

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155126	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/27/2014
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NAME OF PROVIDER OR SUPPLIER  MEDCO HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 457 S SR 145 FRENCH LICK, IN 47432
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F000000	<p>This visit was for the Investigation of Complaint #IN00155084.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and the investigation of Complaints IN00154207 and IN00152458.</p> <p>Complaint #IN00155084 Substantiated, Federal deficiencies cited at F406.</p> <p>Survey dates August: 21, 22, 25, 26, 27, 28, 2014</p> <p>Facility number: 000054 Provider number: 155126 AIM number: 100287850</p> <p>Survey Team: Sylvia Scales, RN TC Terri Walters, RN Dorothy Watts, RN (8/21, 8/22, 2014) Amy Wininger, RN</p> <p>Census bed type: SNF/NF: 66 Total: 66</p> <p>Census payor type: Medicare: 4</p>	F000000	<p>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report." Please find attached additional information to support the submitted Plan of correction, including the re-education completed in preparation and implementation of the plan of correction. We are requesting a desk review. Please feel free to contact Stacy Burton, HFA, should you need any additional information to support the desk review at 812-936-9991. Thank You for your consideration.</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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F000406 SS=E	<p>Medicaid: 48 Other: 14 Total: 66</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 4, 2014 by Jodi Meyer, RN</p> <p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on observation, interview, and record review, the facility failed to ensure Physical Therapy services were provided in a timely and accurate manner, in that, Therapist assessments were not completed within 7 days, a Physical</p>	F000406	Residents C, K, E, G, F, J, L, A, M, I were not identified. A one time audit of current resident population on therapy caseload for the past 30 days has been completed. Therapy staff have been re-educated on completing timely progress notes, completing accurate evaluations, and completing therapy within	09/24/2014

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	<p>Therapy evaluation did not accurately reflect a resident's gait abnormality, and a resident was treated without a physician's order for 10 of 19 residents who met the criteria for review of rehabilitation services. (Resident C, Resident K, Resident E, Resident G, Resident F, Resident J, Resident L, Resident A, Resident M, Resident I)</p> <p>Findings include:</p> <p>1. The clinical record of Resident C was reviewed on 08/26/14 at 9:10 A.M. The record indicated the diagnoses of Resident C included, but was not limited to, neck pain.</p> <p>A Physical Therapy Plan of Care, dated 06/16/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT (Physical Therapy) evaluation, Therapeutic exercises, Neuromuscular re-ed (re-education) Therapeutic activities 3 times a week for 4 weeks..."</p> <p>The PT progress summary notes indicated Resident C was discharged from therapy service on 07/02/14 and a PT-Therapist Progress &amp; (and) Discharge Summary was to be completed on that date. The progress notes indicated PT #1 completed the Progress &amp; Discharge</p>		<p>physicians' orders. It is the responsibility of therapy staff to complete timely progress notes, complete accurate evaluations, and complete therapy per physician order. Regional Director of Rehabilitation/designee will be responsible to review documentation entries weekly for 8 weeks, monthly for 4 months and then quarterly for 2 quarters. Any concerns noted will be addressed by the Regional Director of Rehabilitation. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the rehabilitation documentation review as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.</p>				

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	<p>Summary on 07/13/14.</p> <p>During an interview on 08/28/14 at 9:00 A.M., PT #1 indicated the progress and discharge summary for Resident C was done on 07/13/14. PT #1 further indicated, at that time, the assessment was 11 days late, but the information was retroactive to the days of service. PT #1 then indicated the signature date reflects the date the assessment was completed and the therapy assessments should be completed within 7 days of the due date.</p> <p>2. The clinical record of Resident K was reviewed on 08/25/14 at 9:30 A.M. The record indicated the diagnoses of Resident K included, but was not limited to, decline in physical functioning.</p> <p>A Physical Therapy Plan of Care, dated 06/16/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training Therapeutic activities, and self care training 5 times a week for 30 days..."</p> <p>The PT progress summary notes indicated Resident K was discharged from therapy service on 07/25/14 and a PT-Therapist Progress was to be completed on 06/29/14. The summary</p>			

