

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2012
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NAME OF PROVIDER OR SUPPLIER MEADOWVALE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1529 W LANCASTER ST BLUFFTON, IN 46714
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F0000	<p>This visit was for the investigation of Complaint IN00109491.</p> <p>Complaint IN00109491 -Substantiated, Federal/State deficiencies related to the allegations are cited at F157 and F514.</p> <p>Survey date: 6/18/12.</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Survey Team: Shelley Reed, RN Virginia Terveer, RN</p> <p>Census bed type: SNF: 64 Total: 64</p> <p>Census payor type: Medicare: 10 Medicaid: 47 Other: 7 Total: 64</p> <p>Sample: 5</p> <p>These deficiencies reflect state finding cited in accordance with 410 IAC 16.2.</p>	F0000	The facility requests that this plan of correction be considered it's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	

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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	Quality review completed on June 26, 2012 by Bev Faulkner, RN			

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F0157 SS=D	<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 the resident's legal representative for a change of condition and admission to the hospital for 1 of 5 residents reviewed in a sample of 5.</p>	F0157	F157DNotify of Changes (Injury/Decline/Room Change)1. Resident A is no longer a resident of the facility.2. This deficiency has the potential to affect otherresidents in the facility. The	07/18/2012			

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	<p>(Resident A)</p> <p>Findings include:</p> <p>1. The clinical record of Resident A was reviewed on 6-18-2012 at 1:25 P.M.</p> <p>Diagnoses included but not limited to CVA (Cerebral Vascular Accident), GI Bleed (Gastrointestinal), Alzheimer's Disease, Late effects CVA, Convulsions, Hypothyroidism, Diabetes Type II, Hyperlipidemia, Delirium, Depression, Hypertension, Coronary Atherosclerosis, Acute Renal Insufficiency, Gouty Arthritis, and Hypernatremia.</p> <p>On 5-21-2012 at 2 P.M., the resident progress notes indicated Resident A "appears more tired & drowsy....more difficulty staying awake at meals...increased care with ADLs (activities of daily living).....MD updated."</p> <p>On 5-21-2012, a fax transmittal form was created and faxed at 1:50 P.M., to the physician regarding the change of condition of Resident A.</p> <p>On 5-23-2012, a fax transmittal form was created and faxed (time not indicated) to the physician regarding "....increased lethargy over past few days....we did UA</p>		<p>DNS, or designee will complete a review of current residents to identify any resident who has had a significant change in condition in the last 30 days. The physician, legal representative and/or family members will be notified accordingly. Identified residents will be re-assessed, orders reviewed and revised, if needed and care plans updated and individualized, if applicable. 3. The Staff Development Coordinator, or designee will in-service the licensed nurses relative to notification of changes, including but not limited to, facility policy and procedure related to notification of physicians and families in the event of a significant change in the status of the resident and/or admission to the hospital. 4. The DNS, or designee, will monitor through resident record review, daily on scheduled days of work, to ensure physicians and families are notified of significant changes in resident status. The DNS, or designee, will present outcomes of the monitoring to the monthly PI Committee for 6 months.</p>		

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	<p>(urinalysis) and it was WNL (within normal limits)...no UTI (urinary tract infection)...any further recommendations?....."</p> <p>On 5-25-2012 at 1:15 P.M., the resident progress notes indicated Resident A was to be sent to the emergency room.</p> <p>From 5-21-2012 at 2 P.M., when the initial resident progress notes indicated a change in Resident A's condition through 5-25-2012 when Resident A was transferred to the hospital ER (emergency room), notification to the POA (power of attorney) was not documented regarding the change of condition or transfer to the hospital ER.</p> <p>A policy titled, "Condition Change of a Resident," dated 10/31/06, provided by the Director of Nursing (DON) on 6-18-2012 at 4:45 P.M., indicated under the procedure #8 "...Notify family member/responsible party of resident's condition..." "Documentation Guidelines" within this policy indicated to ".....document in the resident's medical record on appropriate designated form: all attempts to notify resident's family member/responsible party...."</p> <p>On 6-18-2012 at 9:25 A.M., an interview with the POA indicated notification was</p>			

