

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/08/2015
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE AT PARKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00183674.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and the Investigation of Complaints IN00180504 and IN00181061 completed on October 8, 2015.</p> <p>Complaint IN00183674-Substantiated. Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Survey dates: September 30 and October 1, 2, 5, 6, 7 and 8, 2015</p> <p>Facility number: 000468 Provider number: 155378 AIM number: 100290270</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 8 Medicaid: 66 Other: 26 Total: 102</p>	F 0000	The facility requests that this plan of correction be considered it's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and/or executed solely because of federal and state law.	

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 0514 SS=D Bldg. 00	<p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 21662 on October 15, 2015.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure Inventory of Personal Effects lists were present and complete for 3 of 3 residents being reviewed for accuracy of clinical records. (Residents Q, C and T)</p> <p>Findings include:</p>	F 0514	<p><b>1. How will the corrective action(s) be accomplished for those residents found to be affected by the same deficient practice?</b></p> <p>The affected resident has been discharged; no corrective action is able to be done at this time.</p>	11/07/2015

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	<p>1. Resident Q's record was reviewed on 10/5/15 at 9:59 a.m. The resident's record lacked an "Inventory of Personal Effects" list.</p> <p>During an interview on 10/6/15 at 5:00 p.m., the DON indicated the resident's record did not have an "Inventory of Personal Effects" list to indicate where the resident's belongings were sent upon discharge.</p> <p>2. Resident C's record was reviewed on 10/5/15 at 2:11 p.m. The resident's "Inventory of Personal Effects" list was signed on the Admission/Move in area at the bottom of the list dated 3/13/15. The list lacked a signature from a facility staff member and Resident/Responsible Party on the Discharge/Move out area at the bottom of the list.</p> <p>During an interview on 10/8/15 at 4:10 p.m., the Director of Nursing (DON) indicated she could not find a signature by a staff member or Resident or Responsible party on the "Inventory of Personal Effects" list to indicate where the resident's belongings were sent upon discharge.</p> <p>3. Resident T's record was reviewed on 10/8/15 at 2:09 p.m. The resident's "Inventory of Personal Effects" list was</p>		<p><b>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>1. An audit of all admissions from August 1st, 2015 – October 8th, 2015 will be conducted Medical Records.</p> <p><b>3. What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not reoccur?</b></p> <p>1. Upon admission the Certified Nursing Assistance. will provide the family with the Inventory Sheet to start listing items brought in.</p> <p>2. The next dayshift after admission the Certified Nursing Assistant (C.N.A.) will review the inventory sheet with the resident/responsible party and collect signatures.</p> <p>3. 48 hours after the admission, Medical Records Director will audit the chart including the inventory sheet. A copy of the audit will be provided to the DON/Designee.</p>	

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	<p>signed on the Admission/Move in area at the bottom of the list dated 9/5/15. The list lacked a signature from a facility staff member and Resident/Responsible Party on the Discharge/Move out area at the bottom of the list.</p> <p>During an interview on 10/8/15 at 4:45 p.m., the Director of Nursing (DON) indicated she could not find a signature by a staff member or Resident or Responsible party on the "Inventory of Personal Effects" list to indicate where the resident's belongings were sent upon discharge.</p> <p>3.1-50(1) 3.1-50(2)</p>		<p>4. Upon discharge Charge Nurse to ensure the Discharge Summary and the Inventory Sheet are both signed by the resident or responsible party.</p> <p><b>4. How will the facility monitor its performance to make sure that solutions are sustained; that the plan is implemented and the corrective action evaluated for its effectiveness; and the plan of correction is integrated into the quality assurance system?</b></p> <p>1. A chart review (including inventory sheet) will be conducted by the Unit Manager within 72 hours of admission.</p> <p>2. Chart Audit (including inventory sheet) to be completed at day 14.</p> <p>3. A copy of the chart audit will be provided to the Director of Nursing or designee on day 15.</p> <p>4. An audit of all residents' inventory sheets will be conducted and updated as necessary.</p>		

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			<p><b>5.</b> An audit by the Director of Nursing or designee of discharged residents will be conducted to ensure compliance with signatures of inventory sheet and discharge summary. Results of the audit will be submitted to the Quality Assurance Performance Improvement Committee for monitoring, follow up and further Intervention. Audit to be completed on all discharges x 1 month, then quarterly until Quality Assurance Performance Improvement compliance has been met.</p>	