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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/21/2015 |
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| F000000 | <p>This visit was for the Investigation of Complaints IN00161462, IN00162063 and IN00162555..</p> <p>Complaint IN00161462 Substantiated. Federal/State deficiencies related to the allegations are cited at F177 and F465.</p> <p>Complaint IN00162063 - Unsubstantiated due to lack of evidence</p> <p>Complaint IN00162555 - Unsubstantiated due to lack of evidence</p> <p>Survey dates: January 16, 20, and 21, 2015</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 107 Total: 107</p> <p>Census payor type: Medicare: 8 Medicaid: 80 Other: 19</p> | F000000 | <p>This Plan of Correction consitutes my written allegation of compliance for the deficiencies cited. However, the Plan of Correction is not an admission that a deficiency exited or that one was cited correctly. The Plan of Correction is being submitted to meet requirements of state and federal law. We respectfully request a paper compliance review for the Plan of Correction.</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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| F000177 SS=D | <p>Total: 107</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.-3.1.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.10(o) RIGHT TO REFUSE CERTAIN TRANSFERS</p> <p>An individual has the right to refuse a transfer to another room within the institution, if the purpose of the transfer is to relocate a resident of a SNF, from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or a resident of a NF, from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.</p> <p>A resident's exercise of the right to refuse transfer under paragraph (o)(1) of this section does not affect the individual's eligibility or entitlement to Medicare or Medicaid benefits.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident was not transferred unnecessarily and without the approval of the family for 1 of 3 residents reviewed for intrafacility transfers in a sample of 5. (Resident #B)</p> | F000177 | The facility will continue to follow all state and federal guidelines related to the transfer of residents. Family member Z has met with the Executive Director and has verbalized satisfaction with the facility's care of her mother and the plan to prevent further moves. The DNS and Unit | 02/03/2015 | | | |

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| | <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 1/20/15 at 2:15 p.m. Diagnoses for the resident included, but were not limited to, dementia, depressive disorder, and macular degeneration.</p> <p>A concerned family member for Resident #B (Family Member #Z) was interviewed on 1/21/15 at 10:25 a.m. She indicated Resident #B had been moved numerous times since her admission to the facility approximately a year ago. Family Member #Z indicated she worried about the moves due to the residents dementia and how they affected her.</p> <p>She indicated the resident's last room change was in November when she was moved from room 222 to room 230. She indicated she did not want the resident to be moved again. She indicated she was notified of the move, but was informed they needed to move the resident in order to have an empty room with a "male bed" available for a new admission. Family Member #Z indicated she was never made to feel she had a choice in the matter, but was just being informed the resident needed to be moved.</p> <p>The "Intrafacility Transfer Notice" form, related to this transfer, dated 11/18/14,</p> | | <p>manager both continue to communicate with her via phone and facility visits to assure care expectations are met. Resident # B continues on Hospice care and remains stable at this time. Other residents who may be candidates for moves will be discussed in the daily Clinical Meetings. A process has been put into effect that requires the approval of the ED or designee, prior to implementation of the move. The move will be discussed as to purpose, potential positive and negative effects on residents, compatability, input from residents/families prior to the final decision. The medical record will reflect the adjustment to the move. The ED or designee will review all required documentation for completion and timeliness. The two social service staff from the facility have received training from an outside consultant and will attend state approved Social Service training this month. Resident transfers will be reviewed in QAPI through the next six month.</p> | | |

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| | <p>indicated Family Member #Z was contacted on 11/18/14 related to a pending transfer. The form included a section for "Reason for Transfer". The statement "Less stimulating environment" was written in as the reason for the transfer. The form also contained a section for the signature of the resident and/or family. This section contained the statement "called [name of Family Member #Z] to confirm 11/18/14". The form was signed by the Social Services Director.</p> <p>The nurses notes for Resident #B, dated from 11/1/14 through 11/18/14, lacked any information related to the need for a room change in order to move the resident to a less stimulating environment.</p> <p>During multiple observations of the C-Wing unit (which contains all the 200 hall rooms), on 1/16/15, 1/20/15, and 1/21/15, the following was observed:</p> <p>The unit had one nursing station. The unit had three halls that all connect to this nursing station. Each hall could be observed from the nursing station. Multiple residents resided on each hall. No hall was observed to have a less stimulating environment than another hall.</p> | | | | | | |

