

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155003	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/11/2016
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NAME OF PROVIDER OR SUPPLIER  MASON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN 46580
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00198990.</p> <p>Complaint IN00198990 - Substantiated. Federal/State deficiencies related to the allegation is cited at F499.</p> <p>Survey date: May 11, 2016</p> <p>Facility number: 000003 Provider number: 155003 AIM number: 100290600</p> <p>Census bed type: SNF/NF: 82 Total: 82</p> <p>Census payor type: Medicare: 24 Medicaid: 50 Other: 8 Total: 82</p> <p>Sample: 5</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on May 16, 2016.</p>	F 0000		
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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 0499 SS=D Bldg. 00	<p>483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS</p> <p>The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.</p> <p>Professional staff must be licensed, certified, or registered in accordance with applicable State laws.</p> <p>Based on interview and record review, the facility failed to ensure nursing staff personnel were licensed in the state of Indiana prior to the start of employment for 1 of 6 licensed employee files reviewed. (Licensed Practical Nurse #1)</p> <p>Findings include:</p> <p>Licensed Practical Nurse (LPN) #1's employee file indicated she was hired on 11/12/15, for a staff position as an LPN. A report from Nursys (an online verification report for nurses to practice in another state), indicated LPN #1 held a valid license in the state of Georgia. The license was issued on 11/15/05, with an expiration date of 3/31/17.</p>	F 0499	<p>This plan of correction has been prepared and executed because it is required by the provisions of state and federal law. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. In lieu of survey results the facility respectfully requests a paper review.</p> <p>Complete audit of all licensed personnel was completed 3/29/16 and 5/20/16 to assure all licensed staff were current and in good standing with the State of Indiana. The Facility is unable to correct the alleged deficient practice for LPN #1 and the 974 hours she had worked</p>	05/21/2016

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	<p>The Indiana license for LPN #1 indicate a license was issued on 4/7/16.</p> <p>The timecard for LPN #1, provided by the Administrator on 5/11/16 at 2:47 p.m., indicated a total of 985 hours had been worked in the facility without a current Indiana license during November 12, 2015 through April 6, 2016.</p> <p>During an interview with the Administrator, Director of Nursing (DON) and the Regional Director on 5/11/16 at 2:15 p.m., the DON indicated LPN #1 thought she had a grace period of 120 days to obtain an Indiana license. The DON indicated she had just started in January and at the end of March, the Human Resource Director (HRD) sent her an email to follow-up on the approaching 120 day mark for LPN #1. She indicated at that time, she knew Indiana did not have a 120 day grace period to obtain a license. She indicated LPN #1 was then taken off the schedule as a LPN on the floor.</p> <p>During an interview on 5/11/16 at 2:30 p.m., LPN #1 indicated she thought she had "stuff" into the Indiana Nursing Board. She indicated she did not contact the Georgia Board of Nursing, but did contact the Indiana State Board of</p>		<p>without an Indiana License.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>HR was educated on 3/29/2016 on meeting nursing licensure standards before a nurse is allowed to start orientation. LPN #1 in-serviced 5/21/2016 on obtaining Indiana Licensure and how to check to make sure license is current. QA reviewed situation on 4/28/2016 and approved corrective measures taken on 3/29/2016.</p> <p>Director of Nursing/Designee to review current licensed staff audit to ensure appropriate compliance and follow-up quarterly, for two quarters, then annually ongoing. Director of Nursing will present her findings to the Quality Assurance Committee for review.</p>	

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	<p>Nursing. She indicated she was not sure of the exact number of days before the grace period expired.</p> <p>During an interview on 5/11/16 at 2:40 p.m., the HRD indicated she does all the background, reference and license verifications for the facility. She indicted LPN #1 applied for the position while still in Georgia. She indicated the previous DON told her there was a 120 day grace period. She indicated LPN #1 told her that she had started the process to obtain an Indiana license. The HRD indicated when the 120 day mark was approaching, she emailed the new DON and asked her to follow-up on the new license. At that time, they were aware LPN #1 did not have a current license.</p> <p>The current facility policy, dated 8/29/11, titled "New Hire Process," was provided by the Administrator on 5/11/16 at 2:52 p.m. The policy indicated the following:</p> <p><u>"...Policy:</u> It is the policy of LTC Management, Inc. to ensure that all paperwork on a newly hired employee or the termination of an employee be filled out according the Federal, State and Company rules and regulations and be properly recorded for future references.</p>			

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	<p><u>Process/Procedure:</u></p> <p>...18. HRC completes the Limited Criminal History Check, OIG [Office of Inspector General] Sanctions List, Sex Offenders Report and Health Professions Board (As applicable)...."</p> <p>This Federal tag relates to Complaint IN00198990.</p> <p>3.1-14(s)</p>				