

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2014
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NAME OF PROVIDER OR SUPPLIER WOODLANDS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304
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F000000	<p>This visit was for the Investigation of Complaint IN00145014.</p> <p>Complaint IN00145014 - Substantiated. Federal deficiency related to the allegation are cited at F241.</p> <p>Survey date: February 25, 2014.</p> <p>Facility number: 000134 Provider number: 155229 AIM number: 100275430</p> <p>Survey team: Shelley Reed, RN TC</p> <p>Census bed type: SNF: 77 Total: 77</p> <p>Census payor type: Medicare: 13 Medicaid: 54 Other: 10 Total: 77</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	The creation and submission of this 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 of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 3/10/14.	

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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F000241 SS=D	<p>Quality review completed by Debora Barth, RN.</p> <p>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 interview and record review, the facility failed to ensure dependent residents were provided Activities of Daily Living (ADL) care in a manner to promote dignity. These deficient practices impacted 1 of 3 residents reviewed for the provision of care and services in a dignified manner (Resident B). Findings include: 1). The clinical record for Resident (B) was reviewed on 2/25/14 at 10:30 a.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease, hypertension, dysphagia and weight loss. During record review, the quarterly Minimum Data Set (MDS) assessment, dated 12/5/14, indicated Resident (B) was severely cognitively impaired. Resident (B)</p>	F000241	<p>Corrective action for resident affected: Resident "B" had no negative outcome Other residents having the potential to be affected and corrective action: Other residents requiring staff assistance with ADL's are at risk. ADL documentation was reviewed for time concerns and followed up completed as needed. Measures to ensure negative practice does not recur: Nursing staff to be re-educated on March 6 and March 7, on providing ADL assistance in a dignified time per their plan of care. Random spot checks of providing morning ADL get up will be completed weekly x 4 weeks by the DON/ADON and or designee. Corrective action to be monitored by: DON/designee will audit ADL documentation sheets weekly x 12 weeks, then monthly x 3 months to ensure ADL care is being provided in an appropriate time frame. Date systemic changes will be completed: March 10, 2014</p>	03/10/2014
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	<p>received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person physical assist, ambulation-did not occur, dressing-extensive assistance with one person physical assist, hygiene and bathing-limited assistance with one person physical assist. Resident (B) was incontinent of bladder and bladder.</p> <p>During review of the Entry Daily Report (EDR) provided by the Assistant Director of Nursing (ADoN) on 2/25/14 at 4:20 p.m., the record indicated Resident (B) was provided ADL care on 2/21/14 at 12:21 a.m., which included dressing, eating, bathing, oral care and lotion applied. The record also included the following:</p> <p>On 2/22/14 at 12:53 a.m., Resident (B) was provided ADL care which included, dressing, eating, sponge bath and oral care.</p> <p>On 2/23/14 at 12:39 a.m., Resident (B) was provided ADL care which included, dressing, personal hygiene, sponge bath and oral care.</p> <p>On 2/24/14 at 1:26 a.m., Resident (B) was provided ADL care which</p>			

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	<p>included, dressing, sponge bath, oral care and personal hygiene.</p> <p>On 2/25/14 at 12:27 a.m., Resident (B) was provided ADL care which included, dressing, sponge bath and oral care.</p> <p>The most recent health care plan problem indicated Resident (B) required total care completing ADL's related to end stage Alzheimer's disease. One of the approaches to the problem indicated "assist with showers twice weekly and as needed with partial baths on non-shower days."</p> <p>During an interview on 2/25/14 at 3:17 p.m., LPN #1 indicated she worked the day shift and Resident (B) was dressed when she came into work on 2/25/14. She indicated she was often dressed when she came into work. She indicated staff usually do not start getting residents up until 5:00 a.m.</p> <p>During an interview on 2/25/14 at 3:48 p.m., CNA #2 indicated she worked the hall where Resident (B) resided. She indicated she worked the day shift and Resident (B) was normally up and dressed when she arrived at work. She arrived just</p>			

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	<p>prior to 6:00 a.m.</p> <p>During an interview on 2/25/14 at 3:55 p.m., the ADoN indicated she was unsure of why the computer documentation indicated Resident (B) was dressed with ADL care being provided between 1:00-2:00 a.m. She indicated she had telephoned some of the staff who documented the times, but they had not yet returned her call. She indicated the initial assessment for daily preferences would be in the chart, but the Activity Director, Social Service Director and Director of Nursing were out of the building at a conference. No initial assessment was found in the chart related to personal preference for a wake time for Resident (B).</p> <p>During the exit conference with the Administrator and ADoN on 2/25/14 at 4:45 p.m., the Administrator indicated "it appeared staff were getting residents up too early and education would need to be provided."</p> <p>No additional information was obtained during the exit conference.</p> <p>This Federal tag relates to Complaint IN00145014.</p>				

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