: Medicare: 25 Medicaid: 127 Other: 36 Total: 188</p> <p>Sample: 4</p> <p>Munster Med Inn was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the 23 day revisit to the Investigation of Complaint IN00094249.</p> <p>An Immediate Jeopardy was identified on 8/22/11 at 4:30 p.m. The Immediate Jeopardy began on</p>	{F 000}			

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 000}	<p>Continued From page 1</p> <p>8/18/11 when no elopement assessment was completed and a Wanderguard was discontinued for a resident with a history of elopement. The immediate jeopardy was not removed on the date of exit, 8/24/11.</p> <p>During the post survey revisit on 9/6/11, the immediate jeopardy was determined to be removed and corrected with the compliance date of 8/25/11.</p> <p>On 9/6/11, after thorough observation, record review, interview and review of inservices, audits and policies, it was determined the facility had implemented the plan of correction to remove the immediate jeopardy and that the steps taken removed and corrected the immediacy of the problem.</p> <p>The facility began inservicing staff on 8/22/11, regarding the resident safety monitoring tool. The safety monitoring tool requires staff to observe the resident and document the time and location of the resident every thirty minutes. Additional inservices were completed on 8/23/11 until the "Chain of Supervision" policy and procedure could be implemented on 8/25/11. A Wanderguard was placed on the resident on 8/23/11. The policy and procedure for Elopement Risk Assessment was reviewed and revised to better detail the frequency of the completion of the Elopement Risk Assessment. The assessments are to be completed upon admission, quarterly, when an elopement occurs, when an elopement is attempted, and prior to a resident being removed from the Special Care Unit to another unit or when there is a significant cognitive change noted. All residents were</p>	{F 000}			

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{F 000}	<p>Continued From page 2</p> <p>reassessed for elopement risk beginning on 8/23/11 and was completed on 8/24/11. The facility contacted Wanderguard to assist in assessment of additional security measures to supplement the existing security measures in place on the ground floor. The facility developed a "Chain of Supervision" policy and procedure to ensure appropriate supervision of residents with Wanderguards. Inservice began on 8/24/11 which requires that prior to a resident with Wanderguard leaving their unit they must be accompanied by family or staff. The resident must be signed off the unit with a current date and time, as well as an expected time of return. The individual who signs the resident out will assume responsibility for the resident's supervision from the assigned nurse on the unit. The assigned nurse will also co-sign to the individual their awareness of the resident's whereabouts. The individual who signs the resident off the unit shall be responsible for ensuring direct supervision of the resident for the duration of the time they are off the unit. Upon the resident's return to the unit, it will be necessary for both the person returning the resident to the unit and the assigned nurse to document the time of the residents return and sign that the nurse again resumes the responsibility for the resident's supervision. Additional inservices were held on 8/25/11 and all other employees would be inserviced prior to returning to work.</p> <p>Review of the inservices and the policies, observation and interviewing of the staff, including nurses, CNA's, resident aides, housekeeping, laundry, and social service, indicated their understanding of the "Chain of Supervision" for</p>	{F 000}			

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{F 000}	Continued From page 3 residents with Wanderguards, and the assessment of residents for elopement risks. Review of the resident records indicated the understanding of the "Chain of Supervision" and the "Elopement Risk Assessment" Policy and Procedures confirmed the removal and correction of the immediate jeopardy as of 8/25/11.  Quality review completed on September 7, 2011 by Bev Faulkner, RN	{F 000}			