STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HARMONIE HEALTHCARE CENTER	251 HWY 66 NEW HARMONY, IN 47631

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0000	This visit was for a Recertification and State Licensure Survey. Survey Dates: 7/23/12 - 7/27/12 Facility Number: 000555 Provider Number: 155370 AIM Number: 100267530 Survey Team: Barbara Fowler, RN TC Diane Hancock, RN Jodi Meyer, RN 7/23/12, 7/24/12 Vickie Ellis, RN 7/24/12 - 7/27/12 Census Bed Type: SNF/NF: 75 Total: 75 Census Payor Type: Medicare: 6 Medicaid: 43 Other: 26 Total: 75 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2 Quality review completed on August 2, 2012 by Bev Faulkner, RN	F0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.			
	Based on observation, interview and record review, the facility failed to ensure residents who smoked cigarettes were provided reasonable accommodations during times of excessive heat, for 3 of 3 facility residents who smoked. (Residents #43, #24, #39) Finding includes: On 7/23/12 at 4:00 p.m., three residents, #43, #24, and #39, were observed outside the facility, seated in wheelchairs near a bench, in full sun. The residents were smoking, with one staff person in attendance. The Weather Channel indicated an excessive heat warning was in effect and the temperature was 103 degrees Fahrenheit. On 7/24/12 at 3:40 p.m., the same three residents were outside in full sun smoking with one staff person in attendance. The excessive heat warning continued and the	F0246	Smokers (3of 3) have been re-educated and moved, on 8-10-12 of the new location which will again be the front porch, with a minimum 8 feet from the front door as per Indiana Smoking Ban regulations. The designated area is marked. The designated area is shaded.On Feb. 24, 2012 New Harmonie Healthcare implemented assisted smoking, with designated time and attendants. Residents were notified and this policy will remain in effect. Those residents that smoke will continue to reaceive smoking screens to insure their safety. Likewise, smoking will remain supervised, allowed in designated area only and during permitting weather. Managment will make every effort to accomodated with safety of the residents being paramount.Smoking attendants will report, daily, any and all non-compliance of guidelines immediately to charge nurse and Social Service designee.	08/10/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	temperature was 102 degrees. The Administrator indicated, at that time, a new law had gone into effect on 7/1/12 and any smoking had to be done 8 feet from an entrance and she had been informed that the covered porch attached to the facility counted as an entrance, so the residents had to be at least 8 feet from the edge of the porch. On 7/26/12 at 3:45 p.m., the residents were again observed outside, in full sun, smoking. The excessive heat warning remained in place and the temperature was 103 degrees. The Resident Council President was interviewed on 7/26/12 at 9:48 a.m. He indicated he thought the smoking rules were unfair because they took the residents outside and they had to sit in the hot sun. He indicated the residents didn't get to smoke if it was raining, and since it had been so hot, they only got to smoke one cigarette. He indicated he quit smoking when the rule went into effect. The facility's notification of changes in the smoking rules, dated 5/31/12, was provided by the Administrator on 7/27/12 at 11:32 a.m. The notification included, but was not limited to, the following:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HARMONIE HEALTHCARE CENTER	251 HWY 66 NEW HARMONY, IN 47631