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	<p>indicated PT #1 completed the progress note on 07/13/14. During an interview on 08/28/14 at 9:10 A.M., PT #1 indicated the assessment had been completed on 07/13/14. PT #1 further indicated the assessment was 15 days late.</p> <p>The PT-Therapist Progress &amp; Updated Plan of Care indicated an assessment was to be completed on 07/13/14. The progress note indicated an assessment was completed by PT #1 on 08/05/14. During an interview on 08/28/14 at 9:12 A.M., PT#1 indicated the assessment was completed on 08/05/14, after Resident K had been discharge from therapy service. PT #1 further indicated the assessment was 23 days late.</p> <p>The PT-Therapist Progress &amp; Discharge Summary indicated an assessment was to be completed on 07/25/14. The progress note indicated the assessment was completed by PT #1 on 08/05/14. During an interview on 08/28/14 at 9:14 A.M., PT #1 indicated the assessment was completed on 08/05/14, after Resident K had been discharged from therapy service. PT #1 further indicated the assessment was 11 days late.</p> <p>3. The clinical record of Resident E was reviewed on 08/25/14 at 9:45 A.M. The</p>			

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	<p>clinical record indicated the diagnoses of Resident E included, but was not limited to, CVA (cerebrovascular accident) with left sided weakness.</p> <p>A Physical Therapy Plan of Care ,dated 06/03/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Manual therapies, Therapeutic activities, and Electrical stimulation 5 times a week for 12 weeks..."</p> <p>The PT summary progress note indicated Resident E was discharged from therapy service on 08/05/14 and a PT-Therapist Progress was to be completed on 06/16/14. The summary indicated PT #1 completed the progress note on 06/25/14. During an interview on 08/28/14 at 9:15 A.M., PT #1 indicated the assessment had been completed on 06/25/14. PT #1 further indicated the assessment was 9 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/14/14. The summary indicated PT #1 completed the progress note on 07/24/14. During an interview on 08/28/14 at 9:15 A.M., PT #1 indicated the assessment had been</p>			

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	<p>completed on 07/24/14. PT #1 further indicated the assessment was 10 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/28/14. The summary indicated PT #1 completed the progress note on 08/10/14. During an interview on 08/28/14 at 9:15 A.M., PT #1 indicated the assessment had been completed on 08/10/14. PT #1 further indicated the assessment was 13 days late.</p> <p>4. The clinical record of Resident G was reviewed on 08/25/14 at 12:30 P.M. The record indicated the diagnoses of Resident G included, but was not limited to, history of falls.</p> <p>A Physical Therapy Plan of Care, dated 06/20/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Manual therapy, 5 times a week for 8 weeks..."</p> <p>The PT summary progress note indicated Resident G was discharged from therapy service on 08/01/14 and a PT-Therapist Progress was to be completed on</p>			

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	<p>07/03/14. The summary indicated PT #1 completed the progress note on 07/20/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment had been completed on 07/20/14. PT #1 further indicated the assessment was 17 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/17/14. The summary indicated PT #1 completed the progress note on 07/28/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment had been completed on 07/28/14. PT #1 further indicated the assessment was 11 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/31/14. The summary indicated PT #1 completed the progress note on 08/10/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment had been completed on 08/10/14, after Resident G had been discharged from therapy service. PT #1 further indicated the assessment was 11 days late.</p> <p>The PT-Therapist Progress &amp; Discharge Summary indicated an assessment was to be completed on 08/01/14. The progress</p>			

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	<p>note indicated the assessment was completed by PT #1 on 08/10/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment was completed on 08/10/14, after Resident G had been discharged from therapy service. PT #1 further indicated the assessment was 9 days late.</p> <p>5. The clinical record of Resident F was review on 08/22/14 at 9:58 A.M. The clinical record indicated the diagnoses of Resident F included, but was not limited to, right hip fracture.</p> <p>A Physical Therapy Plan of Care, dated 07/03/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercise, Neuromuscular re-ed, Gait training, Therapeutic activities, 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated Resident F was discharged from therapy service on 07/30/14 and a PT-Therapist Progress was to be completed on 07/16/14. The summary indicated PT #1 completed the progress note on 07/30/14. During an interview on 08/28/14 at 9:25 A.M., PT #1 indicated the assessment had been completed on 07/30/14. PT #1 further indicated the assessment was 14</p>			

