

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155717	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/10/2016
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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME - A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 2, 3, 4, 5, 8, 9 and 10, 2016.</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Census bed type: SNF/NF: 26 Total: 26</p> <p>Census payor type: Medicare: 3 Medicaid: 21 Other: 2 Total: 26</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 8/15/16 by 29479.</p>	F 0000	<p>This response to the 2567 issued after the facility's survey is to serve as a plan of correction for the tags sited within. This plan of correction is not to serve as an admission of guilt by the facility or its owner. The facility makes every attempt to remain in substantial compliance with all state and federal regulations.</p> <p>The facility also respectfully asks for paper compliance for issues cited in the 2567 that the plan of correction outlines to correct.</p>	
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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 0156 SS=D Bldg. 00	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p>						

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	<p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral</p>			

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	<p>and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review, and interview, the facility failed to ensure residents were notified timely of discontinuation of Medicare/Medicaid coverage for services for 2 of 3 residents reviewed for discontinued benefits. (Residents #38, and #15)</p> <p>Findings include:</p> <p>1. Resident #38's record was reviewed on 8/2/2016 at 9:53 a.m. An occupational therapy (OT) discharge summary, dated 7/7/16, indicated OT services ended on 7/6/16.</p> <p>A social service note, dated 7/11/16, indicated Resident #38 discharged the facility against medical advice on 7/8/16.</p> <p>An undated and unsigned form titled, "NOTICE OF MEDICARE NON-COVERAGE (NOMNC)," indicated, "...unable to sign because he left AMA...."</p> <p>During an interview on 8/3/16 at 11:56 a.m., the Occupational Therapist (OT) indicated Resident #38's services ended on 7/6/16.</p>	F 0156	<p><b>F-156</b> It is the policy of the facility to ensure that residents receive a Notice Of Medicare Non-Coverage letters in a timely manner and at a minimum of two days prior to the end of service. Resident #38 no longer resides at the facility. Resident #15 no longer resides at the facility. At the daily CQI meetings(clinical portion) attended by all appropriate disciplines, the residents who are on Medicare coverage will be reviewed to see that any residents are approaching their date of discharge of services (those services which are the reason for their Medicare coverage) are slated to receive their notification letter(NOMNE) in a timely manner per regulation. The BOM (Business Office Manager)/Designee will meet weekly to discuss the need for upcoming NOMNC letters to be sent. A log will be kept of the letters. The Administrator will review the log weekly. This process will be ongoing. At an in-service held for all appropriate Department Heads who attend daily CQI meetings the following were reviewed: A.) Medicare Coverage Requirements B.) When to administer a NOMNC letter C.) Who should receive the letter? By what means? D.) CQI</p>	09/09/2016

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	<p>During an interview on 8/3/16 at 2:42 p.m., the Social Service Director (SSD) indicated there should have been notification of services ending a minimum of two days before the end of service.</p> <p>2. Resident #15's record was reviewed on 8/10/2016 at 12:30 p.m. A signed NOTICE OF MEDICARE PROVIDER NON-COVERAGE was not present.</p> <p>During an interview on 8/10/16 at 1:12 p.m., the Business Office Manager (BOM) indicated Resident #15's record did not include a NOMNC notice. The BOM indicated Resident #15 was on the 55th day of skilled therapy services at the time of discharge. The BOM indicated Resident 15 should have received a NOMNC notice prior to discharge.</p> <p>On 8/4/16 at 2:53 p.m., a current policy provided by the Social Service Director titled "Checklist/ Instructions for issuing a Notice of Medicare Non-Coverage (NOMNC) Determination on Continued Stay"...NOMNC form must be issued no later than two days (48 hours) before the proposed end of services...."</p> <p>3.1-4(a)</p>		<p>Daily Meeting—with review of Medicare covered residents E.) Weekly meeting of BOM/Designee and SSD/Designee to discuss who needs a letter/when F.) NOMNC "Log"—Who will keep? Where? G.) Review of Log weekly by Administrator(Corrections addressed immediately as found) H.) Q &amp; A Note: This process is also covered in the Weekly Medicare Meeting. Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings the NOMNC log will be reviewed. Any patterns will be identified. If necessary,an Action Plan will be written by the committee. Any Action Plan written by the committee will be monitored weekly by the Administrator until resolved.</p>	

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F 0334 SS=D Bldg. 00	<p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives</p>			

