STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERFIELD HEALTH CARE	34 S MAIN ST CLOVERDALE, IN 46120

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F0000	This visit was for a Recertification and State Licensure Survey. Survey Dates: 2/20, 21, 22, 23, 24, 2012 Facility Number: 000415 Provider Number: 155587 AIM Number: 100291250 Survey Team: Mary Weyls RN TC Laura Brashear RN Teresa Buske RN Debra Skinner RN Census Bed Type: SNF/NF: 37 Total: 37 Census Payor Type: Medicare: 1 Medicaid: 34 Other: 2 Total: 37 Stage 2 Sample: 28 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review 3/01/12 by Suzanne	F0000	This plan of correction represents the facility allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to the alleged deficiency and is submitted at the request of the Indiana State Department of Public Health. Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider as the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal and state law requires it. Summerfield Health Care Center submits that it was in substantial compliance with certification requirements at the time of the survey.	

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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	Williams, RN			

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F0159 SS=C	483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. The facility must deposit any resident's personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $50 in a non-interest bearing account, interest-bearing account, or petty cash fund. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative. The facility must notify each resident that receives Medicaid benefits when the amount			

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	in the resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.			
	Based on interview and record review, the facility failed to ensure residents had access to their funds managed by the facility during the weekend for 2 of 7 residents reviewed with funds managed by the facility in a Stage 2 sample of 28. (Resident #10 and Resident #13). This had a potential to affect 37 of 37 residents. Findings include: 1. Interview of Resident #10 on 2/21/12 at 10:32 a.m. indicated the facility managed her funds and that she was unable to get funds on the weekends due to the Business Office Manager did not work the weekends. Review of the clinical record of Resident # 10 on 2/24/12 at 3 p.m. indicated a Minimum Data Set (MDS) assessment dated 11/18/11. The assessment identified the resident with cognition intact. 2. Interview of Resident # 13 on 2/21/12 at 11:15 a.m. indicated the	F0159	I. Resident #10 and #13 have access to their funds on the weekends. II. all residents that have funds managed by the facility are at risk for the alleged deficient practice. III. Funds will be managed by the nursing staff when the Business Office Manager(BOM) is not in the facility. All request for monies less than $50.00 for Medicaid residents and monies less than $100.00 for Medicare residents will be honored within the same day of the request, but will not exceed amount in their trust fund. All monies requested greater than $50.00 for Medicaid and $100.00 for Medicare residents will be honored within 3 banking days, but will not exceed the amount in their trust fund. The facility will maintain amounts of resident trust cash on hand that may be required by the residents. The Licensed Nursing staff will be inserviced on this new policy by 3/23/12. IV. The Business Office Manager will reconcile the account and maintain amounts of resident trust cash on hand that the residents may require. He/she will do this at the end of each	03/25/2012

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	facility managed her funds, and her funds were not available on the weekends. Review of clinical record of Resident #13 on 2/24/12 at 3:10 p.m. indicated a Minimum Data Set (MDS) assessment dated 10/24/11. The assessment identified the resident with cognition intact. Interview of the Business Office Manager on 2/24/12 at 3:20 p.m. indicated she did not work on the weekends, and the office hours to obtain funds from accounts was Monday through Friday 8 a.m. to 4 p.m. The Business Office Manager indicated a few residents had some money available on the weekends and that the money was kept in nursing lock up; however, the Business Office Manager indicated Resident #13 and #10 did not have money available on the weekends. The Business Office Manager also indicated most residents would come and obtain monies for the weekend on Friday and that families would call ahead before going out for the weekend to obtain monies needed. The Manager indicated the facility handles funds for all 37 residents. Review of the policy and Procedure		work day. He/she will ensure that there is enough monies available for the residents each weekend for the licensed nursing staff to access for the residents. The administrator will monitor this process 3x per week for 2 weeks, then weekly thereafter. The QA committee will monitor the process of ensuring the residents have resident trust cash on hand that may be required and available for use during the time that the business office manager is not on duty. This would include nights and weekends. The QA committee will monitor this process for at least 6 months, or longer if necessary.	

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	titled "Resident Funds" dated 12/2006, on 2/24/12 at 3:35 p.m., indicated "...3. The objective of our resident fund policies are to:...c. Provide a means for the resident to access his or her funds or to have a guardian or other legally appropriate representative do so...." 3.1-6(f)(1)			

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F0356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.			
	Based on observation, record review and interview, the facility failed to ensure the daily posting of the nursing staffing data included the census. This had the potential to affect 37 of 37 residents and visitors.	F0356	I. The census has been written on the Daily Staffing Sheet since survey. II. All residents have the potential to be affected by the alleged deficient practice. III. The nursing staff will place the facility census on the sheet at the	03/25/2012

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	Findings include: During initial tour on 2/20/12 at 6:45 a.m., the nursing staff data was observed posted at the nurses station. The census of the facility was lacking from the information. On 2/21,2/22 and 2/23, 2012 at 10 a.m. the nursing staff data posting lacked the facility census. During interview of the DON on 2/24/12 at 2:20 p.m. the DON indicated she doesn't put the census on the staffing until she gets the information back to file it. The DON indicated she does the staffing sheets in advance and doesn't always know what the census is going to be. During review of the facility Policy titled "Posting Direct Care Daily Staffing Numbers" provided by the DON on 2/24/12 at 3:54 p.m. documentation indicated the posted staffing information should reflect the facility's census. 3.1-13(a)		beginning of each shift. The licensed nursing staff will be inserviced by 3/23/12. IV. The DON will review the staffing sheets 5x/week to ensure compliance. The QA committee will monitor the Daily Stasffing Sheets for accurate and timely census posting for at least 6 months to ensure that substantial compliance has been achieved.	