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	<p>days late.</p> <p>6. The clinical record of Resident J was reviewed on 08/25/14 at 10:45 A.M. The clinical record indicated the diagnoses of Resident J include, but was not limited to, left above knee amputation.</p> <p>A Physical Therapy Plan of Care, dated 06/17/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self Care training , 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated Resident J was discharged from therapy service on 07/17/14 and a PT-Therapist Progress was to be completed on 06/30/14. The summary indicated PT #1 completed the progress note on 07/17/14. During an interview on 08/28/14 at 9:30 A.M., PT #1 indicated the assessment had been completed on 07/17/14, after Resident J had been discharged from therapy service. PT #1 further indicated the assessment was 17 days late.</p> <p>7. The clinical record of Resident L was reviewed on 08/26/14 at 11:45 A.M. the clinical record indicated the diagnoses of Resident L included, but was not limited</p>						

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	<p>to, shoulder pain.</p> <p>A Physical Therapy Plan of Care, dated 06/19/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self Care training , 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated Resident L was discharged from therapy service on 07/21/14 and a PT-Therapist Progress notes were to be completed on 07/02/14, 07/09/14, 07/16/14. The summary indicated PT #1 completed each individual progress note on 07/23/14. During an interview on 08/28/14 at 9:40 A.M., PT #1 indicated the assessments had been completed on 07/23/14, after Resident L had been discharged from therapy service. PT #1 further indicated the assessment should have been completed within 7 days of the targeted date. PT#1 then indicated the documentation had been done cumulatively and did not affect resident's care.</p> <p>8. During an interview on 8/21/14 at 11:30 A.M., Resident A indicated he could not walk because his right foot was frozen during the war. Resident A</p>				

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	<p>further indicated, at that time, he had been confined to a wheelchair for at least 6 years, and had been declared disabled because of the injury.</p> <p>The clinical record of Resident A was reviewed on 08/26/14 at 8:23 A.M. The record indicated Resident A was emergently admitted on 08/03/14 with diagnoses including, but not limited to, peripheral nerve disease.</p> <p>On 08/26/14 at 9:30 A.M. Resident A was observed walking with OTA (Occupational Assistant) #1 and PTA (Physical Therapy Assistant) #1 in the therapy department. The therapy staff indicated, at that time, PT #1 was absent from work due to health issues. Resident A was observed to not completely return the right foot to the floor at the end of the step cycle and was observed to compensate the motion with a small hop. The therapy staff indicated, at that time, this was a usual gait pattern for Resident A.</p> <p>The Nursing Comprehensive Admission Data Collection and Assessment dated 08/03/14 indicated Resident A experience minimal cognitive impairment.</p> <p>A VA (Veteran's Administration)</p>						

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	<p>progress note dated 07/25/14 indicated, "...is not able to walk at all, is wheel chair bound..."</p> <p>A VA Patient Inquiry dated 08/01/14 indicated Resident A experienced, 90% disability for impaired hearing, cold injury residuals and foot injury residuals.</p> <p>A Physical Therapy Plan of Care, dated 08/04/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self Care training, 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated Resident A was currently receiving was therapy service. The initial evaluation on 08/05/14 indicated Resident A experienced minimal cognitive impairment and/or a functional deficit of "...Gait, Gait Deviation-prior level: discontinuous steps, current level: excessive trunk flexion...Underlying impairments: ...Strength Right LE (lower extremity): 3-/5...Range of Motion RLE: completes up to 75% of normal range..."</p> <p>The narrative section indicated "Pt. (patient exhibits very poor safety awareness especially during transfers."</p> <p>The evaluation lacked any documentation</p>			