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| F000465 SS=E | <p>The Administrator and DON were interviewed on 1/21/15 at 1:05 p.m. Additional information was requested related to the resident having changed rooms in November, 2014 due to the need for "a less stimulating environment".</p> <p>The facility failed to provide any additional information as of exit on 1/21/15.</p> <p>This federal tag relates to IN00161462.</p> <p>3.1-12(a)(14)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to provide a safe, sanitary, and functional environment for 6 of 9 resident rooms observed during two of two environmental observations. (Rooms 214, 226, 230, 233, 206, and 209)</p> <p>Findings include:</p> <p>During a tour of the C-Wing unit, conducted with RN #1 on 1/16/15 at</p> | F000465 | The facility will continue to provide a safe, sanitary and functional environment for all residents. The bottom shelf in the closet of Room 214 was repaired prior to the exit. The empty water bottles and paper debris in room 206 were cleaned up immediately when brought to attention of staff as was the nightstand in room 233 which had a dried craft material on it. The floor tile and the cove base were replaced in | 02/03/2015 |

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| | <p>10:40 a.m., the following was observed:</p> <p>Room 214: The bottom shelf on the right side of the double closet was broken and had fallen down. Clothing from the shelf had fallen on the floor.</p> <p>The floor tiles in the bathroom, shared by two residents, were stained and discolored under the toilet. The cove base behind the toilet was loose and pulling away from the wall. There was dark debris around the edges of the cove base behind the toilet.</p> <p>Room 226: The large sliding door on the right side of the double closet was dragging on the floor when one would attempt to slide the door open to gain access to clothing in the closet. This made it very difficult to slide the door open.</p> <p>Room 230: There was a basket full of soiled laundry inside the double closet on the right side. The laundry was overflowing onto the floor. Clean clothing hanging in the closet could make contact with soiled items in the basket. RN#1 indicated this resident's laundry was done by the facility. There was clothing on the floor inside the closet on the left side. It was unknown whether this clothing was clean or soiled.</p> | | <p>rooms 214 and 209. The closet doors in room 226 were repaired and now can be moved easily. The basket was removed from the closet in room 230 and soiled clothing is taken directly to the laundry after care. The over bed table was replaced in room 230. All rooms are checked daily for cleanliness and equipment as all rooms have the potential to be affected. The Guardian Angel Program is in effect to monitor residents and their rooms on an ongoing basis. Housekeeping staff have been educated on the need to identify any equipment or environmental issues when they are in the rooms daily, complete the required form for repair and turn it in to the administrator. The administrator or designee reviews progress on a daily basis. Environmental concerns will be evaluated for patterns and trends and will be reviewed in QAPI for 6 months and then as needed.</p> | | |

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| | <p>The over the bed table in the room for the resident by the door had missing surface area all around the edges of the table. This exposed a cork-like undersurface. This would prevent the table from being properly sanitized when needed.</p> <p>Room 233: There was a dried substance adhered to the top of the nightstand for the resident in the "A" side of the room.</p> <p>RN #1 was interviewed during the tour on 1/16/15 at 11 a.m. RN #1 indicated she would notify maintenance and/or housekeeping of the concerns as noted so they could be corrected.</p> <p>During a tour of rooms 206 and 209, conducted with the Administrator on 1/21/15 at 1:50 p.m., the following was observed:</p> <p>Room 206: There were two empty water bottles and various paper debris on the floor under the bed and around the nightstand of the resident in the "B" bed.</p> <p>Room 209: The floor tiles in the bathroom were stained and discolored under the toilet and sink area. There was dark debris around the edges of the cove base. The bathroom had an unpleasant odor.</p> | | | | | | |

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| | <p>The Administrator was interviewed during the observations on 1/21/15 at 1:55 p.m. She indicated the facility was in the process of replacing some of the bathroom floor tiles.</p> <p>This federal tag relates to Complaint IN00161462.</p> <p>3.1-19(f)</p> | | | | | | |