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	"Please be advised that on July 1, 2012, Indiana's Statewide Smoking Ban, becomes effective... Smoking is not allowed within 8 feet of an entrance. Therefore, effective July 1, 2012 you will have a new area to smoke. The area will be on the sidewalk West or to the right (upon exit) of the front entrance. Smoking will remain supervised and at designated times. Likewise, smoking will be allowed only during permitting weather. It will be at management discretion as to extreme heat, extreme cold, rain or storms if smoking will be allowed at the designated time..." She indicated prior to the change, the residents had been allowed to smoke on the covered porch away from the entrance, which was shaded. 3.1-3(v)(1)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.			
	Based on observation, record review and interview, the facility failed to provide a bed without a hazardous gap between the frame and footboard in 1 of 40 sampled residents beds observed for environment. Findings include: An observation was made on 7/26/12 at 1:46 P.M., of Resident #79 lying in bed, eyes closed, and resting. RN #1 entered the room at this time to give the Resident medication. There was a gap at the foot of the bed between the mattress and the foot board with blocks of wood attaching the two. The gap measured 4 and 3/4 inches. A record review on 7/26/12 at 1:45 P.M., indicated Resident #79 had a diagnosis of dementia (a cognitive disease which impairs memory). Resident #79 had a BIMS [Brief Interview for Mental Status] score of 4 on a 0-15 scale. The BIMS calculation is made by interviewing the resident about recall and other	F0323	The bed in question was removed on 7-26-12 (immediately) upon notification. Resident was immediately placed in another bed at this time. All beds in facility have been visually inspected to determine any potential hazardous gaps with none being found. Task was completed by the Administrator and Interim Maint. Supervisor.All staff members to be educated on the need to note and report any beds that could be potentially hazardous to Administrator, Dept. Manager and or Maint. Supervisors.Maintenance to check each bed weekly x 4 weeks then monthly thereafter. Tracking and trending will be brought to monthly Qulaity Improvement/Risk Managment meeting with any issues for further discussion and recommendations.	08/26/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	cognitive function with 0 being the most cognitively impaired and 15 being the least cognitively impaired. The MDS [Minimum Data Sheet] transfer assessment indicated Resident #79 was an assist of 2 persons for transfers from bed. The record of nursing notes indicated Resident #79 had made attempts to self transfer on the following dates: 2/1/12 and 3/27/12. A care plan, dated 4/16/12 and titled "At risk for falls/injury, increased episode problem with transfer right weakness bilateral lower extremities," indicated Resident #79 had an intervention to remind him to ask for assistance with transfers. An interview on 7/26/12 at 1:50 P.M., with RN #1 indicated Resident #79 had previously made attempts to get out of bed on his own. RN #1 indicated she had never seen the gap in the bed prior to this day. In an interview on 7/26/12 at 3:30 P.M., with the Administrator, she indicated she did not know why the bed had wood extensions to hold the footboard and frame together and creating a gap. She indicated the bed had previously been outside in the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HARMONIE HEALTHCARE CENTER	251 HWY 66 NEW HARMONY, IN 47631

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	maintenance shed. She did not know how it got in the building or who brought it into the building. 3.1-45(a)(1)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HARMONIE HEALTHCARE CENTER	251 HWY 66 NEW HARMONY, IN 47631

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.			
	Based on record review and interview, the facility failed to ensure 1 of 10 residents sampled for unnecessary medications was provided non-pharmacological interventions prior to administration of an anti-anxiety medication. (Resident #76) Finding includes: Resident #76's clinical record was reviewed on 7/25/12 at 9:25 a.m. The	F0329	Physician notified of residents nightly utilization of PRN medication. New physician order has been obtained 7-31-12.Residents who currently receive PRN antipsychotics on a frequented basis will have clinical record reviewed by Director of Nursing and Pharmacist in an effort to ensure diagnosis, behaviors, interventions and outcomes are accurately documented. Recommendations will be forwarded to physician and interdisciplinary care team.Licensed nurses will be	08/26/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	resident was admitted to the facility 4/6/12 with diagnoses including, but not limited to, osteoarthrosis, hypertension, hyperlipidemia, muscle weakness, difficulty in walking, abnormal posture, kyphosis, chronic pain, and dementia. Resident #76 had an Admission Minimum Data Set [MDS] assessment dated 4/12/12. The assessment indicated the resident had a Brief Interview for Mental Status [BIMS] score of 3 out of 15, indicating she was significantly impaired. She was assessed to have inattention, rejection of care and wandering. A Quarterly MDS assessment, dated 7/6/12, indicated the BIMS was unable to be completed. The resident was assessed as having short term and long term memory problems and moderate impairment for decision making. She had problems with inattention and disorganized thinking. She also was assessed as having hallucinations and delusions. The resident's care plan, dated 4/6/12, for potential for drug related complications from anti-anxiety medications..."[resident] seems more anxious of evening at end of her day." Interventions included, but were not		in-serviced on procedure for proper monitoring of behaviors and documentation to demonstrate medical necessity of drug intervention of resident receiving PRN medications.Director of Nursing and or Assistant director of Nursing will review 24 hours reports checking for PRN usage of antipsychotics, nonpharmacological intervention attempts, administration and resident response. Likewise, trending and tracking will be completed 1 time weekly for 3 months. Findings will be brought to Risk Management/Quality Improvement committee for review and further recommendations as warranted.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	limited to, the following: Encourage use of piano in room. Assist resident to activities. RPh [Registered Pharmacist] consultant and IDT [Interdisciplinary Team] review for alternative interventions and medication reductions quarterly and PRN [as needed]. Quarterly review of medication by interdisciplinary team to ensure the least possible therapeutic dose. Observe for side effects. A care plan for wandering, looking for deceased husband, dated 4/6/12, included, but was not limited to the following interventions: Intervene to ensure the safety of resident and others. Anticipate needs. Avoid accusing resident, over-reacting, or shaming the resident. Watch for behavioral cues. Administer medication as ordered, monitor effectiveness. Empower resident by involving in arrangement of ADL [activities of daily living] schedule. Ask about pain. Reapproach with refusal. A care plan was present for alteration in thought processes as evidenced by more confusion of evenings with			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	anxiety (sundowner's-like). The date of the care plan was 4/6/12. Interventions included, but were not limited to, the following: Encourage to make daily decision regarding daily care. Orient to task at hand, use simple direct words, cues and statements. Provide reality orientation. Call by appropriate name frequently. Approach in a calm, positive reassuring way. If resident is restless, refuses or is combative reapproach later and let nurse know. Provide a therapeutic environment, calendars, clocks as necessary. Anticipate resident's wants and needs. Offer 2 choices of activities during the day. The record review included a review of the Medication Administration Record [MAR] for July, 2012. The MAR included PRN anti-anxiety medication as follows: Ativan 1 mg [milligram], give 1 tab BID [twice a day] PRN Anxiety. This medication was ordered since 4/6/12. Documentation indicated the resident received 1 mg of Ativan at least daily, most often at 8:00 p.m., except for 7/12 and 7/24/12. The MAR did not include documentation of symptoms			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HARMONIE HEALTHCARE CENTER	251 HWY 66 NEW HARMONY, IN 47631

