STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CROSSING HEALTH & REHABILITATION CENTER	3550 CENTRAL AVE COLUMBUS, IN 47203

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F000000	This visit was for Recertification and State Licensure Survey. Survey Dates: March 4, 5, 6, 7, 10 and 11, 2014 Facility number: 000572 Provider number: 155535 AIM number: 100267710 Survey team: Jennifer Carr, RN, TC Diana Sidell, RN Julie Dover, RN Census bed type: SNF/NF: 63 Total: 63 Census payor type: Medicaid: 48 Medicare: 9 Other: 6 Total: 63 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed by Cheryl Fielden on March 18, 2014.	F000000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm 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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F000406 SS=D	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. Based on interview and record review, the facility failed to provide 1 of 5 residents reviewed for rehabilitation services with an assistive device (1 pound hand weights) in order to improve muscle strength to reach his highest practicable level of physical function. (Resident #28) Record review for Resident #28 was conducted on 3/10/2014 at 9:16 a.m. Diagnoses included, but were not limited to, stage IV (4) kidney disease, osteoarthritis, hypothyroidism, Clostridium difficile (contagious infection which may cause diarrhea), anxiety, and depression. The resident was admitted to the facility from home on	F000406	F0406 Requires the facility to provide residents with assistive devices in order to improve their highest practicable level of physical function. 1. Resident #28 was provided with one pound weights in order to maintain his highest practicable level of physical function. 2. All residents have the potential to be affected. The Therapy Manager reviewed all therapy plans to ensure that the residents had all equipment necessary to maintain their highest practicable level of physical function. No further concerns were noted. See below for corrective measures. 3. The therapy staff was inserviced on how to obtain equipment if a resident is in need to help obtain their highest level of function. If the equipment is not present in the facility, the therapist is to notify the administrator	03/17/2014

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	12/24/2013. Hospice was initiated for Resident #28 on 1/10/2014. The most recent Minimum Data Set (MDS) assessment for Resident #28 was completed on 1/10/2014. His Brief Interview for Mental Status (BIMS) score was 13 of 15, indicating that he was cognitively intact. Resident #28 was interviewed on 3/5/2014 at 11:20 a.m. He indicated that he requested 1 pound weights "quite a while ago" from "therapy" to improve his upper body strength, but never received them. The 12/27/2013 Occupational Therapy Evaluation Note indicated, "Pt [patient] to be discharged effective 1/11/2014 2' [secondary] to pt [patient] reaching max [maximum] rehab [rehabilitation] potential @ [at] this time...." The 1/9/2014 Occupational Therapy Note, written by Registered Occupational Therapist (OTR) #1, indicated, "Skilled Intervention Provided: ...Pt responded that he would like 1 lb [pound] weight to continue HEP [home exercise program] for UB [upper body] strengthening."		immediately so the equipment can be obtained and provided. If the equipment is already at the facility, then the therapist will educate the resident and staff how to obtain the equipment for the resident's use. 4. The administrator will review all new therapy plans to ensure that the needed equipment for the resident is available. The administrator or his designee will utilize the administrative monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment A) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly. 5. The above corrective measures will be completed on or before March 17, 2014.	

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	OTR #1 was interviewed on 3/10/2014 at 11:10 a.m. She indicated that the resident requested 1 pound weights to improve his upper body strength. She further indicated, "I was going to buy them with my own money and I just forgot ....Well, he went to Hospice so really they should assume all of his care." When asked if she communicated to Hospice that Resident #28 required 1 pound weights, she indicated, "No. I thought he [the resident] would do that." She further indicated, "Normally I would just give him some of ours, but he was on [contact] precautions. I should have put in a request with the Administrator. I just forgot. It's my fault." During an interview on 3/10/2014 at 12:15 p.m., OTR #1 indicated, "Normally we would loan them from our gym in there. I was probably being overly-cautious. It was going to be a private gift. Normally we would loan something from our gym and then clean it when it was returned. We'd have to clean it anyway." She further indicated that that the facility does not have a policy and/or procedure related to providing residents with therapy equipment.			

