

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155530	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2013
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 353 TYLER ST GARY, IN 46402
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F000000	<p>This visit was for the Investigation of Complaint IN00133948.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/17/13.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00130175 completed on 6/17/13.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00131168 completed on 7/24/13.</p> <p>Complaint IN00133948 - Substantiated. State deficiencies related to the allegations are cited at F 203 and F 520.</p> <p>Survey dates: August 28 and 29, 2013</p> <p>Facility number: 000369 Provider number: 155530 Aim number: 100275190</p> <p>Survey team: Cynthia Stramel, RN, TC Heather Tuttle, RN</p>	F000000		

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>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census Payor type: Medicare: 13 Medicaid: 49 Other: 1 Total: 63</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 5, 2013 by Janelyn Kulik, RN.</p>			

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F000203 SS=F	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a) (6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone</p>			

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	<p>number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on interview and record review, the facility failed to provide proper discharge notification related to not giving written notice to the resident or family member at the time of discharge for 1 of 3 residents reviewed for transfer and discharge notification. (Resident # B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 8/28/13 at 1:30 p.m. The resident was admitted to the facility in October 2009 and discharged 7/17/13. Diagnoses included but not limited to acute confusion, acute encephalopathy, dementia and senility. The resident was on Weekly Behavior Monitoring program.</p> <p>Nursing notes dated 7/17/13 at 11:30</p>	F000203	<p>The facility will provide proper discharge notification to residents when transferring from the facility. Resident #B has had family notified relevant to the transfer. Transfer form was forwarded to the responsible party after discharge. A review of all discharges in the last 60 days confirms that transfer notifications have not been used during transfers. Nursing staff have been in-serviced on transfer forms and when you use them. Audits are being conducted by the DON or designee for all discharges to ensure continued compliance. Results of audits have shown 100% compliance. QA Team will review audits at least quarterly to ensure continued compliance. Audits will be conducted weekly. QA Audit Schedule has been updated to include audits of transfer forms. Compliance audits for transfers will be continuous. The QA</p>	09/11/2013

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	<p>a.m., indicated the resident was telling another resident he was going to kill him. The resident was moved to his room and the Physician was notified. The Aggressive Behavior Monitoring protocol was initiated to check the resident every 15 minutes. At 11:55 a.m. a Physician Order was received to send the resident to the hospital for behavior management. At 12:05 p.m., a message was left for the family. At 12:40 p.m., the resident was transferred to hospital by ambulance. At 2:50 p.m., the family was reached by phone and notified of the transfer to the hospital.</p> <p>Social Service note dated 7/18/13 indicated a family member was at the facility and notified verbally by the Social Service Director the resident would not be permitted to return to the facility.</p> <p>A Notice of Transfer or Discharge dated 7/22/13 (five days after the resident was transferred to the hospital) indicated the resident was being transferred because, "the health of the individuals in the facility would otherwise be endangered". This notification was sent by certified mail to the family.</p> <p>The policy Discharging the Resident</p>		Schedule has been reviewed for all items identified during the survey. All areas of concern are on the schedule for continuous review. Request paper compliance to resolve this citation.		

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	<p>was received from the Director of Nursing on 8/29/13 at 11:00 a.m. and identified as current. The policy indicated, "...5. If the resident is being discharged to a hospital or another facility, ensure that a transfer summary is completed and telephone report is called to the receiving facility."</p> <p>Interview with the Social Service Director on 8/29/13 at 1:25 p.m., indicated the resident's family member was notified of the discharge verbally by phone on 7/17/13. On 7/18/13 the family was in the facility and the discharge was discussed. They were not given a written notice at time of discharge, the written notice was sent by certified mail on 7/22/13.</p> <p>Interview with the Director of Nursing on 8/29/13 at 10:50 a.m., indicated she was not aware the Notice of Transfer or Discharge was required to be given for every transfer at the time the resident is transferred. She indicated there was some confusion related to the notification requirements.</p> <p>3.1-12(a)(6)(A)</p>						

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F000520 SS=F	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on record review and interview the facility failed to identify non-compliance related to ensuring residents received written notification of a transfer or discharge at the time of transfer or discharge from the facility through the Quality Assurance Committee.</p> <p>Findings include:</p>	F000520	<p>The facility will provide proper discharge notification to residents when transferring from the facility. Resident #B has had family notified relevant to the transfer. Transfer form was forward to the responsible party after discharge. A review of all discharges in the last 60 days confirms that transfer notifications have not been used during transfers. Nursing staff have been in-serviced on transfer forms and when you use them. Audits are being conducted by the DON or designee for all</p>	09/11/2013	

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	<p>Interview with Business Office Manager, who was identified as the Quality Assurance (QA) contact person, on 8/29/13 at 2:54 p.m., indicated the QA Committee consisted of herself, the Director of Nursing, the Medical Director and other department managers and meets monthly. She indicated transfer or discharge notifications had not been identified as a concern in QA meetings.</p> <p>Further interview indicated the facility had not been using the state approved transfer or discharge forms for the last four years. She indicated the facility had previously used the transfer or discharge form for residents who were transferred to the hospital and required a Medicaid bed hold. She further indicated they had discontinued the use of the form when they no longer saved beds for Medicaid residents.</p> <p>3.1-52(b)(2)</p>		<p>discharges to ensure continued compliance. Results of audits have shown 100% compliance. QA Team will review audits at least quarterly to ensure continued compliance. QA Audit Schedule has been updated to include audits of transfer forms. Compliance audits for transfers will be continuous. The QA Schedule has been reviewed for all items identified during the survey. All areas of concern are on the schedule for continuous review. Request paper compliance to resolve this citation.</p>		