STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRE HAUTE NURSING AND REHABILITATION CENTER	830 S 6TH ST TERRE HAUTE, IN 47807

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F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: February 6, 7, 8, 12, and 13, 2013. Facility Number: 000446 Provider Number: 155511 AIM Number: 100288720 Survey Team: Laura Brashear, RN, TC Mary Weyls, RN Teresa Buske, RN Census bed type: SNF/NF: 29 Total: 29 Census payor type: Medicare: 3 Medicaid: 20 Other: 6 Total: 29 These deficiencies reflect state findings cited in accordance with 410 IAC 16. Quality Review completed 02/18/2013 by Brenda Nunan, RN.	F000000	02/25/2013 Indiana State Department of Health Division of Long Term Care 2 North Meridian Section 4B Indianapolis, Indiana 46204-3006 Attn: Kim Rhoades, Director, Division of Long Term Care RE: February 19, 2013 Annual Recertification Survey Dear Ms. Rhoades, On February 19, 2013 a survey team from the Indiana State Department of Health completed a Recertification Survey at Terre Haute Nursing and Rehabilitation Center. Enclosed please find the Statement of Deficiencies with the facility Plan of Correction for these alleged deficiencies. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. This letter is our request for a desk review awarding the facility paper compliance as means to verify that the facility has achieved substantial	

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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			compliance with the applicable requirement as of the date set forth in the Plan of Correction of February 28, 2013. Please feel free to contact me with any further questions at (812) 232-7102. Respectfully Submitted, Cathy J. Cox, B.A., HFA Health Facility Administrator	

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F000164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.			
	Based on observation and record review the facility failed to provide personal privacy during visits and/or medication administration during random observation for 4 of 4 residents. (Resident #'s 32, #53, #43, and #31)	F000164	**Submission of this plan of correction does not constitute an admission by Terre Haute Nursing and Rehabilitation Center or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of**	02/28/2013

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	Findings include: 1. During interview of Resident #32 on 2/15/13, at 10:50 a.m., CNA #3 knocked on the resident's door and entered without requesting permission. The CNA did not speak to the resident, but walked in front of the resident to place a urinal in the resident's room. 2. During medication observation on 2/12/13, at 12:03 p.m., LPN #1 administered an Insulin (Hypoglycemic) injection to Resident #53. The injection was administered in Resident #53's room, without the privacy curtain pulled and while the resident's roommate was present and conversing with Resident #53.		**nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.** **Terre Haute Nursing and Rehabilitation Center is in full compliance and respectfully request paper review.** **F164 483.10(e) PRIVACY AND CONFIDENTIALITY** It is the practice of Terre Haute Nursing and Rehabilitation Center to ensure the resident's right to privacy and confidentiality of personal and clinical records. I. Residents # 32, 53, 43, and 31 have been interviewed and relayed no concerns regarding their lack of privacy. CNA #3, LPN #1, CNA #8, and RN #7 have been re-educated regarding the facility's policy on privacy and dignity.	

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			II. All residents have the potential to be affected. This is being addressed by our systems described below. III. The facility's policy regarding privacy and dignity has been reviewed. Facility personnel have been re-educated on this policy. Additional systemic changes are being monitored through our quality improvement program. IV. The Director of Nursing or her designee iscompleting a quality improvement audit of dignity and privacy during care and treatments. A random sample of 5% of residents are being monitored during quality care audits to ensure privacy is provided. This audit is being completed weekly for 30 days; then every other week for 30 days; then monthly for 6 months. Results of all audits are being discussed at the monthly at the quality assurance meeting for additional recommendations as necessary. V. Date of Compliance 02/28/2013	
	3. On 2/12/13 at 12:10 p.m., RN #6			

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	was observed giving medications to Resident #31 in her room, with the door closed. CNA #8 opened the resident's door without knocking and obtaining permission to enter. 4. During interview of Resident #43 on 2/7/13 at 11:56 a.m., RN #7 was observed to enter the room to administer insulin to the resident. The RN raised Resident #43's shirt and administered insulin to Resident #43 in her abdomen. The resident's roommate, Resident # 54, was observed to be lying on her bed and facing Resident #43. Resident #54 was observed to have full view of the RN administering the insulin to Resident #43. The RN did not attempt to provide privacy i.e. pull privacy curtain and/or ask to pause interview of Resident #43. Upon review of the clinical record of Resident #43 on 2/12/13 at 11 a.m., documentation indicated the most recent Minimum Data Set (MDS) assessment was completed on 12/5/12. The assessment identified the resident to be independent in cognitive decision making skills. Upon review of the facility's current policy and procedure for privacy titled "Resident Rights Guidelines for All			

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	Nursing Procedures" dated December 2007 on 2/14/13 at 3:11 p.m., documentation indicated the following:" ...1. For any procedure that involves direct resident care, follow these steps: a. Knock and gain permission before entering the resident's room...e. If visitors are present, ask them to wait outside unless the resident requests that they remain in the room, f. Close the room entrance door and provide for the resident's privacy..." 3.1-(p)(2) 3.1-(p)(5)			

