

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/10/2012
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NAME OF PROVIDER OR SUPPLIER EMERITUS AT GREENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN46227
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R0000	<p>This visit was for the Investigation of Complaint IN00101990.</p> <p>Complaint IN00101990 - Substantiated. State residential finding related to the allegation is cited at R349.</p> <p>Survey date: January 10, 2012</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Survey team: Kimberly Perigo, RN</p> <p>Census bed type: Residential: 65 Total: 65</p> <p>Census payor type: Other: 65 Total: 65</p> <p>Sample: 03</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review 1/11/12 by Suzanne Williams, RN</p>	R0000		

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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R0349	<p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on review of records and interviews, the facility failed to document a resident's fall within the clinical record, for 1 of 3 residents reviewed for falls in a sample of 3. (Resident C)</p> <p>Findings include:</p> <p>Resident C's clinical records were reviewed on January 10, 2012 at 12:00 p.m.</p> <p>A Licensed Nurse's documentation dated December 24, 2011 at 5:00 a.m. indicated; "Resident is currently in her room, and stated to writer 'did you here that I fell.' Resident C/O (complains of) pain and discomfort, but refused any pain medication...."</p> <p>The Director of Nursing was interviewed on January 10, 2012 at 12:40 p.m. During the interview the Director of Nursing was asked about Resident C's statement of having fallen. The Director of Nursing provided a copy of a Care Alert, for</p>	R0349	R 0349This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors. I. How was this corrected for Resident C? Resident C is no longer in the community.II. How did you identify if any other residents where affected? An audit of all residents that are at risk for falls will be conducted by RCD and/or designee to ensure proper policies and procedures are being followed. The Regional Team will monitor at random during routine visits and during Annual comprehensive audits. CQI will also monitor residents at risk for falls during monthly audits.	02/18/2012			

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	<p>review only, dated December 23, 2011. The Care Alert reported, to the Director of Nursing, Resident C had fallen.</p> <p>On January 10, 2012; the Executive Director and Director of Nursing provided a copy of Resident Records policy dated March 29, 2011. The policy indicated; "The community maintains both Resident-Specific Records and Internal Systems. Both are to be maintained in a systematic format ..."</p> <p>On January 10, 2012; the Executive Director and Director of Nursing provided a copy of Observation and Monitoring policy dated December 22, 2008. The policy indicated, "... Daily Observation ... Process: Who: All care staff. What: Document resident events, falls, ..."</p> <p>On January 10, 2012; the Executive Director and Director of Nursing provided their copy of Indiana's Administrative Code Health Facilities; Licensing and Operation Standards Clinical Records which indicated; "The facility must maintain clinical records on each resident. ... The records must be as follows: ... Accurately documented ..."</p> <p>Resident C's clinical record lacked documentation which indicated on December 23, 2011, Resident C had</p>		<p>III. The RCD will conduct an in-service regarding all policies and procedures on documentation in compliance with the State Board of Health. This in-service will be completed by February 18, 2012. All nursing staff will be educated on the proper procedures to follow during an event management report. RCD and/or designee will review event management reports upon receiving them to identify any injuries of unknown origin and will initiate an investigation upon receiving this information. IV. RCD and/or designee will monitor the 24 hour report daily to ensure follow up documentation has been reported to the POA or family member of resident. Procedures will be completed and updated on or before February 18, 2012. The RCD is responsible for sustained compliance. The RCD and/or designee will monitor 24 hour report to insure policies and procedures are followed after a resident fall. RCD and/or designee will review event management reports upon receiving them to identify any injuries of unknown origin and will initiate an investigation upon receiving this information. Injuries of unknown origin will be reported to Indiana State Department of Health as required per regulation. The Regional Team will monitor at random during routine visits and during</p>				

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	<p>fallen.</p> <p>Continued interview of the Director of Nursing on January 10, 2012, verified Resident C's clinical record lacked documentation which indicated Resident C had fallen on December 23, 2011. The Director of Nursing further indicated staff should have documented the fall in the clinical record progress notes.</p> <p>This State Residential Finding relates to Complaint IN00101990.</p>		<p>the Annual Comprehensive Audits. V. Date of completion 2-18-2012</p>		