

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E281	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/17/2012
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NAME OF PROVIDER OR SUPPLIER  GOSPORT NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 27 S SEVENTH ST GOSPORT, IN 47433
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F0000	<p>This visit was for the Investigation of Complaint IN00115873.</p> <p>Complaint IN00115873- Substantiated. Federal/State deficiencies related to the allegations are cited at F203, F465.</p> <p>Survey date: September 17, 2012</p> <p>Facility number: 000409 Provider number: 15E281 AIM number: 100291270</p> <p>Survey Team: Mary Jane G. Fischer, RN</p> <p>Census bed type: NF: 43 Total: 43</p> <p>Census payor type: Medicaid: 39 Other: 4 Total: 43</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September</p>	F0000	<p>It is the policy of Gosport Nursing Home to comply with state and federal regulation. We respectfully request that this plan of correction be accepted. We also request that the IDRs be considered. Thank you, Paula Freeman, RN DON</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.

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

PRINTED: 10/30/2012  
FORM APPROVED  
OMB NO. 0938-0391

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	18, 2012 by Bev Faulkner, RN				

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F0203 SS=B	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a) (6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone</p>				

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	<p>number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents received a written notice of transfer/discharge, in that when residents were admitted to the facility for a short term rehabilitation stay, the facility did not provide the written notice of transfer/discharge for 2 of 3 residents reviewed for transfer notice in a sample of 4. [Resident "B" and "C"].</p> <p>Findings include:</p> <p>1. The record for resident "B" was reviewed on 09-17-12 at 10:35 a.m. Diagnoses included but were not limited to alcohol dependency, diabetes, anemia, bipolar disorder and hypokalemia. These diagnoses remained current at the time of the record review.</p> <p>During the initial tour of the facility on</p>	F0203	<p>A discharge meeting will be held for all residents who will discharge from the facility. The meeting will include the DON, charge nurse, SSD, and family when possible. All residents who are discharging will be given written notice of discharge. Resident C- family came in and took him out without advance notice. Administrator/designee will monitor SSD for compliance. Monitoring will be ongoing. Results will be shared at QA meeting quarterly.</p>	10/12/2012			

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	<p>09-17-12 at 10:00 a.m., the Social Service Director indicated the resident was admitted to the facility for a short term stay of 120 days. During the initial tour, an observation noted the resident's belongings appeared to be packed and placed adjacent to the resident's bed. The Social Service Director indicated the resident was scheduled for discharge "tomorrow [09-18-12]."</p> <p>During interview on 09-17-12 at 12:40 p.m., the resident indicated an awareness that the stay at the facility was for 120 days and after that he would need to be discharged and find a place to stay. The resident further indicated a family member assisted in finding "a half way house in Indy [Indianapolis] and would leave the facility "tomorrow [09-18-12]."</p> <p>When interviewed if the resident had received a written notice of discharge, which outlined the requirements of discharge to include resident rights, the resident indicated "no."</p> <p>The resident's record lacked written notice of transfer to include but not limited to the reason for discharge, effective date of the discharge, the resident's right of appeal to include the name and number of the local Ombudsman.</p> <p>During interview on 09-17-12 at 12:30</p>						

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	<p>p.m., the Director of Nurses verified the resident had not received the written "Notice of Transfer/Discharge."</p> <p>2. The record for Resident "C" was reviewed on 09-17-12 at 1:50 p.m. Diagnoses included but were not limited to diabetes mellitus, pain and wound to left foot. These diagnoses remained current at the time of the record review.</p> <p>The resident was admitted to the facility on 08-14-12 and discharged on 08-15-12.</p> <p>Interview on 09-17-12 at 2:30 p.m., the Director of Nurses indicated the resident was admitted to the facility and then the family decided to transfer the resident to a facility where the resident could receive Medicare benefits.</p> <p>The record lacked documentation of a written notice to provide continuity of care, the effective date of the discharge, the resident's right of appeal to include the name and number of the local Ombudsman.</p> <p>This Federal tag relates to Compliant IN00115873.</p> <p>3.1-12(a)(3) 3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(iv)</p>			

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F0465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure clean and odor free areas of the facility for 1 of 1 shower rooms, and the front entrance/foyer areas. This had the potential to affect all visitors and residents.</p> <p>Findings include:</p> <p>Observation on 09-17-12 at 11:00 a.m., and again at 2:00 p.m., the front entrance/foyer area of the facility had a strong urine odor which permeated the air.</p> <p>In addition, observation on 09-17-12 at 11:00 a.m., the shower room on the lower level of the facility had wet towels strewn on the floor and a pungent odor of urine.</p> <p>Interview on 09-17-12 at 3:15 p.m., the Social Service Director indicated the facility staff struggle with the odor at the front of the building due to the location of the soiled utility room. Both the Social Service Director and the Director of Nurses verified the front area of the facility had a strong urine odor.</p>	F0465	<p>Exhaust fan was changed on 9/24/12 in soiled utility room. Nursing, laundry, and housekeeping staff will be in-serviced on frequent emptying linens, trash in soiled utility room. Housekeeping supervisor/designee will monitor for odor three times a week until no odors present, then weekly. Results will be reported to QA committee. Residents who can self shower utilize the shower room on the lower level. They used shower and did not clean up linens. Shower room free of odor at this time. Linen recepticals will be placed in shower room for residents to dispose of dirty linen. Housekeeping supervisor/designee to monitor three times a week for one month. If no further oor, one time a week. Results will be reported to QA committee. Housekeeping supervisor/designee will monitor shower room and dirty utility room for odors three times a week until no odors present, then weekly times one year. Results will be reported to QA committee,</p>	10/17/2012	

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