

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155799	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/29/2015
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NAME OF PROVIDER OR SUPPLIER MARION REHABILITATION AND ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953
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F 000 Bldg. 00	<p>This visit was for the investigation of Complaint IN00172578.</p> <p>Complaint IN00172578 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: May 28 and 29, 2015</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 201136580</p> <p>Census bed type: SNF: 32 SNF/NF: 18 Residential: 35 Total: 85</p> <p>Census Payor type: Medicare: 20 Medicaid: 17 Other: 48</p> <p>Sample: 6</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		

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 282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure communication between dialysis provider and facility for 1 of 6 residents reviewed for quality of care. (Resident # A)</p> <p>Findings include:</p> <p>The clinical record for Resident #A was reviewed on May 28, 2015 at 9:30 a.m. Diagnoses for Resident #A included, but were not limited to, atrial fibrillation, diabetes type II, end stage renal disease, anemia, peripheral vascular disease and hypertension.</p> <p>A physician's order, dated April 4, 2015, indicated Resident #A was to have dialysis three times a week, Tuesdays, Thursdays and Saturdays.</p> <p>Review of the Facility/Dialysis Communication forms for April, 2015 and May 2015 indicated the following communication forms were missing: April 11, April 18, April 21, May 2, May 7, May 14, May 16, May 19, May 23 and May 25, 2015. This list of dates was provided to the Director of Nursing.</p>	F 282	<p>This plan of correction is prepared and executed because the provision of state and federal law require it and not because Marion Rehabilitation & Assisted Living Center agrees with the allegations made in the cited deficiencies. The facility maintains that the deficiencies do not jeopardize the health and safety of guests, nor are they of such character so as to limit our capability to render adequate care. The facility respectfully requests a desk review.</p> <p>F 282</p> <p>There is current communication between the dialysis provider and facility for the identified resident (Resident #A).</p> <p>Other residents receiving dialysis treatment have been identified and are receiving current communication between the dialysis provider and facility. the Director of Nursing (DON)/designee will review dialysis communication</p>	06/28/2015			

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	<p>During an interview on May 28, 2015 at 1:18 p.m., the Assistant Director of Nursing indicated the communication forms should have been filled out and sent with the resident to the dialysis center. The Assistant Director of Nursing also indicated that if the resident came back from dialysis without the form completed, she would call the dialysis center and have it faxed to the facility and placed in the resident's chart.</p> <p>During an interview on May 29, 2015, at 9:30 a.m., the Director of Nursing reviewed Resident #A's clinical record and no further documentation was found.</p> <p>A contract, with an effective date of August 13, 1012, titled "SNF Outpatient Dialysis Services Agreement" was provided by the Administrator on May 28, 2015 at 3:00 p.m. The contract indicated the following: "SNF Outpatient Dialysis Services Agreement... A. Obligations of Nursing Facility and/or Owner... 2. Interchange of Information. The Nursing Facility shall provide for the interchange of information useful or necessary for the care of the ESRD [end stage renal disease] Residents,..."</p>		<p>sheets daily five (5) days a week to ensure accurate and complete documentation is obtained between the dialysis provider and facility.</p> <p>Licensed nurses will be educated by the Director of Nursing (DON)/designee by 6-19-15 regarding the completeness and accuracy of the dialysis communication sheets.</p> <p>The Director of Nursing (DON)/designee will audit the dialysis communication sheets five (5) times a week for 4 weeks and then three (3) times a week for 8 weeks. Results of audits will be reviewed at the quarterly QA&A for 2 quarters or until a consistent pattern of compliance is achieved.</p> <p>Date of Compliance: 6-28-15</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	3.1-35(g)(2)				