

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155765	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2012
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NAME OF PROVIDER OR SUPPLIER SOUTHERN INDIANA REHAB HOSPITAL-PCU	STREET ADDRESS, CITY, STATE, ZIP CODE 3104 BLACKISTON BLVD PROGRESSIVE CARE UNIT NEW ALBANY, IN 47150
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: December 3, 4, 5, 6, and 7, 2012</p> <p>Facility Number: 005649 Provider Number: 155765 AIM Number: N/A</p> <p>Survey Team: Gloria J. Reisert MSW, TC Diana Sidell RN (12/6 and 12/7/12) Jill Ross RN</p> <p>Census Bed Type: SNF: 23 Total: 23</p> <p>Census Payor Type: Medicare: 16 Other: 7 Total: 23</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 12/11/12 Cathy Emswiller RN</p>	F0000		

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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F0156 SS=A	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure residents were issued "Notices of Termination" when they completed their therapy and Medicare benefits were stopped. This deficient practice affected 3 of 3 residents reviewed for Medicare Liability and Appeal Notices. (Residents #83, 95, and 99)</p> <p>Findings include:</p> <p>On 12/6/12 at 11:30 a.m., a request was made to the Administrator to view the Medicare Liability and Appeal Notices issued to Residents #83, #95, #99 when they were discharged to home after completing their therapy. During an interview at that time, the Administrator indicated "It was my understanding that</p>	F0156	<p>F156 On 12/6/2012 CMS Form 10123-NONNC Notice of Medicare Non Coverage was obtained from the CMS website and copies were made. Beginning 12/7/2012, the social services designee will provide this information to all planned discharges and keep record of such to maintain state compliance. HIM will add the form to the discharge monitor. All charts will be monitored for the forms presence. HIM Assistant Director will report discrepancies to the Administrator.*Note* On 12/6/2012 the Administrator placed two separate phone calls to CMS (reference ID 5805987 and 1655027) where both CMS officials stated that patients who are discharging home, as part of their plan of care, do not require a non-coverage notice. They further stated the intent of the document was to notify</p>	01/04/2013

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	<p>we do not have to issue the notices unless they are going to another level of care, i.e. LTC [Long Term Care]. Our residents usually go home once their therapies are finished. We do not issue the notices indicating their Medicare benefits ended."</p> <p>3.1-4(1)(1)</p>		<p>the patient if coverage was ending or denied, not discharging home.</p>	

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</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 record review and interview, the facility failed to ensure a resident's dignity was maintained or enhanced in that a resident was rushed to her therapy and wore a wet dressing, and tried to rush her through her noon meal. This affected 1 of 23 residents reviewed for dignity. (Resident #198)</p> <p>Findings include:</p> <p>During an interview on 12/4/12 at 9:52 a.m., Resident #198 indicated a therapist was rude to her but she reported it and it was taken care of. She said the therapist took her to therapy with a wet dressing and then later during lunch tried to rush her through lunch to go to therapy.</p> <p>Resident #198's record was reviewed on 12/06/12 at 2:00 p.m. The record indicated Resident #198 was admitted with diagnoses that included, but were not limited to, right total hip replacement.</p>	F0241	<p>F241 Administrator interviewed patient on 12/6/2012 and discussed customer service expectations and ensured a prompt response by management occurred regarding concern. The therapist in question stated he was not intentional in giving the perception that he was rushing due to his son's game. Therapist received additional instruction related to patient care expectations and customer service. Documentation of the concern will be kept in the team member's record. All patients on the unit were interviewed by the Administrator on 12/6/2012 related to customer services and staff treatment. On 12/13, 12/14, 12/19, and 12/20/2012, the therapy department team members received additional instruction related to customer service and patient interaction expectations. On 12/18 and 12/19/2012, all nursing team members received additional instruction related to customer service and patient interaction expectations. Every patient will receive at least one visit from a guest relations team member or designee during their stay as length</p>	12/07/2012			

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	<p>Nurse's notes dated 12/6/12 at 8:00 a.m. indicated: "Alert and oriented X4, no cognitive deficits noted..."</p> <p>During a resident interview on 12/6/12 at 4:32 p.m., Resident #198 indicated she was finishing with her shower on Sunday and the therapist said she had to go [to therapy] now, that he couldn't wait for her dressing to be changed, so she went to therapy with a wet sappy dressing [on her right hip]. The therapist said he had a schedule and wouldn't let her get her dressing changed. The same therapist "did the same thing" when she was served lunch, she refused to go to therapy until she ate, so he came back later. Said the therapist wanted to get done to attend a ball game. He was an outpatient therapist. She reported it to the nurses they said they would do something about it. She said she has no infection problems with her incision. Resident #198 also indicated she told her caseworker and said she was satisfied with how her caseworker handled it. She said she didn't consider it abusive, she just felt rushed and said someone from outpatient surgery was working as her therapist and he had to get finished to watch his son's ball game.</p> <p>On 12/7/12 at 9:20 a.m., the Administrator provided an investigation</p>		<p>of stay allows. The Administrator will monitor these questionnaires as they are tuned in. The Administrator or designee will interview 10 patients weekly for 6 months for continued compliance. Administrator interviews and guest relations reports will be reported to Quality Council monthly for 6 months; continued need for formal monitoring - other than patient satisfaction monitoring - will be determined by Quality Council.</p>				

