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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155377 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 07/03/2012 |
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| NAME OF PROVIDER OR SUPPLIER SEYMOUR CROSSING | STREET ADDRESS, CITY, STATE, ZIP CODE 707 S JACKSON PARK DR SEYMOUR, IN 47274 |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00110133.</p> <p>Complaint IN00110133 - Substantiated. Federal/State deficiency related to the allegation is cited at F514.</p> <p>Survey dates: July 2 and 3, 2012</p> <p>Facility number: 000272 Provider number: 155377 AIM number: 100274710</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 76 Total: 76</p> <p>Census payor type: Medicare: 7 Medicaid: 59 Other: 10 Total: 76</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/10/12 by Jennie Bartelt, RN.</p> | F0000 | <p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION IN GENERAL, OR THIS CORRECTIVE ACTION IN PARTICULAR, DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THIS FACILITY OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THIS STATEMENT OF DEFICIENCIES.</p> <p>The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility is requesting a DESK REVIEW of compliance for this plan of correction.</p> | |
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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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| F0514 SS=D | <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 the documentation of the notification of the healthcare representative of 2 residents was routinely conducted for 2 of 3 residents reviewed for documentation of notification of change in condition in a total sample of 3. (Residents #A and #B)</p> <p>Findings include:</p> <p>1. Resident #A's clinical record was reviewed on 7-2-12 at 11:05 a.m. The record indicated the resident had a court-appointed healthcare representative who was not a family member.</p> <p>Nursing notes for 6-14-12 indicated a chest xray was ordered by the physician and later the same date, the physician was notified of the results. Documentation</p> | F0514 | <p>F-514 Resident Records-complete/ accurate/ accessible A. ACTIONS TAKEN: 1. Notification and documentation of resident #A and #B healthcare representative of notification of change in condition completed. B. OTHERS IDENTIFIED: 1. All other residents have the potential to be affected by the alleged deficient practice. 2. All licensed staff were in-serviced on the completion documentation of notification of healthcare representative for notification of change in condition on 7/3/12 by the DNS / designee. 3. 100% audit of all residents notification of healthcare representative of change of condition to be reviewed to ensure accuracy/ completion by IDT team by 7/17/12. C. MEASURES TAKEN: 1. All licensed staff were in-serviced on the completion documentation of</p> | 07/17/2012 | | | |

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| | <p>was not located in the clinical record to indicate the healthcare representative was notified of the physician orders or the results of the xray.</p> <p>Physician orders, dated 6-20-12, indicated clarification of speech therapy orders. Documentation was not located in the clinical record to indicate the healthcare representative was notified of the physician orders.</p> <p>Nursing notes, dated 6-26-12 at 6:24 p.m., indicated a new physician's order had been received regarding changing the resident's diet. The record indicated the dietitian and pharmacy had been notified of the changes. Documentation was not located in the clinical record to indicate the healthcare representative was notified of the dietary changes.</p> <p>Nursing notes, dated 6-29-12 10:20 a.m., indicated the physician was notified of the resident becoming unresponsive and subsequently being sent to the local emergency room. Documentation was not located in the clinical record to indicate the healthcare representative was notified of these events.</p> <p>In interview with the healthcare representative on 7-2-12 at 2:12 p.m., he indicated the facility does a good job of</p> | | <p>notification of healthcare representative for notification of change in condition on 7/3/12 by the DNS / designee. 2. 100% audit of all residents notification of healthcare representative of change of condition to be reviewed to ensure accuracy/ completion by IDT team by 7/17/12. 3. The IDT will review daily telephone orders to ensure accuracy/ completion of healthcare representative notification of change in condition.</p> <p>D. HOW MONITORED: 1. To ensure compliance, the DNS/ Designee is responsible for the completion of the CQI tool for Change of condition, weekly times 4 weeks, bi-monthly times 2 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: 7/17/12.</p> | | |

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| | <p>keeping him updated on all of his clients at the facility.</p> <p>2. Resident #B's clinical record was reviewed on 7-2-12 at 3:15 p.m. The record indicated he had a court-appointed healthcare representative who was not a family member.</p> <p>Physician orders, dated 6-12-12, indicated speech therapy orders for an evaluation and treatment orders. Documentation was not located in the clinical record to indicate the healthcare representative was notified of the physician orders.</p> <p>Physician orders, dated 6-13-12, indicated an order for a modified barium swallow test. Documentation was not located in the clinical record to indicate the healthcare representative was notified of the physician orders.</p> <p>Physician orders, dated 6-13-12, indicated a clarification for the resident to sit at 90 degrees in his wheelchair at all meals and he was not to use a straw for liquids. Documentation was not located in the clinical record to indicate the healthcare representative was notified of the physician orders.</p> <p>Physician orders, dated 6-19-12 as a late entry for 6-12-12 (sic), indicated a</p> | | | | |

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| | <p>clarification of a diagnosis of increased signs and symptoms of aspiration as the diagnosis related to the modified barium swallow test ordered previously. Documentation was not located in the clinical record to indicate the healthcare representative was notified of the physician orders.</p> <p>Physician orders, dated 6-20-12, indicated multiple new diagnoses to be added to the resident's diagnoses list, as well as one diagnosis to be deleted. Documentation was not located in the clinical record to indicate the healthcare representative was notified of the physician orders.</p> <p>In interview with the Director of Nursing (DON) on 7-2-12 at 4:20 p.m., she indicated she could not find the written documentation in the resident's clinical record to indicate the healthcare representative had been notified of the physician orders from 6-12-12 through 6-20-12. In another interview with the DON on 7-2-12 at 5:15 p.m., she indicated she had spoken with the healthcare representative and he had indicated he was contacted in regard to the order changes.</p> <p>In interview with the healthcare representative on 7-2-12 at 2:12 p.m., he indicated the facility does a good job of</p> | | | | |

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| | <p>keeping him updated on all of his clients at the facility.</p> <p>A policy entitled, "Resident Change in Condition," was provided by the DON on 7-3-12 at 2:07 p.m. This policy has a revision date of 3/2010 and indicated, "It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party...The licensed nurse will notify the family/responsible party of resident change of condition and document notification...The responsible party will be notified that there has been a change in resident's condition and what steps are being taken...The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a change in resident's condition is noted. If unable to reach to physician or family/responsible party, all calls to physician or exchanges and family/responsible party requesting callbacks will be documented in the medical record...Document resident change of condition and response in the medical record. Documentation will include time and family/physician response."</p> <p>This federal tag relates to Complaint IN00110133.</p> | | | | | | |

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| | 3.1-50(a)(1) 3.1-50(a)(2) | | | |