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F000223 SS=A	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on interview and record review the facility failed to ensure residents were free of verbal abuse for 1 of 1 allegation of verbal abuse reviewed. [Resident #7] Finding includes: On 2/8/13 at 2:00 p.m., the Administrator indicated Resident #7 had reported to her the morning of 2/8/13, that CNA #7 had been rude to her that morning. The resident reported to the Administrator that CNA #7 had requested the resident lift her leg during care. The resident responded she was unable to, and the CNA told the resident "That's your own fault you should have taken better care of yourself!" The Administrator indicated the CNA worked night shift, was not in the facility at the time the allegation was made, and would not return until investigation was completed. On	F000223	**This plan of correction is to serve as Terre Haute Nursing and Rehabilitation Centers' credible allegation of compliance.** **Submission of this plan of correction does not constitute an admission by Terre Haute Nursing and Rehabilitation Center or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.** **Terre Haute Nursing and Rehabilitation Center is in full compliance and respectfully**	02/28/2013

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	2/13/12 at 4:20 p.m., the Administrator provided an incident reporting form and documentation of the facility's investigation of the allegation. The reports indicated the allegation was substantiated by the facility and the CNA was terminated. Resident #7's clinical record was reviewed on 2/13/13 at 11:00 a.m. The Minimum Data Set [MDS] assessment, dated 12/18/12, assessed the resident with moderate cognitive impairment and required total assistance of two for bed mobility and transfers. The resident was assessed as requiring extensive assistance of one for hygiene and was non-ambulatory. The facility's policy regarding types of abuse and reportable unusual occurrences, dated 1/25/06, included but was not limited to, "Verbal Abuse-is defined as the use of oral, written, and/or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. " 3.1-27(b)		**request paper review.** **F223 483.13(b) ABUSE** It is the practice of Terre Haute Nursing and Rehabilitation Center to ensure the resident right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. I. As indicated in the survey report, CNA #7 is no longer employed by the facility. Resident #7 was interviewed and assessed following the incident and showed no signs of physical or mental trauma. II. The facility conducted random resident and staff interviews following this incident to ensure no other residents were affected. III. As indicated in the survey report the facility has an Abuse Prevention Policy. Facility	

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			personnel have been re-educated on this policy. This education will be repeated quarterly with facility personnel and is provided to all new employees at the time of hire. IV. The DON or her designee is conducting quality improvement audits of the Abuse Prevention Program. 4 random personnel are being interviewed monthly for 6 months to ensure understanding of the facility abuse prevention program. Results of all audits / interviews are being discussed at the monthly at the quality assurance meeting for additional recommendations as necessary. V. Date of Compliance 02/28/2013	

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F000282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review the facility failed to follow a pharmacy recommendation and physician's order to obtain a lab test for 1 of 10 residents reviewed for unnecessary medications. [Resident #8] Finding includes: Resident #8's clinical record was reviewed on 2/14/13 at 10:00 a.m. A pharmacy recommendation was noted, dated 11/26/12, to obtain the lab test Hgb A1c for the adequate monitoring of the resident's blood glucose and insulin. A physician's telephone order was received on 11/27/12 for the lab test every three months. A report of the test was not found in the resident's clinical record. On 2/14/13 at 3:37 p.m., LPN #2 and the Director of Nursing [DON] indicated the lab test had not been done. The staff indicated it should have been drawn on the next lab day in December and did not know why it had not been.	F000282	**This plan of correction is to serve as Terre Haute Nursing and Rehabilitation Centers' credible allegation of compliance.** **Submission of this plan of correction does not constitute an admission by Terre Haute Nursing and Rehabilitation Center or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.** **Terre Haute Nursing and Rehabilitation Center is in full compliance and respectfully request paper review.**	02/28/2013

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	On 2/14/13 at 4:06 p.m., the DON provided a facility policy titled "Pharmacy Medication Regimen Review," [no date,] the policy included, but was not limited to, "...5. The clinical nurse then reviews recommendations and contacts physician for further orders. 7. Any new orders regarding Regimen Review must be via written telephone order process..." The DON indicated the nurses are to check to ensure orders are followed. 3.1-35(g)(2)		**F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS PER CARE PLAN** It is the practice of Terre Haute Nursing and Rehabilitation Center to provide services by qualified persons in accordance with each resident's written plan of care. I. The lab test has been completed for Resident #8. II. All residents have the potential to be affected by missing lab tests. An audit has been completed to ensure that no other lab tests have been missed.. III. Nursing personnel have been re-educated regarding the importance of following physician's orders including the plan of care. A lab tracking tool has been implemented that allows the facility to track that the lab ordered has been done and the results received. This will be reviewed during clinical meeting daily.	

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			IV. The DON or her designee is conducting quality improvement audits to ensure compliance with following the plan of care. A random sample of 4 residents are being checked weekly for 30 days; then monthly for 6 months to ensure that labs are completed as ordered. Results of all audits are reported to the QA Committee monthly for additional recommendations as necessary. V. Date of compliance 02/28/2013	