

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155480	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER BROOKVILLE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11049 SR 101 BROOKVILLE, IN 47012
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F000000	<p>This visit was for the Investigation of Complaint IN00159014.</p> <p>Complaint IN00159014 -- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey Dates: November 12 and 13, 2014</p> <p>Facility number: 000550 Provider number: 155480 AIM number: 100286110</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 8 Medicaid: 45 Other: 11 Total: 64</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The document serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me</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.

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F000387 SS=D	<p>Quality review completed on November 14, 2014 by Cheryl Fielden, RN.</p> <p>483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>The facility failed to ensure physician visits were conducted in a timely manner for 1 of 3 residents reviewed for frequency of physician visits. This deficient practice has the potential for less accurate assessments and/or care related to infrequent face-to-face visits by the physician with the resident. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 11-13-14 at 9:40 a.m. His diagnoses included, but were not limited to CVA (cerebrovascular accident or stroke) with left hemiplegia (one side of body with weakness or inability to move), hypertension and dementia.</p>	F000387	F0387 Requires the facility to ensure physician visits are conducted timely. The facility will ensure this requirement is met through the following: 1. Resident A was seen by his physician on 10-25-14 and is scheduled to be seen on 12-2-14. 2. All residents have the potential to be affected. The resident's charts were reviewed for timely physician visits. All physician's visits are compliant at this time(See attachment). The facility noted this concern in September and placed it through their Quality Assurance program. See below for corrective measure. 3. The physician visit policy and procedure was reviewed with no changes made. The Director of Nurses, Assistant Director of Nurses, Medical Record Designee and the Medical	11/14/2014

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	<p>In review of the visits conducted by the attending physician, it indicated, for 2014, a visit on 1-25-14 and a second visit on 10-7-14. This indicated a lapse of 255 days between visits. Visits should have been due within 10 days of each time frame of 3-25-14, 5-25-14, 7-25-14 and 9-25-14.</p> <p>In interview with the Administrator on 11-13-14 at 10:10 a.m., she indicated Resident's #A's attending physician had been behind schedule on routine visits, but she thought he was now current.</p> <p>In interview with the Director of Nursing on 11-13-14 at 10:15 a.m., she indicated the Medical Records staff tracks the physician visits for all residents.</p> <p>In interview with the Director of Nursing on 11-13-14 at 1:20 p.m., she indicated the issue of late physician visits with this particular physician had been placed into QA (Quality Assurance) committee tracking about 2 QA meetings previously. She indicated the QA committee meets every 3 months. She indicated this particular physician is the facility's Medical Director. She indicated he had missed several scheduled dates this year due to personal issues. She indicated his private office schedules him to be in the facility the first Tuesday of each month.</p>		<p>Director were inserviced on the policy and acknowledged understanding. 4. The Director of Nursing or her designee will review the resident's chart ensuring physician visits are timely monthly times six months then quarterly thereafter until 100% compliance is obtained and maintained. The physician will also be given a list of residents who are in need of being assessed a week prior to his visit to ensure compliance is maintained. The above audits will be reviewed during the facility's quarterly quality assurance meetings and the plan will be adjusted accordingly if warranted. 5 The above corrective measures will be completed on or before November 14, 2014</p>				

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	<p>She indicated he was current with visits to the best of her knowledge.</p> <p>On 11-13-14 at 1:45 p.m., the Director of Nursing provided a copy of the QA "Problem Log" regarding the topic of "[Name of Medical Director/attending physician] out of compliance with physician rounds." It indicated the onset date to begin tracking this particular issue as 9-25-14. This indicated the QA tracking of this problem did not begin until the Medical Director/attending physician had been out of compliance for 6 months.</p> <p>In interview with the Administrator on 11-13-14 at 2:05 p.m., she indicated the facility did not officially place the issue of late physician visits into the QA tracking process until September, 2014 as she and the Director of Nursing had met with the Medical Director/attending physician previously to discuss the issue and thought it was resolved. She indicated he had missed several scheduled dates this year due to personal issues. She indicated his private office schedules him to be in the facility the first Tuesday of each month. She indicated the Medical Director/attending physician had visited each of his residents on 10-7-14.</p>				

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	<p>In interview with the Medical Records staff member on 11-13-14 at 2:05 p.m., she indicated that she sends out a listing to each attending physician on a monthly basis of which residents are due to be seen for that month.</p> <p>On 11-13-14 at 2:03 p.m., the Director of Nursing provided a copy of a policy entitled, "Physician Visits." This policy was indicated to be the current policy in effect. This policy did not indicate any dates regarding when put into effect or date written. This policy indicated, "Physician visits are requires [sic] every 30 days up until 90 days after admission, then every 60 days thereafter. Visits are considered timely if made no later than 10 days from the required date. Late visits do not affect the next due date..."</p> <p>3.1-22(d)(1) 3.1-22(d)(2)</p>						