

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/13/2012
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NAME OF PROVIDER OR SUPPLIER  DECATUR TOWNSHIP CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4851 TINCHER RD INDIANAPOLIS, IN 46221
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: August 6, 7, 8, 9,10, 13, &amp; 14, 2012</p> <p>Facility Number: 000229 Provider Number:155336 AIM Number:100266850</p> <p>Survey Team: Patti Allen BSW, T.C. Leia Alley RN Dinah Jones RN (August 6, 7, 8, 9, 10, 2012) Marcy Smith RN</p> <p>Census Bed Type: SNF/NF: 77 _____ Total 77</p> <p>Census Payor Type: Medicaid: 63 Medicare: 6 Other: 8 _____ Total 77</p>	F0000	<p><b>1. F0000</b> The Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Decatur Care &amp; Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency. Decatur Township Care and Rehab Center is requesting a paper compliance associated with this survey.</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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/16/12 Cathy Emswiller RN</p>			

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F0241 SS=E	<p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to maintain residents dignity by checking blood sugar levels in the hallway, not knocking on residents doors before entering, and making sure a resident was able to get to the rest room in a timely manor to avoid an incontinent episode. This affected 7 of 77 residents in the facility. [Resident's #, 12, 8, 42, 43, 49, 105, and 80]</p> <p>Findings include:</p> <p>During an observation on 8/8/12 at 11:55 a.m. RN (Registered Nurse) #1 was observed checking Resident #8's blood sugar level with an accu check machine in the hallway, near the nurses station and dining room. RN#1 was then observed again at 12:05 p.m. on 8/8/12, checking Resident #12's blood sugar level in the same location.</p> <p>During an observation on 8/10/12 at 4:07 p.m. CNA (Certified Nurses Assistant) #1 entered the room of</p>	F0241	<p><b>2. F241 Dignity and Respect of Individuality</b></p> <p>1. Resident #8 did not show any adverse reactions to having the accucheck completed in hallway. Resident #12 does not receive any accuchecks and facility was unable to identify according to the sample resident list provided. However, resident #8 has a history of refusing to go back to her room for accucheck and this has now been addressed on resident #8's care plan. In regards to staff knocking on doors, residents #42, #43, #12, #80, and #49 did not have any adverse reactions to CNA #1 or RN #1 entering the residents rooms without knocking. CNA #1 and RN #1 were re-educated on knocking on doors prior to entering the residents room. In regards to resident #105 waiting on call light response, resident no longer resides in facility.</p> <p>2. Residents have the potential to be affected by the deficient practice. DNS/Designee will educate diabetic residents on the importance of dignity and returning to private area for</p>	08/30/2012

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	<p>Residents' #42 and 43 without knocking or asking permission to enter the room.</p> <p>During an observation on 8/10/12 at 4:30 p.m. LPN (Licensed Practical Nurse) #1 was observed entering the rooms of Resident's # 80 and 49 without knocking or asking permission to enter the room. LPN #1 was then observed again at 4:40 p.m. going into Resident's #12 room without knocking or asking permission.</p> <p>During an interview on 8/7/12 at 4:17 p.m., Resident #105 indicated she puts a call light on for assistance to the toilet and has waited for half an hour. Resident #105 indicated she has had an incontinent episode waiting on staff to help her to the rest room.</p> <p>During an interview with the DNS (Director of Nursing Services) on 8/9/12 at 11:30 a.m., she indicated that she had done some inservice type of training with RN #1 in regards to residents dignity. She also indicated that one of the residents will refuse to go to her room at times to get the accu check testing done.</p> <p>During an interview with the DNS on 8/13/12 a policy was requested in</p>		<p>accucheck testing. No adverse affects were noted. IDT team/Designee will interview residents to see if residents have any concerns with staff entering rooms without knocking. In regards to call lights being answered, IDT team/Designee will interview residents regarding call light response times.</p> <p>3.RN #1 was reeducated immediately regarding completing accuchecks in hallway and dignity. Facility Staff will be reeducated by August 30, 2012 on dignity and respect of individuality, including promoting care for residents in a manner and in an environment that maintains or enhances each residents dignity and respect in full recognition of his/her individuality.</p> <p>4.IDT team/Designee will monitor dignity with dignity rounds by completing an audit 3X week for 3 weeks, then weekly X4 weeks, then monthly for 2 months or until 95% accuracy of dignity levels is documented. The audits will be reviewed in the next monthly Performance Improvement meeting by the DNS/Designee for any further recommendations.</p>				

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	<p>regards to what she expects from the staff in regards to dignity and knocking. A facility policy was provided, however there was no information available about knocking or asking permission to enter a residents room.</p> <p>A facility policy titled "Even Care Glucometer Skills Testing Skill Sheet" dated 4/12/12 indicated "Provide privacy for patient."</p> <p>3.1-3(t)</p>			