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	3.1-23			
F000412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. Based on observation, interview and record review, the facility failed to provide routine dental services for one of one resident reviewed for Oral Health Status. (Resident #28) Record review for Resident #28 was conducted on 3/10/2014 at 9:16 a.m. Diagnoses included, but were not limited to, stage IV (4) kidney disease, osteoarthritis, hypothyroidism, Clostridium difficile	F000412	F0412 Requires the facility to provide routine dental services. 1. Resident #28 will see the in-house dentist on next 3/27/14. The resident did not wish the facility to schedule a dental visit outside of the facility. 2. All residents have the potential to be affected. The Social Service Director completed a facility round to ensure no further residents were in need of a dental visit. No concerns were noted. See below for corrective measures. 3. The Referral Form policy and procedure was	03/17/2014

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	(contagious infection which may cause diarrhea), anxiety, and depression. The resident was admitted to the facility from home on 12/24/2013. Hospice was initiated for Resident #28 on 1/10/2014. The most recent Minimum Data Set (MDS) assessment for Resident #28 was completed on 1/10/2014 was related to a "Significant Change in Status." His Brief Interview for Mental Status (BIMS) score was 13 of 15, indicating that he was cognitively intact. MDS Oral/Dental Status indicated, "Obvious or likely cavity or broken natural teeth." The 12/24/2013 Admission/Re-Admission Resident Assessment indicated, "Natural teeth...missing multiple teeth." Physician's Order's for the dates 12/24/2013-12/31/2013, 1/1/2014-1/31/2014, 2/1/2014-2/28/2014, and 3/1/2014 - 3/31/2014 indicated, "Resident may be seen by...dentist..." Resident #28's Total Care Consent Form, dated 12/24/2013 and signed by the resident, indicated that he had "approved on-site dentistry" provided through the contracted		reviewed with no changes made. (See attachment B) The staff was inserviced on the on the above procedure. 4. The administrator will review all referral forms and MDS interviews to ensure that residents are being seen by a dentist timely if a dental concern arises. The administrator or his designee will utilize the administrative monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment A) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly. 5. The above corrective measures will be completed on or before March 17, 2014.	

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	services at the facility. A care plan for Resident #28, initiated on 1/7/2014 and reviewed on 1/23/2014, indicated, "Problem: Dental Care. The resident requires special attention to oral care due to: loose tooth, difficulty chewing, carious teeth....Goal: The resident will exhibit no problems R/T [related to] oral or dental condition. Thru [through] next review....Intervention:...Refer to dentist as needed." During an interview with Resident #28 on 3/5/2014 at 10:54 a.m., he was observed to have only one upper tooth and three visible bottom teeth. All four of Resident #28's visible teeth appeared brown in color and chipped and/or broken. He indicated that he last saw a dentist "3-4 years ago" and "never had dentures." He further indicated, "I'm still waiting to see the dentist here." During an interview with the Director of Nursing (DoN) on 3/10/2014 at 11:28 a.m., she indicated that Social Services is responsible for initiating dental appointments and/or consults for residents. The Director of Social Services			

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	(DSS) was interviewed on 3/10/2014 at 11:40 a.m. She indicated, "Normally [the dental contractor] does a reconciliation with each visit. They use our census and look through to see who's not on their list and make sure those people are added and have a consent." She further indicated, "I don't think for whatever reason that his [Resident #28] chart got pulled for reconciliation the last time [dental contractor] was here...they should have seen him in February." If a resident is admitted and either requests, or is found to be in need of, a dental consult, she indicated, "Normally nursing comes in [to Social Services] and asks when the dentist the is going to be here next. If it's going to be a long time, we'll refer [the resident] out [schedule an appointment outside the facility] and I'll add them [the resident] to the next [on-site] visit. Otherwise [if the wait is not considered to be too long], we would add the resident to the next visit list." The DSS further indicated that nursing would be responsible for identifying dental care concerns on admission and requesting dental referrals for residents. She indicated that she had no recollection of any nurse requesting a dental visit/consult on			

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	behalf of Resident #28. When asked if it was possible that Resident #28 would not have been referred to a dentist because he was on Hospice, she indicated, "It's possible." The 2/27/2014 Schedule Report Dentistry Visit was provided by the DSS on 3/10/2014 at 11:52 a.m. She confirmed that this was the only date the dental care/consult service saw residents at the facility since Resident #28's admission on 12/24/2013. Resident #28 was not included on the resident roster. The Corporate Nurse Consultant was interviewed on 3/10/2014 at 2:15 p.m. She indicated that the facility did not have a policy and/or procedure related to dental referrals, stating, "It's just if they need it, they're referred." She further indicated that Resident #28 should have been referred to a dentist following admission and assessment of his oral/dental status. 3.1-24(a)(1)			