

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155676	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2013
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NAME OF PROVIDER OR SUPPLIER MILNER COMMUNITY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 370 E MAIN ST ROSSVILLE, IN 46065
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: April 29 & 30, May 1, 2, 3, 8, & 9 2013.</p> <p>Facility number: 000299 Provider number: 155676 AIM number:100286940</p> <p>Survey team: Rita Mullen, RN, TC Michelle Carter, RN Bobette Messman, RN (May 1,2,3,8, & 9 2013)</p> <p>Census bed type: SNF/NF: 66 Residential: 12 Total: 78</p> <p>Census payor type: Medicare: 8 Medicaid: 56 Other: 14 Total: 78</p> <p>Residential sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Submission of this Plan of Correction and Credible Allegation of Compliance does not constitute an admission by the certified and licensed provider at Milner Community Health Care, Inc., that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care and services at this health care facility. Milner Community Health Care, Inc., as a licensed and certified provider, recognizes its obligation to provide legally and medically required care and services to our residents in an economical and efficient fashion.We respectfully request that a desk review be completed, all plan of correction have been completed as stated.Please accept this Plan of Correction as the Credible Allegation of Compliance.</p>	

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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	Quality Review completed by Tammy Alley RN on May 15, 2013.			

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F000156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>			

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to provide liability and appeal notices for 3 of 3 residents reviewed for liability and appeals notices in a sample of 3. (Resident #57, 69, and 87)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The clinical record review on 5/2/2013 at 9:30 a.m., for Resident #57 did not have a liability and appeal notice for discharge. 2. The clinical record review on 5/2/2013 at 9:49 a.m., for Resident #69 did not have a liability and appeal notice for discharge. 3. The clinical record review on 5/2/2013 at 9:55 a.m., for Resident #87 did not have a liability and appeal notice for discharge. <p>During an interview on 5/2/2013, at 9:18 a.m., with business office employee # 1, it was discovered that appropriate liability and appeal notices were not available for Residents #87, #69, #57.</p> <p>During and interview with the</p>	F000156	<p>It is the policy of this facility to provide residents receiving Medicare benefits who are discharging home with a liability and appeal notice.1. Residents #57, 69 and 87 have been discharged from the facility, appropriate remedies could not be implemented.2. All resident charts for residents receiving Medicare benefits and discharged to home in the last 60 days were reviewed for appropriate liability and appeal notices. Audit was completed on 100% of all current Medicare residents to identify any potential residents who may need to receive liability and appeal notices.3. Social Services form "Discharged to Home Checklist" was updated to include providing liability and appeal notices, if applicable. Office Manager will be properly trained by Administrator on procedures for liability and appeal notices.4. Office Manager will initial "Discharge to Home Checklist" form to ensure liability and appeal notices are provided for residents prior to discharge home. Interdisciplinary Team to review weekly in Medicare meeting. Office Manager will report to Quality Assurance Committee quarterly for one year.Completion Date 5-24-13 and ongoing</p>	05/24/2013			

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	<p>administrator, on 5/2/2013, at 3:10 p.m., the administrator indicated that the facility could not locate the appropriate liability and appeal notices for residents # 57, #69, and #87.</p> <p>3-1.4(f)(3)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to do a Gradual Dose Reduction of an antidepressant for a 1 of 10 residents reviewed for unnecessary medications in a sample of 10. (Resident #33)</p> <p>Findings include:</p> <p>The clinical record of Resident #33 was reviewed on 5/3/13 at 10:00 a.m. The resident was admitted on 7/2/12.</p>	F000329	It is the policy of this facility that all resident's drug regimens are free from unnecessary drugs and gradual dose reductions are attempted, when appropriate. 1. Physician has been contacted and Resident #33 has had the medication Paroxetine discontinued. Resident #33 no longer resides in this facility. 2. All residents on anti-depressants have had there records reviewed to ensure a gradual dose reduction has been completed. If a gradual dose reduction has not been done, documentation is in	05/24/2013			

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	<p>Diagnoses for Resident #33 included, but were not limited to, hyperlipidema, dementia with behaviors, reflux, depression, arthritis, heart disease and osteoarthritis.</p> <p>A review of the electronic Medication Administration Record, for the month of May 2013, indicated Paroxetine (antidepressant) 10 mg (milligrams) daily was ordered on 7/2/12, the day the resident was admitted to the facility.</p> <p>A behavior monitoring record for Resident #33, dated 2/3/13 to 5/3/13, indicated two episodes of the resident yelling.</p> <p>During an interview with the Director of Nursing, on 5/6/13 at 9:15 a.m., she indicated a Gradual Dose Reduction had not been done for Resident #33 since he was admitted on 7/2/12.</p> <p>3.1-48(a)(2)</p>		<p>place to support such.3. Director of Nursing, Social Service Designee and Assessment Coordinator will be re-educated by Social Service Consultant on 5-23-13 regarding proper time frames and supporting documentation for gradual dose reductions. New form "Behavior Summary Form" was implemented and is to be completed monthly by Social Services Designee.4. Gradual dose reductions will be monitored monthly by the interdisciplinary team through behavior meeting. Director of Nursing will report to Quality Assurance Committee quarterly for one year.Completion Date 5-24-13 and ongoing</p>				