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F0364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on record review and interview, the facility failed to maintain palatable meals for 6 of 24 people who were interviewed for food quality. Resident's # 4, 106, 43, 66, 68, and 78.</p> <p>Findings Include:</p> <p>1. The clinical record of Resident #4 was reviewed on 8/7/12 at 3:00 p.m. The resident's Brief Interview for Mental Status (BIMS) dated 6/28/12 indicated the resident had a score of 15 reflective of cognitively intact. During an interview on 8/8/12 at 10:00 a.m. with Resident #4, she stated she was "tired of eating the same thing over and over, chicken and fish over and over, broccoli pieces instead of florettes and a lot of times, food is mushy."</p> <p>2. The clinical record for Resident #106 was reviewed on 8/7/12 at 2:00 p.m. A physician note reflected that Resident #106 was "alert and oriented".</p>	F0364	<p>3. <b>F364 Nutritive Value/Appear, Palatable/Prefer Temp</b> ·Residents residing in the facility had the potential to be affected. Residents #4, #106, #78, #43, #68, and #66 and all alert and oriented residents have been given an opportunity to select dining menus. No adverse effects were noted. ·An audit of the residents food preferences will be completed by Dietary Manager/Designee on 8/30/12 for any food preference and choice changes. Dietary Manager/Designee will offer a monthly Food Committee meeting for any resident who chooses to join. The residents joining the committee will be able to offer recommendations on nutritive value, appearance, temperatures, palatability, and menu choices. A Food Committee meeting will be held by Dietary Manager/Designee by 8/30/12. No other deficient practices were noted. ·The dietary staff and nursing staff will be reeducated by Dietary Manager/Designee by 8/30/12 on resident food palatability, preferences, and choices. ·The Dietary Manager/Designee</p>	08/30/2012			

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	<p>During an interview with Resident #106 on 8/8/12 at 3:53 p.m., he indicated the food was not very good and rarely ever taste good.</p> <p>3. The clinical record of Resident #78 was reviewed on 8/7/12 at 10:00 a.m. The resident's Brief Interview for Mental Status (BIMS) dated 5/4/12, indicated the resident had a score of 11, indicating the resident was cognitively intact.</p> <p>During an interview on 8/6/12 at 2:30 p.m., Resident #78 indicated the food did not taste good and rarely ever looked appetizing.</p> <p>4. The clinical record of Resident #43 was reviewed on 8/7/12 at 11:00 a.m. The resident's Brief Interview for Mental Status (BIMS) dated 5/31/12, indicated the resident had a score of 15, indicating the resident was cognitively intact.</p> <p>During an interview on 8/6/12 at 3:30 p.m., Resident #43 indicated the food did not taste good and rarely ever looked appetizing.</p> <p>5. The clinical record of Resident #68 was reviewed on 8/7/12 at 9:00 a.m. The resident's Brief Interview for</p>		<p>will audit food preferences to assure food preferences and choices errors are not occurring. An audit will be done 3X week for 3 weeks, then weekly X4 weeks, then monthly for 2 months or until 95% accuracy of food preferences are documented. The audits will be reviewed in the next monthly Performance Improvement meeting by the Dietary Manager for any further recommendations.</p>	

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	<p>Mental Status (BIMS) dated 5/25/12, indicated the resident had a score of 15, indicating the resident was cognitively intact.</p> <p>During an interview on 8/7/12 at 9:40 a.m., Resident #68 indicated the food was very repetitive, stating "you get the same thing a lot, they said they cut the budget so they buy all cheap food and they have a new cook and they only know how to make stuff a certain way" indicating residents were unable to make any kind of special requests.</p> <p>6. The clinical record of Resident #66 was reviewed on 8/7/12 at 9:40 a.m. The resident's Brief Interview for Mental Status (BIMS) dated 4/28/12, indicated the resident had a score of 15, indicating the resident was cognitively intact.</p> <p>During an interview on 8/7/12 at 10:15 a.m., Resident #66 indicated the food did not look good and was rarely ever appetizing. She indicated they have a poor selection of food, often times when she would ask for something else it 's not appetizing either. She indicated there were times she missed meals because</p>			

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	<p>both the served meal and alternative meal were not something she would like to eat. She indicated there is rarely ever any meat served at breakfast time, stating "its always eggs, oatmeal and toast, every day! A couple of weeks ago I was shocked because we had pancakes and sausage, however it was not very good either, not cooked very well", she indicated that the pancake and sausage meal was the type you can put into the microwave and heat and serve because it was "rubbery." 3.1-21(a)(2)</p>			

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F0469 SS=C	<p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, interview and record review, the facility failed to maintain a pest free environment. This had the potential to affect 77 of 77 residents in the facility. This included Resident's #22 and 60.</p> <p>Findings Include:</p> <p>During an observation of the lunch meal on 8/7/12 at 11:40 a.m. a fly was noted to be flying around the dining room, and around the food on the tables that had been served food.</p> <p>During an observation of medication administration on 8/10/12 at 11:20 a.m. a fly was noted to be flying around the room of Resident #60.</p> <p>During an observation of medication administration on 8/10/12 at 11:35 a.m. a fly was noted to be flying around the room of Resident #22.</p> <p>During an interview on 8/14/12 at 2:45 p.m. with the Administrator, a facility policy for pest control was requested. The Administrator indicated he was unaware of a</p>	F0469	<p><b>4. F 469 Maintains Effective Pest Control Program</b></p> <ul style="list-style-type: none"> <li>·The residents had the potential to be affected by not eliminating flies from facility. For Residents #22 and #60, no adverse effects were noted.</li> <li>·An audit was done to identify location of flies/pests in facility. No other residents were affected.</li> <li>·The facility staff will be reeducated by Maintenance Director/Designee by 8/30/12 on how to inform Maintenance of incidents regarding pests.</li> <li>·A weekly audit will be done by the Maintenance Director/Designee for 3 weeks, then weekly X4 weeks, then monthly X3 or until 95% accuracy of incidents regarding pests are documented. The audits will be reviewed in the next monthly Performance Improvement meeting by the Dietary Manager for any further recommendations.</li> </ul>	08/30/2012

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	<p>problem with fly's in the facility.</p> <p>A facility document titled "Pest Elimination Services Agreement" , dated 4/12/10 indicated that a company called " EcoLab " Comes to the facility every month to " treat for cockroaches and rats in common areas " . No information was available about pest control in regards to fly's.</p> <p>3.1-19(f)(4)</p>			