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	<p>for this concern about Resident #198. The Administrator indicated they considered this a customer service issue.</p> <p>3.1-3(t)</p>			

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review and interview, the facility failed to ensure</p>	F0441	F441 The therapy feeding group team was instructed to remove	12/07/2012			

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	<p>their infection control policies related to hand hygiene during meal service were followed during 2 of 3 assisted dining room meal observations. This deficient practice had the potential to affect 3 of 3 Progressive Care Unit [PCU] residents who ate in the assisted dining room. (Residents #182, 196, 201).</p> <p>Findings include:</p> <p>On 12/3/12 between 11:45 and noon, the following was observed:</p> <ul style="list-style-type: none"> - 11:48 a.m.: Speech Therapist #1 was observed with gloves on, maneuvering her mouse and computer, then clean up a tray and bring it to the dirty dish window, and then resume working on her computer while observing Resident #182. No change of gloves was observed. - 11:51 a.m. - ST #1 picked up her pen and was writing on a piece of paper with the same gloves. - 11:52 a.m. - ST #1 assisted an aide in cleaning up tray of Resident #182 and then with same gloves, resumed working on her computer. <p>Observed in a bin under her over bed table holding her computer was a container of sanitizing wipes.</p>		<p>gloves during session unless a specific treatment required their use. The team was also instructed to utilize hand sanitizer between patients. On 12/13, 12/19 and 12/20/2012 therapy team members received additional instruction regarding use of proper hand sanitization during therapy sessions involving multiple patients. On 12/18 and 12/20/2012, nursing team member received additional instruction regarding hand sanitization during meals. A hand sanitizer dispenser was placed on the wall entering the cafeteria adjacent to where therapy meal group occurs. This provides closer proximity to hand sanitizing solution. Single pump sanitizer dispensers were purchased to keep on the therapist's rolling computer tables. Single pocket sized sanitizing gel bottles will be made available to the team as well. Administrator or designee will monitor one meal per day, 5 days per week excluding holidays (therapeutic feeding group occurs lunch time 5 days per week, otherwise OT and ST meal-time treatment are 1:1 sessions) for four weeks, then two meals per week for six months. Hand sanitization will continue to be monitored using the monthly hand sanitizing monitor. This is completed by the Infection Control Nurse, management team and team members monthly. The results are tracked and reported to</p>				

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	<p>2. During dining observation on 12/3/12 at 11:07 a.m., the therapy department staff were wearing gloves to serve trays. OT (Occupational Therapist) #1 was seen wearing the same gloves to serve trays to multiple residents. No hand hygiene was done. OT#2 assisted multiple residents with their food, moved a wheelchair, assisted a resident with sweetener in her drink, and placed hands between her legs and went back to assisting residents. No hand hygiene was done.</p> <p>During this same dining observation on 12/3/12, ST (Speech Therapist) # 1 got her cell phone from her pocket and once finished with her call went back to assisting residents with their meals. She wore the same gloves for the entire dining observation. ST #2 wore the same gloves to serve trays and assist multiple residents with their meals.</p> <p>Interview with ST #3 on 12/6/12 at 11:45 a.m., she indicated they found out they could not wear the gloves and help more than one resident. "We were told we had to use hand sanitizer and no gloves and to be sure we used hand sanitizer between residents."</p>		Quality Council. The lunch audits will be reported to Quality Council monthly to determine need for continued monitoring.		

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	<p>A policy titled, "Southern Indiana Rehabilitation Hospital Infection Control Policy and Procedure Manual Asepsis" was received from the Infection Control Nurse on 12/6/12 at 11:35 a.m. This policy stated, "...Other aspects of hand hygiene...7. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient..."</p> <p>A policy titled, "Disease Precautions" was received from the Infection Control Nurse on 12/6/12 at 11:35 a.m. This policy stated, "...3. Gloves A. Wear gloves when anticipating direct contact with blood, body fluids, secretions, excretions, contaminated items, non-intact skin or mucous membranes. B. Change gloves between tasks and procedures on the same patient...E. Wash hands immediately after removing gloves to avoid transfer of microorganisms to other patients..."</p> <p>3.1-18(l)</p>			