

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/12/2016
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NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00204143.</p> <p>Complaint IN00204143 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F225.</p> <p>Survey dates: July 11 &amp; 12, 2016</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Census bed type: SNF/NF: 66 SNF: 5 Total: 71</p> <p>Census payor type: Medicare: 4 Medicaid: 56 Other: 11 Total: 71</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662</p>	F 0000	<p><b>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BECONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEUOF A POST SURVEY REVIEW.</b></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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F 0157 SS=D Bldg. 00	<p>on July 15, 2016.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify family regarding a medication change for 1 of 3</p>	F 0157	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B	07/29/2016
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	<p>residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 07/11/15 at 11:30 a.m. Diagnoses included, but were not limited to, convulsions and psychosis not due to a substance or known physiological condition.</p> <p>Resident B's discharge paperwork from her previous facility, dated 03/18/16, did not include Depakote Sprinkles (medication used to treat seizure disorders and/or mental/mood conditions) on her medication list.</p> <p>A Physician's Order, dated 03/18/16, indicated Phenytoin (medication used to control seizures) chewable tablet 50 mg (milligrams), 4 tabs by mouth twice a day for the diagnosis of encounter of other specified aftercare. This medication was discontinued on 03/21/16.</p> <p>A Physician's Order, dated 03/21/16, indicated Depakote Sprinkles (divalproex) capsule 125 mg once daily for the diagnosis of encounter for other specified after care.</p> <p>A Physician's Order, dated 03/21/16,</p>		<p>no longer resides at facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents receiving new physician orders have the potential to be affected by the alleged deficient practice. IDT conducted an audit of all new orders for this past 30 days to assure no other residents have been affected. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All staff nurses have been inserviced by DNS/ Designee on the Change of Condition Policy and Procedure which includes the need to notify residents and family/ responsible party of all new orders. All new orders will be reviewed by the IDT in clinical meeting Monday- Friday to ensure that residents and family/ responsible party have been notified of all new orders. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: DNS/ Designee will conduct audits of the Change in Condition CQI on new physician orders weekly x 1 month, monthly x 4 months and quarterly until substantial compliance has been maintained for at least 2 quarters. Results of audits will be reviewed in monthly QAPI meetings.</p>	

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	<p>indicated Depakote Sprinkles (divalproex) capsule 125 mg. Three capsules by mouth twice a day for the diagnosis of psychosis not due to a substance or known physiological condition.</p> <p>During an interview on 07/12/16 at 8:40 a.m., Resident B's family member indicated Resident B was prescribed Depakote at her previous long term care facility. Family requested the medication be discontinued and Resident B was weaned off of Depakote. Upon admission to the facility on 03/18/16, Resident B was not prescribed Depakote and was taking Phenytoin for seizures. The family was not aware Resident B started taking Depakote again until Resident B's hospital stay 06/22/16. The family member indicated they never would have approved the change in medication if they had known.</p> <p>During an interview on 7/12/16 at 2:30 p.m., the Interim Director of Nursing Services indicated a family member should be notified of a change in medication.</p> <p>During an interview on 7/12/16 at 4:10 p.m., the Executive Director and Interim Director of Nursing Services, they both indicated there was no documentation</p>		Results of audits of a threshold less than 90% will have an action plan initiated. _ Date the systemic changes will be completed: 7/29/2016		

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F 0225 SS=D Bldg. 00	<p>available to show family had been notified of Resident B's medication change.</p> <p>This Federal tag relates to complaint IN00204143.</p> <p>3.1-5(a)(3)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p>				

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	<p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to thoroughly investigate and report to the Indiana State Department of Health an injury of unknown origin for 1 of 3 residents reviewed for accidents (Resident B).</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 07/11/15 at 11:30 a.m. Diagnoses included, but were not limited to, Parkinson's disease and dementia.</p> <p>Nursing Progress notes indicated the following:</p> <p>04/23/2016 - Resident B's daughter asked to speak with the management team due to an unknown bruise on Resident B's right hand. The nurse was unable to identify where the bruise came from and the wound nurse was notified to evaluate. Resident B showed signs of pain when her hand was touched.</p>	F 0225	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B no longer resides at facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents that have an injury of unknown origin have the potential to be affected by the alleged deficient practice. IDT performed an all house skin sweep on 7/28/16 and found no other injuries of unknown origin. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Staff have been inserviced by the DNS/ Designee on the Incident Reporting Policy and Procedure. DNSS educated the IDT on the Skin Management Program and importance of investigation of all new skin events. IDT will complete an event investigation on an injury of unknown origin. How the corrective action(s) will be monitored to ensure the</p>	07/29/2016

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	<p>04/24/2016 - Resident B's right hand was extremely red in color. Resident was guarding her hand and moaned when her hand was touched.</p> <p>4/24/2016 - Resident B's right hand had discoloration, pain and swelling.</p> <p>04/24/2016 - An intact blister was noted on Resident B's right hand. The surrounding area was red.</p> <p>A Physician's Order, dated 4/24/16, indicated clean right hand with normal saline, pat dry, apply Silvadene cream (used to treat burns), cover with kerlix and secure daily.</p> <p>An Interdisciplinary Team review, dated 4/25/16, indicated Resident B was noted to have a small blister to the anterior surface of her right hand. The interdisciplinary team felt the root cause appeared to be from hot liquid.</p> <p>The investigation into the injury was requested from the facility on 7/12/16 at 10:45 a.m. One written statement from an employee was available and indicated there were no hot drinks in front of Resident B at the time her family member complained of the mark on her hand. The Executive Director indicated there was not an investigation regarding the</p>		<p>deficient practice will not recur, i.e., what quality assurance program will be put into place: DNS/ Designee will conduct audits of the Skin Management Program CQI weekly x 1 month, monthly x 4 months and quarterly until substantial compliance has been maintained for at least 2 quarters. Results of audits will be reviewed in monthly QAPI meeting. Results of audits of threshold less than 90% will have an action plan initiated. Date the systemic changes will be completed: 7/29/2016</p>	

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	<p>injury to Resident B's hand as the facility did not feel it met the criteria for injury of unknown origin.</p> <p>The facility did not make a report regarding this injury to the Indiana State Department of Health.</p> <p>A current policy, titled "Abuse Prohibition, Reporting, and Investigation," dated July 2015, provided by the Interim Director of Nursing Services on 07/12/16 at 2:16 p.m., indicated "...An injury should be classified as an injury of unknown source when...1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and 2. The injury is suspicious because of the extent of the injury or the location of the injury...Policy/Procedure:...7. The Executive Director/designee will report all unusual occurrences, which include...injuries of unknown origin immediately, to the Long Term Care Division of the Indiana State Department of Health...8. A comprehensive record of the abuse investigation is to be kept by the facility Executive Director and/or Director of Nursing Services...."</p> <p>This Federal tag relates to complaint IN00204143.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	3.1-28(c) 3.1-28(d)				