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	<p>related to the chronic injury of the Right foot, the abnormal gait pattern, and/or the inability of Resident A to completely lower the right foot to the floor at the end of the step cycle.</p> <p>During an interview on 08/28/14 at 9:50 A.M., PT #1 indicated he had not noticed any gait abnormality during his evaluation.</p> <p>During an interview on 08/27/14 at 10:00 A.M. the HFA (Health Facilities Administrator) indicated the therapies were provided by contractors and she was not aware of the protocols. The HFA further indicated she could provide no rationale for the discrepancies, but indicated PT#1 had been on vacation for about a month during the summer and she could not recall the exact dates.</p> <p>On 08/28/14 at 3:42 P.M., Resident A was observed, with the HFA present, to ambulate with staff assist in the therapy department. During an interview, at that time, the HFA indicated the Right LE deficit and gait abnormality were apparent to her.</p> <p>9. The clinical record of Resident M was reviewed on 08/26/14 at 12:07 P.M. The clinical record indicated the diagnoses of Resident M included, but was not limited</p>			

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NAME OF PROVIDER OR SUPPLIER  MEDCO HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 457 S SR 145 FRENCH LICK, IN 47432			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>to, intractable back pain.</p> <p>A Physical Therapy Plan of Care, dated 06/02/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Wheel Chair Management, 6 times a week for 8 weeks..."</p> <p>The PT summary progress note indicated Resident M was discharged from therapy service on 07/04/14 and a PT-Therapist Progress was to be completed on 06/27/14. The summary indicated PT #1 completed the progress note on 07/09/14. During an interview on 08/28/14 at 10:00 A.M., PT #1 indicated the assessment had been completed on 07/09/14, after Resident M had been discharged from therapy service. PT #1 further indicated the assessment was 12 days late.</p> <p>10. The clinical record of Resident I was reviewed on 08/26/14 at 12:30 P.M. The record indicated the diagnoses of Resident I included, but was not limited to, Fall with Right Arm Fracture.</p> <p>A Physical Therapy Plan of Care, dated 07/10/14, consisted of a therapy evaluation and included, but was not</p>						

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	<p>limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self care training, 5 times a week for 30 days..."</p> <p>The Physician's Order indicated the order was active from 07/10/14 through 08/08/13.</p> <p>The PT summary progress note indicated Resident I was discharged from therapy service on 08/11/14 and a PT-Therapist Progress was to be completed on 07/23/14. The summary indicated PT #1 completed the progress note on 08/14/14. During an interview on 08/28/14 at 10:10 A.M., PT #1 indicated the assessment had been completed on 08/14/14, after Resident I had been discharged from therapy service. PT #1 further indicated the assessment was 21 days late.</p> <p>The PT-Assistant Progress &amp; Discharge Summary indicated an assessment was to be completed on 07/30/14. The progress note indicated the assessment was completed by PT #1 on 08/14/14. During an interview on 08/28/14 at 10:10 A.M., PT #1 indicated he had completed the assessment on 08/14/14, after Resident I had been discharged from therapy service. PT #1 further indicated the assessment was 15 days late.</p>			

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	<p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 08/06/14. The summary indicated PT #1 completed the progress note on 08/14/14.</p> <p>During an interview on 08/28/14 at 10:10 A.M., PT #1 indicated the assessment had been completed on 08/14/14. PT #1 further indicated the assessment was 8 days late.</p> <p>The August 2014 Physical Therapy Inpatient Log indicated Resident I received Physical therapy treatment on 08/11/14.</p> <p>During an interview on 08/28/14 at 10:15 A.M., PT #1 indicated Resident I received PT treatment on 08/11/14. PT#1 further indicated the Physician's Order for PT treatment expired on 08/08/14.</p> <p>A Therapy Mandatory Training Manual provided by OT (Occupational Therapy) #1 on 08/26/14 at 2:50 P.M. indicated, "...page 44...Documentation Compliance...All weekly summaries must be completed within 7 days of due date...Should...weekly notes not be completed within the 7 day time frame, (name of company) will be obligated to reimburse the payor for services not appropriately documented..."</p>			

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	<p>The Therapy Services Agreement provided by the HFA on 08/28/14 at 3:40 P.M. indicated, "...Duties and Obligations of Provider...(e) Record Maintenance...Provider agrees to maintain written documentation on the individual resident's chart of treatment, progress and evaluations in accordance with requirements of the Center and of Federal and State governmental agencies..."</p> <p>This Federal tag relates to Complaint #IN00155084.</p> <p>3.1-23(a)(1) 3.1-23(b)</p>			