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	<p>education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review, and interview, the facility failed to ensure residents or their legal representative were provided education regarding the benefits and potential side effects of the annual flu immunization, prior to receiving the flu immunization, for 3 of 6 residents reviewed for flu immunizations (Resident's #1, #16, and #5).</p> <p>Findings include:</p>	F 0334	<b>F-334</b> It is the policy of the facility to ensure that residents or their legal representative are provided education regarding the benefits and potential side effects of the annual flu immunization prior to receiving the immunization. Residents will receive education regarding benefits as well as side effects related to the flu immunization prior to it being administered. This will include Residents #1, #16 and #5. A	09/09/2016

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	<p>1. Resident #1's record was reviewed on 8/10/2016 at 11:04 a.m. The record indicated the resident's legal guardian signed a consent to receive the flu vaccine on 10/31/14. The record indicated Resident #1 received the flu immunization on 10/30/15. The record did not indicate annual education was provided regarding benefits and potential side effects of the annual flu vaccine for 2015.</p> <p>2. Resident #5's record was reviewed on 8/10/2016 at 11:05 a.m. The record indicated the resident's legal guardian signed a consent to receive the flu vaccine on 10/27/14. The record indicated Resident #1 received the flu immunization on 10/30/15. The record did not indicate annual education was provided regarding benefits and potential side effects of the annual flu vaccine for 2015.</p> <p>3. Resident #16's record was reviewed on 8/10/16 at 11:11 a.m. The record indicated the resident's legal guardian signed a consent to receive the flu vaccine on 10/31/14. The record indicated Resident #1 received the flu immunization on 10/30/15. The record did not indicate annual education was provided regarding benefits and potential</p>		<p>facility wide audit was conducted to ensure that all residents have had all proper education/documentation as related to the flu immunization. Prior to administration of the vaccine, the log will be reviewed to ensure that education took place with verification to the resident and/or responsible party having received and understood it. An ongoing log will be kept and reviewed weekly by the DON/Designee to see that all components of the flu immunization procedure have been carried out as per regulation and policy for all residents. This will be an ongoing practice. Note: Any concerns will be addressed as found. At an in-service held for all staff on , the following was reviewed: A.) Flu/Pneumonia Immunization—Policy &amp; Procedure B.) Consent/Education (in regards to immunizations) C.) "Log" for immunizations D.) When to administer flu vaccine E.) When to administer pneumonia vaccine F.) Orders/Care Plans/Documentation G.) Discussion Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings as part of the Infection Control section—the logs for flu and pneumonia vaccine will be reviewed. Any patterns will be</p>	

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F 9999  Bldg. 00	<p>side effects of the annual flu vaccine for 2015.</p> <p>During an interview on 8/10/2016 at 11:12 a.m., the Director of Nursing (DON) indicated chart audits needed to be done, and flu consent forms should have been updated. She further indicated signed consent forms for flu/pneumonia immunizations should be current and kept in residents' charts. She indicated consent should have been obtained prior to giving immunizations, and that it was the responsibility of the DON and nursing staff to make sure consents were in the charts.</p> <p>A current policy titled "Influenza and Pneumococcal Vaccination," provided by the DON on 8/10/16 at 11:35 a.m., indicated "...PROCEDURE: 3. Obtain consent..5. Inform each resident/responsible party of the benefit and potential side effects of the Influenza or Pneumococcal vaccine...."</p> <p>3.1-13(a)</p>	F 9999	<p>identified. If necessary, an Action Plan will be written by the committee. Any Action Plan will be monitored weekly by the Administrator until resolution.</p> <p><b>9999</b> It is the policy of the facility</p>	09/16/2016
	3.1-14 PERSONNEL			

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	<p>(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following: 1. Resident Rights</p> <p>(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: ...</p> <p>(4) Past employment experience and education if applicable...(6) Position in the facility and job description. (7) Documentation of orientation to the facility and to the specific job skills.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure annual abuse and/or resident rights training, receipt of job descriptions, general orientation and job specific orientation for 9 of 10 employee files reviewed for State personnel requirements (Licensed Practical Nurse [LPN] #1, Certified Nurse Aides [CNA] #2, CNA #3, CNA #4, RN #5, Cook #6, Activity Assistant #7, RN #8, and LPN #9). This deficient practice had the potential to affect 26 of 26 residents in the facility.</p> <p>Findings include:</p>		<p>to see that ongoing, organized in-service education occurs for staff in accordance with the requirements of the state and federal guidelines for Long Term care as well as the facility's own policies and procedures. This includes but is not limited to: A.) Annual Abuse/Resident Rights Training B.) A (specific) Job Description C.) General Orientation D.) Job Specific Orientation These must be well documented and dated and contain the signatures/dates of the trainer as well as the staff member being trained. Staff members #1, #2, #3,#4, #5, #6, #7, #8, and #9 have all received the required education and in-servicing as stated prior and as required per policy and per state/federal regulation for LTC. Going forward, the Business Office Manager (BOM) will keep a log of all newly hired staff and their initial hiring requirements. The BOM will update the requirements as completed. The individual Department Heads will keep track of ongoing education for their department's employees. At the daily CQI meetings,the BOM will update the Department Heads of any outstanding initial orientation/education still required for any of their specific staff. Note: There will be certain requirements necessary for the staff member to commence working or to continue working. It will be the responsibility of the</p>	

