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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 10/21/2014 |
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| NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256 |
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| F000000 | <p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 9/12/14 .</p> <p>This visit was in conjunction with the Investigations of Complaint IN00158007 & IN00156884.</p> <p>Deficiencies recited at F241.</p> <p>Survey dates: October 20 & 21, 2014.</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Survey Team: Beth Walsh, RN-TC Karina Gates, Generalist Tom Stauss, RN</p> <p>Census bed Type: SNF: 2 NF: 36 NCC: 14 Total: 52</p> <p>Census payor Type: Medicare: 2 Medicaid: 36 Other: 14 Total: 52</p> | F000000 | Submission of this Plan of Correction shall not constitute or be construed as an admission by Castleton Healthcare Center that the allegations contained in the survey report are accurate or reflect accurately the provisions of nursing care and services to the residents at Castleton Healthcare Center. Castleton Healthcare Center is requesting paper 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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| F000241 SS=D | <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 23, 2014 by Cheryl Fielden, RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on observation and interview, the facility failed to ensure a resident was treated with dignity/respect for 1 of 3 residents reviewed for dignity/respect. (Resident #D) The facility also failed to ensure a resident was not dressed in a institutional fashion for 1 of 7 residents observed for a dignified appearance. (Resident #H)</p> | F000241 | <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? All residents have the potential to be affected by the deficient practice. For resident D an investigation was completed regarding the incident. The investigation was found unsubstantiated. Employee #1</p> | 10/28/2014 |

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| | <p>Findings included:</p> <p>1a. On 10/20/14 at 12:37 p.m., during an observation, Resident #D was heard asking a staff member for assistance. Employee #1 replied to Resident #D by saying "stop bugging people." Employee #1 had a stern tone of voice in his comment to Resident #D.</p> <p>On 10/21/14 at 11:38 a.m., during an interview, the Administrator indicated a staff member should never address a resident with the phrase "stop bugging people" He indicated such phrases and stern tones of voices are considered disrespectful and should not be used by staff members when speaking to facility residents.</p> <p>On 10/21/14 at 1:06 p.m., during an interview, Unit Manager #1 indicated no staff member should say "stop bugging people" to any resident as the Unit Manager indicated a statement like that would be a "demeaning" statement. She indicated facility residents should be spoken to "respectfully" and such a statement was a "disrespectful" statement.</p> <p>1b. During an interview with Visitor #2, on 10/20/14 at 12:10 p.m., Visitor #2 indicated they observed/heard Employee</p> | | <p>was educated on dignity. Resident H is not interviewable due to cognitive deficits. Resident H's responsible party/family will be contacted regarding preferences. Care plans were updated accordingly.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected by the deficient practice. An audit was done on all residents and interviewed regarding resident dressing preferences. No other resident was affected by the deficient practice.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? The DON/Designee in-service all staff on dignity. An audit for dignity preferences will be completed five days per week for four weeks, then three days per week for four weeks, then once a week for four months or until 100% compliant. All new admissions will have preferences addressed. All care plans will be monitored with IDT members quarterly, including a review of care plan dress preferences. Preferences will be updated on C.N.A. assignment sheets as changes are made.</p> <p>4. How will the corrective actions be monitored to ensure the</p> | | |

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| | <p>#1 speak to Resident #D in a disrespectful tone, "hollering" at Resident #D, while Resident #D was asking for a beverage. Visitor #2 indicated he observed this while he was waiting in the facility lobby on 9/24/14.</p> <p>A Behavior Care Plan for Resident #D, dated 8/8/14, indicated an intervention to approach/speak in a calm manner.</p> <p>A Behavior Care Plan with the specific behavior listed above, dated 10/20/14, indicated an intervention to approach/speak in a calm manner.</p> <p>A Cognitive Loss Care Plan, dated 8/8/14, indicated an intervention to "promote dignity...."</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 8/8/14, indicated Resident #D had a BIMS (Brief Interview of Mental Status) of 5, which was indicative of severe cognitive impairment.</p> <p>2. The clinical record for Resident #H was reviewed on 10/21/14 at 11:00 a.m. The diagnoses for Resident #H included, but were not limited to, contractures and neurological deficits.</p> <p>The 8/30/14 Quarterly MDS (minimum data set) assessment for Resident #H</p> | | <p>deficient practice will not recur; what quality assurance program will be put into place? The DON/Designee will bring audit results to the monthly QA meeting for review and tracking and trending for 6 months or until 95% compliant.</p> | |

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| | <p>indicated a brief interview for mental status was not conducted due to the resident being rarely/never understood. It indicated his functional status for dressing was total dependence of one person.</p> <p>An observation of Resident #H was made on 10/21/14, at 11:46 a.m. He was lying in bed with a gown on. An interview was conducted with LPN #5 on 10/21/14, at 11:50 a.m., regarding Resident #H wearing a gown. She indicated, "He wears clothes sometimes."</p> <p>An interview was conducted with QMA #6 on 10/21/14 at 12:04 p.m., regarding whether she assisted Resident #H with getting dressed for the day. She indicated, "I got here at 6:00 a.m. He hasn't been out of bed today. He stays in his gown, if he's in bed. I didn't get him up today, because no one told me to get him up. When I got here, the nurse told me who to get up for breakfast, and he wasn't one of them."</p> <p>An interview was conducted with the DON (Director of Nursing) on 10/21/14 at 12:13 p.m., regarding her expectation for ensuring a resident, who needs assistance with dressing, gets dressed for the day. She indicated, "He should have clothes on. When (name of QMA #6) got</p> | | | |

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| | <p>him dressed this morning, she could have put clothes on him." Another observation of Resident #H was made with the DON at this time. He was still in a gown.</p> <p>During review of Resident #H's care plans, no care plan, regarding a preference for wearing a gown during the day, was found. On 10/21/14, at 1:30 p.m., the Nurse Consultant indicated Resident #H had no specific ADL (activities of daily living) care plan, and provided a copy of another care plan. It indicated Resident #H had limited physical mobility related to neurological deficits and contractures, with an intervention to provide supportive care and assistance with mobility, as needed.</p> <p>3.1-3(t)</p> <p>This federal tag relates to complaint IN00156884.</p> | | | | |