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	<p>not made by phone or by message regarding Resident A being transferred to the emergency room. The POA indicated there were no missed calls on the POA's phone from the facility. The POA indicated the other contact person for Resident A did not receive notification on their phone or a message regarding Resident A's transfer to the ER.</p> <p>An interview with the DON on 6-18-2012 at 4:55 P.M., indicated no further documentation was available for Resident A and the nurse responsible to complete the notification documentation is no longer employed by the facility.</p> <p>This Federal Tag relates to Complaint IN00109491.</p> <p>3.1-5(a)(4)</p>				

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure transfer information was completed and a placed in the clinical record for 1 of 2 residents reviewed who were transferred to the hospital in the sample of 5. (Resident A)</p> <p>Findings include:</p> <p>1. The clinical record of Resident A was reviewed on 6-18-2012 at 1:25 P.M.</p> <p>Diagnoses included but not limited to CVA (Cerebral Vascular Accident), GI Bleed (Gastrointestinal), Alzheimer's Disease, Late effects CVA, Convulsions, Hypothyroidism, Diabetes Type II, Hyperlipidemia, Delirium, Depression, Hypertension, Coronary Atherosclerosis,</p>	F0514	F514DRecords-Complete/Accurate/Accessible1. Resident A is no longer in the facility.2. All residents who are discharged fromthe facility to the hospital have the potentialto be affected. Thus, this POC applies to all residents discharged to the hospital. The DNS or designee, will review the records of residents transferred from thefacility to a hospital within the past 30 daysto determine whether complete and accuraterecords were sent.3. The Staff Development Coordinator willin-service all licensed nurses relative to resident records-complete/accurate/acces sible,including but not limited to dischargeddocumentation requirements.4. The DNS, or designee, will monitor daily,on scheduled days of work, for 4 weeks, allresident transfers to a hospital, or otherhealth care	07/18/2012			

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	<p>Acute Renal Insufficiency, Gouty Arthritis, and Hypernatremia.</p> <p>Review of Resident Progress Notes for the dates of 5-21-2012 through 5-25-12 indicated the resident experienced a change in condition and was subsequently sent to the emergency room on 5-25-12.</p> <p>On 6-18-2012 at 12:15 P.M., records obtained from the hospital included an ER (Emergency Room) report and admission information for Resident A. The records indicated an admission date and time of 5-25-2012 at 1:22 P.M. to the ER and 5-25-2012 at 4:45 P.M. admission to the telemetry unit of the hospital.</p> <p>The record review indicated a Resident Transform Form was not located within the current record for Resident A.</p> <p>On 6-18-2012 at 3:55 P.M., an interview with the Director of Nursing (DON) indicated a transfer form was not created and the nurse responsible for completing the documentation is no longer employed by the facility.</p> <p>A policy, "Discharge/Transfer of the Resident," dated 4-28-2009, was provided on 6-18-2012 at 4:45 P.M.</p> <p>The policy indicated the licensed nurse was to "....complete appropriate paper</p>		<p>facility, to ensure that informationbeing sent is complete and accurate.Outcomes of the monitoring will be reported to the PI Committee monthly for 6 monthsto determine the need for continuedmonitoring.</p>		

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	<p>work to send with the resident (i.e., transfer form.....). Place a copy of the transfer paper work in resident medical record."</p> <p>This Federal Tag relates to Complaint IN00109491.</p> <p>3.1-50(h)(1) 3.1-50(h)(2) 3.1-50(h)(3) 3.1-50(h)(4) 3.1-50(h)(5) 3.1-50(h)(6) 3.1-50(h)(7) 3.1-50(h)(8)</p>				