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	<p>The facility employee files were reviewed on 8/4/16 at 10:00 a.m.</p> <ol style="list-style-type: none"> <li>LPN #1's file indicated the last Resident Rights in-servicing received was 2/27/15 and the last Abuse in-servicing was attended on 5/26/15. The file did not include these in-services in the past 14 months.</li> <li>CNA #2's employee file indicated the last Resident Rights in-servicing received was 2/27/15 and the last Abuse in-servicing was attended on 5/26/15. The file did not include these in-services in the past 14 months.</li> <li>CNA #3's file the last Resident Rights in-servicing received was 2/27/15 and the last Abuse in-servicing was attended on 5/26/15. The file did not include these in-services in the past 14 months.</li> <li>CNA #4's employee file indicated the last Abuse in-service was 5/26/15. The file did not include another Abuse in-service in the past 14 months.</li> <li>RN #5's employee file indicated Abuse in-servicing had been attended on 5/26/15 and again on 6/29/15. The file did not indicate Abuse in-service attendance in 13 months.</li> </ol>		<p>Department Heads to follow up on timely completion of the required in-services and education. Any deficits will be identified and planned to be presented/obtained timely. At an in-service held 9-1-16, for Department Heads the following was reviewed: A.) Required Education/Training—Orientation B.) Required Education/Training--Annually o rQuarterly (per state/federal regulation as well as Facility Policy &amp; Procedure C.) Tracking Education/Training---(Who? How?) D.) Monitoring/Follow Up of Education/Training—(Who? How?) E.) Discussion (Q &amp; A) Note: It will be the responsibility of the Administrator to see that all required education/training required by state/federal regulation as well as per facility Policy and Procedure does in fact get scheduled and delivered and documented. Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings, the monitoring by the BOM, Department Heads as well as the Administrator will be reviewed. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be reviewed weekly by the Administrator until resolution.</p>	

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	<p>6. Cook #6's file did not include documentation of job specific orientation. Cook #6's start date at the facility was 5/25/16.</p> <p>7. Activity Assistant #7's file did not include documentation of a job description or job specific orientation. Activity Assistant #7's start date at the facility was 6/2/16.</p> <p>8. RN #8's employee file did not include documentation of general orientation to the facility. RN #8's start date in the facility was 6/15/16.</p> <p>9. LPN #9's employee file did not document a reference checks, a job description, general orientation to the facility, or job specific orientation. LPN #9's start date at the facility was 6/15/16.</p> <p>On 8/4/16 at 11:30 A.M. during an interview with the DON (Director of Nursing), she indicated she was aware that in-servicing for abuse and resident rights hadn't been done this year.</p> <p>On 8/4/16 at 2:45 p.m., the DON indicated she was unable to find any resident rights or abuse in-servicing for the 5 long term employees. She also was unable to provide the reference checks,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155717	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/10/2016
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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME - A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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	<p>job descriptions, or orientation documentation.</p> <p>The interim Social Services Director (SSD) was interviewed on 8/4/16 at 3:15 p.m. She provided two forms at that time. She indicated the forms were the policy for new employee files and orientation, and an audit form for the files. An undated form, titled "Table of Contents, " indicated, "...Employee File Content...3. Employment Verification - Reference Check...8. Job Specific Orientation...Associate General Orientation...6. Resident Rights / Abuse Prevention Program...Testing - Miscellaneous...6. Resident Abuse and Protection...12. Resident Rights...."</p> <p>An undated form provided by the interim SSD on 8/4/16 at 3:15 p.m. titled "Employee File Audit Form," indicated the following items should have been in the employee files: "...2. 2 Reference Checks...6. Signed Abuse Policy...10. Job Description 11. Job Specific Orientation 12. General Orientation...."</p>			