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	requiring the use of the medication or alternative interventions prior to administration of the medication. Nurses' notes included, but were not limited to, the following: 7/1/12, 7:45 p.m. "Res. in et [and] out of her room. Attempts to talk to staff but can't find right words. Releases velcro self release belt freq [frequently]...STM [short term memory] severely impaired. Diff. [difficult] to redirect to other activities...Toileted freq..." 7/1/12, 10:00 p.m. "i Ativan i mg et Tyl. [Tylenol] ii P.O. [by mouth] admin [administered] at 8 pm for [increased] anxiety et back hurting..." 7/2/12, 8:00 p.m. "Tyl 325 ii given for back pain and Ativan 1 mg for c/o [complaint of] anxiety." 7/3/12, 8:00 p.m. "Resident has been getting out of w/c [wheelchair]. Alarm alerted staff to res. getting up. Res. showed [increased] anxiety. Ativan 1 mg po also Tylenol 325 mg po ii for c/o joint pain..." 7/8/12, 8:00 p.m. "Res. in w/c in hallway, cont. [continues] removing self release belt. Several attempts made to get out of w/c. Ativan i given PO. Res. eating HS [bedtime] snack at this time." 7/9/12, 8:00 p.m. "Lorazepam 1 mg given for anxiety. Conts. [continues]			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	to want to get up from w/c." 7/10/12, 8:00 p.m. "Res. shows s/s [signs/symptoms] of anxiety. Took Res. to room and ask if she could play her piano. She played one song and came out to hallway wanting out of her chair, res. was taken to BR [bathroom] with scant results. Res. again came out of room wanting to have her removable seat belt off so she could get out of her chair. Ativan 1 mg given to help calm Res." 7/11/12, 8:00 p.m. "Res. releasing belt and standing up. Ativan i given PO." 7/17/12, 8:00 p.m. "Res. in w/c in hallway, gets up from w/c numerous X's, does not comprehend or remember not to get up on own. Gait is unsteady. Ativan i mg given PO." 7/19/12, 10:00 p.m. "i Ativan i mg admin @ 8 pm for [increased] restlessness, [increased] reqs [requests] to be toileted when staff had taken 30 min. [minutes] earlier. Res. standing [up] with no safety awareness et consequences..." 7/20/12, "8P Res. [up] et [down] out of w/c several X's, unable to redirect, assisted to BR several X's. Ativan i given PO." 7/21/12, "8P Admin. Ativan i po for [increased] anxiety, getting out of w/c."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	The lack of non-pharmacological interventions prior to the administration of medication was reviewed with the Administrator and Director of Nurses on 7/27/12 at 11:30 a.m. Both indicated some nurses were better about that than others. The policy and procedure for behavior management, dated 8/10, was provided by the Director of Nurses on 7/27/12 at 11:30 a.m. The document included, but was not limited to, the following: "The facility does not use chemical restraints which are defined by OBRA as 'drugs used for discipline or convenience and are not required to treat medical symptoms.'" "Non-pharmacologic interventions are the first choice in management of behavioral symptoms, when possible. A resident requiring a psychoactive medication will be monitored by the interdisciplinary team, and dose management reviewed with the physician and pharmacist..." 3.1-48(a)(3) 3.1-48(a)(4)			