STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155667	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE CHRISTIAN RETIREMENT VILLAGE	221 W DIVISION ST DEMOTTE, IN 46310

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaint IN00105315. Complaint IN00105315- Substantiated, Federal/State deficiencies related to the allegations are cited at F 157. Survey date: March 22, 2012 Facility number: 010823 Provider number: 155667 AIM number: 200236630 Survey team: Marcia Mital, RN Census bed type: SNF: 13 SNF/NF: 33 Total: 46 Census Payor type: Medicare: 07 Medicaid: 25 Other: 14 Total: 46 Sample: 3 This deficiency reflects state findings cited in accordance with 410 IAC 16.2.	F0000		

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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	Quality review completed on March 23, 2012 by Bev Faulkner, RN			

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F0157 SS=D	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). 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. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on record review and interview, the facility failed to ensure a physician and family were notified of a resident making a statement of wishing she were dead for 1 of 3 residents reviewed for physician	F0157	Submission of this plan of correction and credible allegation of compliance does not constitute an admission of the certified and licensed provider, Oak Grove Christian Retirement Village (Oak	04/21/2012

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	notification in a total sample of 3. (Resident B) Findings include: 1. Resident B's record was reviewed on 3/22/12 at 11:30 a.m. Resident B's diagnoses included, but were not limited to, dementia, depressive disorder, and anxiety. A nurses' note, dated 12/18/11 at 12:30 p.m., indicated "...res (resident) cont (continues) to ask to go to the bathroom et (and) @ (at) times crying and saying 'I wish I was dead.' No (indicated by a 0) s/s (signs and symptoms) of injuries d/t (due to) being found on floor." There was a lack of documentation to indicate the resident's physician had been notified of the resident's statement. During an interview on 3/22/12 at 2:55 p.m., the ADoN (Assistant Director of Nurses) indicated she was not able to find where the physician had been notified of the resident's statement. During an interview on 3/22/12 at 3:02 p.m., LPN #1 indicated she had worked on 12/18/11 and had documented the resident making the statement of wishing she were dead. She indicated she had not		Grove CRV), that the allegations contained in the survey report are true and an accurate portrayal of the provision of nursing care of services at this health care facility. Oak Grove CRV, as a licensed and certified provider, recognizes its obligation to provide legally and medically required care and services to our residents in an economic and efficient fashion.1. No residents were adversely affected by the alleged deficiency.It is the policy and practice of Oak Grove CRV to notify the attending physician of any significant change in the resident's physical and mental status in a timely manner. Due to the amount of time that had elapsed, the facility was not able to correct this alleged deficiency, i.e. physician notification, immediately. The attending physician and psychiatric physician have since been notified as well as the resident's family. The nurse caring for Resident B at the time of the alleged deficiency has been counseled.2. All residents that require physician notification due to critical changes in mental/mood status resulting in the potential of self harm may be affected by this finding.The Director of Nursing/Designee will review the past six months of the Minimum Data Set Sections D0200i, D0350, D0500i and D0650 to identify residents with the potential for self harm. The	

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	called the physician because she did not know she was supposed to call. She indicated she knew now because it had happened again the other day and she had been told she was supposed to call the physician. An undated policy, received from the Director of Nurses as current on 3/22/12 at 2:15 p.m., titled "Oak Grove Christian Retirement Village Behavioral Manifestations of Potential Suicide", indicated "...When behaviors are observed, the DON (Director of Nurses), Social Service, resident physician, and family should be notified immediately...Suicidal thoughts/actions...Threatening Behavior: Verbalization of wish to die...". This Federal tag relates to Complaint IN00105315. 3.1-5(a)(2) 3.1-5(a)(3)		Director of Nursing/Designee will assure notification of the family and physician should any resident reviewed score a one (1) in any of these sections.Applicable procedures of the "Suicide Precautions and Behavioral Manifestations of Potential Suicide" policy will be followed should any resident require interventions. This corrective action plan will ensure that a resident undergoing significant mental/mood changes in their health status will receive timely physician notification and intervention.3. Oak Grove CRV's policy on "Suicide Precautions and Behavioral Manifestations of Potential Suicide" will be updated.In addition, all staff will be reinserviced by April 21, 2012 on signs and symptoms of depression that relate to suicide/death ideation and proper physician notification.4. The Director of Nursing/Designee will randomly review 15% of resident's charts weekly for three months to assure that any observed signs/behaviors regarding depression and/or suicidal thoughts/actions have been reported and addressed in a timely manner. Sections D0200i, D0350, D0500i and D0650 of the Minimum Data Set will also be reviewed on those residents who have been randomly chosen.Moreover, the Director of Nursing/Designee will sumit her/his observations to the Quality	

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			Assurance Committee for further review and recommendations. This will be done monthly for the first niney (90) days then quarterly thereafter or until a 95% compliance threshold is met.Furthermore, the "Abuse Awareness" tracking form that is completed by each shift on each unit will be modified to include tracking of behavioral concerns for follow up. This form will then be circulated to and reviewed by the interdisciplinary team at the morning meeting.5. Date of compliance is April 21, 2012.	