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F000371 SS=C	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to ensure opened food items were labeled and dated and failed to ensure sanitizing solution was at the appropriate dilution for 1 of 2 observations of the kitchen. This deficiency had the potential to affect 66 of 66 residents.</p> <p>Findings include:</p> <p>During the kitchen tour with the Dietary Manager on 04/29/2013 at 9:45 A.M., the following was observed:</p> <p>1. A styrofoam bowl, containing cooked, ground hamburger meat, was stored in the refrigerator. The hamburger was not covered, was not labeled, and was not dated.</p> <p>2. An open bag of frozen, breaded chicken strips was stored in the walk-in freezer. The bag was not dated or labeled.</p>	F000371	<p>It is the policy of this facility to store, prepare, distribute and serve food under sanitary conditions.1. Ground hamburger and chicken strips were immediately discarded. The chemical detergent solution in sink was emptied and refilled to ensure pH was in the proper range.2. All refrigerators and freezers were checked to ensure all food was properly dated, labeled and stored. Sanitizing buckets were all checked to ensure proper pH.3. All dietary staff will be re-educated on 5-23-13 regarding proper storage, labeling, and dating of food. They will also be re-educated on proper pH levels for sanitizing solutions.4. Dietary Manager and/or Administrator will check refrigerators and freezers 2 times weekly to ensure proper storage, dating and labeling of food. Form has been implemented to record Ph levels of 3 compartment sink. Dietary Manager to sign form weekly to ensure levels are being recorded. Dietary Manager will report to Quality Assurance Committee quarterly for 6 months.Completion Date 5-24-13</p>	05/24/2013			

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	<p>During the kitchen tour, the Dietary Manager indicated the hamburger and chicken strips should have been covered, dated, and labeled.</p> <p>The chemical detergent/sanitizer solution was in a sink used for cleaning dishes, as indicated by the Dietary Manager. The solution was tested with a pH strip at 9:55 A.M., on 4/29/13, by the Dietary Manager. Results were 150 ppm (parts per million). A Labtek (brand) instruction sign was posted above the 3 compartment sink and indicated the proper result should read 200 ppm. The Dietary Manager indicated 150 ppm was not an acceptable result and 200 ppm was acceptable.</p> <p>3.1-21(i)(3)</p>		and ongoing	

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R000000	This state Residential finding is cited in accordance with 410 IAC16.2.	R000000	Submission of this Plan of Correction and Credible Allegation of Compliance does not constitute an admission by the certified and licensed provider at Milner Community Health Care, Inc., that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care and services at this health care facility. Milner Community Health Care, Inc., as a licensed and certified provider, recognizes its obligation to provide legally and medically required care and services to our residents in an economical and efficient fashion. We respectfully request that a desk review be completed, all plan of correction have been completed as stated. Please accept this Plan of Correction as the Credible Allegation of Compliance.		

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R000241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview the residential facility failed to follow physician orders for medication administration, for 1 of 7 residents reviewed for medication administration in a sample of 7. (Resident # 90)</p> <p>Findings include:</p> <p>The record for Resident # 90, was reviewed on 5/9/13 at 2:00 p.m.</p> <p>Current diagnosis for Resident # 90 included, but were not limited to, hypertension, chronic kidney disease, congestive heart failure, and diabetes mellitus.</p> <p>A medication administration record, dated for the month of March 2013, indicated the following:</p> <p>Carvedilol 25 milligrams (MG) 1 tablet oral twice daily for essential hypertension, scheduled for 8:00 a.m. and 8:00 p.m.</p>	R000241	<p>It is the policy of this facility to follow physician orders for all medication administration.1. Resident #90 has had order for Carvedilol reviewed and parameters have been clarified by attending physician.2. All resident medication records have been reviewed for needed necessary parameters. No other issues were noted.3. All new admission orders and new medication orders will be audited for necessary parametes. Director of Nursing will review all orders daily during morning clinical meeting.4. Orders will be reviewed monthly through rewrites by the Assessment Coordinator. Assessment Coordinator will report to Quality Assurance Committee quarterly for one year.Completion Date 5-24-13 and ongoing.</p>	05/24/2013			

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	<p>Carvedilol 12.5 MG 1 tablet oral as needed (PRN) twice daily for systolic blood pressure (SBP) greater than 140 and pulse greater than 70 at 8:00 a.m. and 8: 00 p.m.</p> <p>The record indicated on 3/9/13 at 8:00 a.m., Resident # 90 did not receive Carvedilol 12.5 mg as ordered by the physician. The resident's blood pressure (BP) reading at that time was 168/96 and pulse reading of 82. Resident #90 was not given PRN Carvedilol 12.5 mg tablet as ordered by physician.</p> <p>The record indicated on 3/23/13 at 8:00 a.m., Resident #90 did not receive Carvedilol 12.5 mg, as ordered by physician. The resident's blood pressure (BP) reading at the time was 180/101 and pulse reading of 80. Resident #90 was not given PRN Carvedilol 12.5 mg tablet as ordered by physician.</p> <p>During interview, on 5/9/13 at 2:45 p.m., with the DON and Administrator, it was confirmed that the medication Carvedilol 12.5 MG tablet was not given as ordered by the physician for resident # 90 on 3/9/2013 and 3/23/13.</p>			

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