

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/01/2014
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NAME OF PROVIDER OR SUPPLIER  EASTLAKE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3109 E BRISTOL ELKHART, IN 46514
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 30 and July 1, 2014.</p> <p>Facility number: 010065 Provider number: N/A AIM number: N/A</p> <p>Survey team: Rick Blain, RN - TC Tim Long, RN</p> <p>Census bed type: Residential: 91 Total: 91</p> <p>Census payor type: Other: 91 Total: 91</p> <p>Sample: 7</p> <p>This deficiency is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on July 2, 2014 by Randy Fry RN.</p>	R000000		
R000409	<p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance (d) Prior to admission, each resident shall be</p>			

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>required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.</p> <p>Based on record review and interview, the facility failed to ensure a health statement regarding communicable diseases, including tuberculosis, was completed annually by the physician for 1 resident (Resident #32) and prior to admission for 3 residents (#56, #9, and #5) in a sample of 7 residents.</p> <p>Findings include:</p> <p>1. The record for Resident #32 was reviewed on 6/30/14 at 10:00 A.M. The record indicated Resident #32 had been screened by the physician on 1/27/2012, the physician had completed the health screen and had indicated the resident was free of communicable diseases, including tuberculosis, at that time. There was no documentation in the record to indicate an annual health screen for communicable diseases had been completed by the physician since that assessment in 2012.</p> <p>The facility Resident Care Director (RCD) was interviewed on 7/1/2014 at 10:10 A.M. During the interview, the</p>	R000409	<p>This plan of correction is not to be construed as an admission of guilt or of agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors. The physician's for residents 32, 56, 9 and 5 have been contacted for the required assessment information including annual examination and communicable disease status. Resident files will be updated with the required information and examinations by August 15, 2014. Current resident files will be audited for completion of the annual health examination and statement related to communicable disease and tuberculosis status. The physician of resident's without a current health examination will be contacted and an assessment</p>	08/15/2014			

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	<p>RCD indicated an annual health statement regarding communicable diseases should have been completed by the physician, but there was no documentation in Resident #32's record to indicate the health screening had been completed by the physician since 2012.</p> <p>2. Resident # 56's clinical record was reviewed on 6/30/14 at 11:00 A.M.. The record indicated the resident was admitted to the facility on 3/28/14 and had a physical exam by a physician on 3/4/14. The physical examination did not indicate the resident was free of communicable tuberculosis (TB).</p> <p>An interview with the Residential Care Director (RCD) on 6/30/14 at 2:00 P.M. indicated there was no documentation Resident #56 was free of communicable TB upon admission.</p> <p>3. Resident # 9's clinical record was reviewed on 6/30/14 at 1:00 P.M.. The record indicated the resident was admitted to the facility on 4/2/14 and had a physical exam by a physician on 3/31/14. The physical examination did not indicate the resident was free of communicable tuberculosis (TB).</p> <p>An interview with the Residential Care Director (RCD) on 6/30/14 at 1:30 P.M. indicated there was no documentation</p>		<p>scheduled. Resident files will be updated with the required information and examinations by August 15, 2014. The Resident Care Director, or her designee, will review future pre-admission history and physical paper work to confirm the physician has properly completed a health examination and the health statement which attests to the absence of any communicable diseases. The Resident Care Director, or her designee, will create a tracking system for the resident's annual health examination and this tracker will be reviewed monthly by the Executive Director to monitor compliance. The completion date will be July 31, 2014. The Continuous Quality Improvement (CQI) committee will audit ten (10) random charts quarterly for the annual health examination and communicable disease status and follow-up as necessary. After six (6) months the CQI committee will determine the status of future audits based on compliance.</p>				

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	<p>Resident #9 was free of communicable TB upon admission.</p> <p>4. Resident # 5's clinical record was reviewed on 7/1/14 at 10:00 A.M.. The record indicated the resident was admitted to the facility on 6/15/13 and had a physical exam by a physician on 6/6/13. The physical examination did not indicate the resident was free of communicable tuberculosis (TB).</p> <p>An interview with the Residential Care Director (RCD) on 7/1/14 at 10:1 A.M. indicated there was no documentation Resident #5 was free of communicable TB upon admission. The RCD also indicated there was no record Resident #5 had a more recent physical examination by a physician than 6/15/13 and needed to have an annual examination.</p>						