STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155247	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	8549 S MADISON AVE INDIANAPOLIS, IN 46227

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F0000	This visit was for the Investigation of Complaint IN00121850. Complaint IN00121850 - Substantiated. Federal/state deficiencies related to the allegations are cited at F 241. Survey dates: January 10 and 11, 2013 Facility number: 000151 Provider number: 155247 Aim number: 100284060 Survey team: Patti Allen, BSW - TC Dinah Jones, RN Leia Alley, RN Census bed type: SNF: 42 SNF/NF: 78 Total: 120 Census payor type: Medicaid: 65 Medicare: 20	F0000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date indicated.	

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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	Other: 35 Total: 120 Sample : 4 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. Quality Review completed on January 18, 2013; by Kimberly Perigo, RN.			

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F0241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.			
	Based on record review and interview, the facility failed to maintain a resident's dignity, by having failed to provide a shower or having changed a resident's bed linens for seven days. This affected 1 of 4 residents reviewed for dignity in a sample of 4 residents. (Resident #A) Findings Include: During an interview with Resident #A on 1/10/13 at 11:00 a.m., Resident #A indicated not having been given a shower for many days after admission to the facility. Resident #A further indicated not having bed linens changed while at the facility. The clinical record for Resident #A was reviewed on 1/10/13 at 12:00 p.m. Diagnoses for Resident #A include, but were not limited to osteoarthritis of the knees (degenerative disease of the knee joints). Resident #A's clinical records lacked documentation to indicate Resident #A could not be provided a	F0241	F 241 Dignity and Respect It is the practice of Manor Care Indy South to provide care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. **What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?** Resident A is routinely being offered a shower, bed linens are also being changed on a routine basis. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?** Residents who reside in facility are at risk and have the potential to be affected. We will continue to provide care for residents in a manner and in an environment that maintains or enhances each resident's dignity while honoring preferences for ADL care and routinely changing bed linens. **What measures will be put into place or what systemic changes will be made to**	01/23/2013

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	shower. Resident #A's bathing records were requested on 1/11/13 at 12:30 p.m., and provided by the facility. The facility "Skin Worksheets" indicate Resident #A was offered a shower on 12/31/12 and the next date offered was 1/7/13. During an interview with the Director of Nursing (DON) on 1/11/13 at 2:30 p.m., she indicated she felt Resident #A's showers were not properly documented, but was not able to provide any further information. She also indicated it was the facility's expectation to change the bed linens each time a resident had a bath or shower, or if the sheets were soiled. During an interview with the facility Administrator 1/11/13 at 3:30 p.m., she indicated the facility does not have a policy in regard to residents' showers or bathing. This Federal tag relates to Complaint IN00121850. 3.1-3(t)		**ensure that the deficient practice does not reoccur?** Nursing Assistants have been re-inserviced on provision and documentation of showers as well as procedure for routine linen change. **How the corrective action will be monitored to ensure the deficient practice does not reoccur?** ADNS or designee will monitor on day, evenings, and weekends for shower and linen change completion as scheduled. This monitoring will be completed daily x 1 month and then weekly times four weeks. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee weekly. ADDENDUM You have indicated the corrective action for your facility will/have taken for the resident found to have been affected, was to routinely offer a shower and provide routine bed linen changes. Please clarify routine. Resident A was interviewed and states she would like to initiate shower at her convenience. The staff will accommodate her requests.	

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			The bed linens will be changed with each shower, upon request, and as needed. You have indicated the measures/systemic changes your facility will/have put into place is to re-inservice staff on the provision and documentation of showers and routine linen change. Please clarify how your provision of shower will be provided to ensure a resident receives shower/bath per their preference (ie once a week, daily) and clarify routine linen changes. Shower schedules were completed to have residents receive a minimum of 2 showers a week. For residents that had preferences for more, less, or specific days of the week, their schedules have been adjusted to honor those preferences. The linen will be changed with each shower, upon request, and as needed but will be offered no less than 2 times weekly.	

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