

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155526	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/05/2016
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NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 N PARK ST PORTLAND, IN 47371
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00203710.</p> <p>Complaint IN00203710 - Substantiated. Federal/State deficiency related to the allegation is cited at F250.</p> <p>Survey date: July 5, 2016</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 7 Medicaid: 50 Other: 5 Total: 62</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on July 6, 2016.</p>	F 0000		
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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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F 0250 SS=D Bldg. 00	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview, the facility failed to ensure an alternate Power of Attorney (POA) and/or first contact was obtained following the death of the previous first contact for 1 of 3 residents reviewed for resident rights (Resident B).</p> <p>Findings Include:</p> <p>Review of Resident #B's clinical record began on 7/5/16 at 10:50 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, depression, anemia and diabetes mellitus.</p> <p>A social service progress note, dated 11/4/15, indicated the facility was notified, on 11/3/15, the first contact for Resident B was in the hospital and not doing well. The facility was notified on 11/4/15 the first contact person had died. Resident B was informed her brother had passed away on 11/4/15.</p> <p>A social service quarterly assessment, dated 2/17/16, indicated "Family</p>	F 0250	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.F2501. An emergency contact person was acquired for Resident B on 6-27-16.2. All resident records were reviewed to assure an emergency contact person was available for all residents, with no other findings noted. Social services will monitor contact lists for all residents with any changes in status of current contact, and on a monthly basis.3. The facility policy on Resident Rights was reviewed with no changes indicated at this time. Social services was re-educated with a special focus on the need for an emergency contact person for all residents, especially if there is a change in status for current contact. A QA form has been initiated.4. The Social Service</p>	07/18/2016			

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	<p>Involvement: No family-Brother passed."</p> <p>A nurse's note, dated 6/10/16 at 2:45 p.m., indicated Resident B was complaining of shortness of breath. Her oxygen saturation was 75% on room air with slightly labored respirations. The physician was notified and Resident B was sent to the local hospital at 3:28 p.m. Resident B was transferred to a larger hospital on 6/15/16. On 6/22/16, Resident B underwent a procedure of a left thoracentesis. Resident B returned to the facility on 6/29/16.</p> <p>A social service progress note, dated 6/14/16, indicated the local hospital called and indicated they needed consent from POA or a family member to place a peripherally inserted central catheter (PICC) line. The hospital was informed the only family had passed away.</p> <p>A social service progress note, dated 6/27/16, indicated the receiving hospital requested a contact person for Resident B. The hospital was informed that, on 6/24/16, the facility had contacted an aging and disability resource center, as well as, the local ombudsman for possible guardianship. The facility was informed the center was not taking any referrals for guardianship. The note indicated the Assistant Director of Nursing (ADON) agreed to be first</p>		designee will monitor resident contacts daily on scheduled work days due to changes in status of current contact, and on a monthly basis. 7-18-16				

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	<p>contact. The SSD indicated to have the business office manager change the face sheet, reflecting the change.</p> <p>During an interview on 7/5/16 at 12:12 p.m., Social Service Director (SSD) #1 indicated she was the person who did the assessment on 2/17/16, stating Resident B's brother had passed away. She indicated she determined if a resident was interviewable by their Brief Interment Mental Status (BIMS) score and if the score was above 9, the resident was deemed interviewable. Resident B scored a BIMS of 10 on her 3/28/16 quarterly assessment. She indicated the first contact dying "should [brother passing] have been a trigger to obtain a POA or guardian." She indicated she had since reviewed all charts to make sure each resident had a 1st contact or POA listed.</p> <p>Review of a undated facility policy, titled "RESIDENT RIGHTS" was provided by the DON on 7/5/16 at 9:40 a.m., indicated the following:</p> <p>"RESIDENT RIGHTS The resident has a right to a dignified existence self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and</p>			

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	<p>promote the rights of each resident, including each of the following rights: ...(b) Notice of rights and services ...(iii) The facility must record and periodically update an address and phone number of the resident's legal representative or interested family member."</p> <p>This Federal tag relates to Complaint IN00203710.</p> <p>3.1-34(a)</p>				