STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155566	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARSAW MEADOWS	300 E PRAIRIE ST WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint #IN00127408. This visit was in conjunction with the Recertification and State Licensure Survey. Complaint #00127408 - Substantiated. Federal/state deficiencies related to the allegations are cited at F204. Survey dates: April 15, 16, 17, 18, and 19, 2013. Facility number: 000359 Provider number: 155566 AIM number: 100274920 Survey team: Diane Nilson, RN Census bed type: SNF/NF: 65 Total: 65 Census payor type: Medicare: 15 Medicaid: 43 Other: 7 Total: 65	F000000	This plan of correction is to serve as Warsaw Meadow's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Warsaw Meadows or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on April 23, 2013 by Randy Fry RN.			

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F000204 SS=D	483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. Based on record review and interview, the facility failed to notify a resident's family and involve them in the decision making progress prior to a resident being discharged from the facility. The facility also failed to ensure possessions belonging to the resident were not left behind. This affected 1 Resident B, in a sample of 3 residents reviewed for discharge. **Findings include:** The closed record for Resident B was reviewed, at 10:22 a.m., on 4/17/13, and indicated the resident was admitted to the facility on 1/11/13, with diagnoses including, but not limited to: Dementia with behavior disturbances, Alzheimer's type dementia, Alcohol dementia, and mood disorder secondary to closed head injury. Review of a psychiatric evaluation, from a inpatient behavioral unit, dated 2/16/13, indicated the resident was admitted from a local nursing facility on 2/15/13, for stabilization and	F000204	**F204 483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHARGE It is the policy of Warsaw Meadows to ensure a safe and orderly transfer or discharge from the facility. I. Resident B was appropriately discharged due to the fact that he posed a risk to the safety of the other residents in the facility. The belongings of the resident have been located and have been mailed to the resident. II. This deficient practice has the potential to affect any resident being transferred or discharged from the facility. III. All transfer and discharge packets have been removed from the units and updated to ensure that all appropriate documents are present. Including, but not limited to: proof that the facility provided notice and an explanation for discharge, the explanation of the right to appeal the transfer or discharge, a bed hold policy, the name, address, phone number of the ombudsman. Also, if appropriate, the number and address of the**	05/08/2013

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	safety, for being belligerent and striking out at staff and a peer. A transfer form, dated 3/7/13, indicated the resident was discharged from the behavior unit at the hospital back to the skilled nursing facility. A physician's order, dated 3/14/13, indicated the resident was sent to the emergency room for evaluation and treatment due to physical abuse of another resident. A nursing note, dated 3/14/13 at 2:50 p.m., indicated the resident was observed pushing a female resident just outside his door as he was passing through. He stated to staff, "I'm sorry I didn't mean to push her that hard. " Review of a Social Service progress note, dated 3/18/13, indicated someone from the psychiatric center spoke to the former Administrator on the phone, who informed them the resident could not return to the facility. The note indicated the representative from the psychiatric center indicated the Indiana State Department of Health (ISDH) would be contacted. Further social service progress notes on 3/18/13, indicated the resident's daughter phoned wanting to know		**agency responsible for advocating for the developmentally disabled or mentally ill individual. All efforts will be made to provide at least 30 days notice prior to transfer or discharge and to include the family in the process by having a care planning meeting, unless one of the following situations exist: endangerment to the health or safety of others, when the resident's health has improved enough to allow a more immediate transfer or discharge, when a resident's urgent medical needs cannot be met in the facility or when the resident has not been in the facility for 30 days. All staff involved in discharges or transfers will be in serviced on appropriate documentation and procedures required for transfers and discharges on 05/08/2013. IV. Medical records will audit all transfers and discharges within 72 hours for appropriate documentation and signature of inventory sheet. The audit results will be reviewed monthly in QA until compliance is met at 100% for one full quarter.**	

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	why the resident was not allowed back in the facility. The daughter was told the decision was made at the corporate level for the protection of the other residents. The progress note indicated the decision not to have the resident return was just decided that day, and the daughter questioned why she had to find this out from the psychiatric center. Review of a Social Service progress note, dated 3/22/13, indicated the resident's family contacted the facility and informed them they would be in later that day to pick up the resident's belongings. Review of the inventory of personal effects document, dated 1/11/13, indicated the personal effects of the resident were signed in on 1/11/13, but there were no signatures upon discharge. There was also no notice of transfer or discharge with appeal rights in the closed record. The Social Service Director was interviewed, at 1:40 p.m., on 4/17/13. She indicated the resident was admitted to the facility on 1/11/13, and the facility was made aware of			

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	the resident's history and that the resident was aggressive toward family and others, had a history of alcohol abuse, and had a diagnosis of dementia. She indicated he had been admitted to a psychiatric facility on 2/15/13 for increased behaviors and returned to the nursing facility on 3/7/13. She indicated he was only back one week, and knocked another resident down and she hit her head. He opened the door to his room, and the other resident was walking past. She indicated Resident B pushed her, and she fell and hit her head. She indicated the resident was sent to the emergency room at the local hospital, and from there admitted to a psychiatric unit for evaluation. The Social worker indicated the former Administrator determined the resident could not come back to the facility after his stay at the psychiatric unit, and normally a 30 day notice would be issued when a resident was not allowed to return to the facility, but the former Administrator indicated he was concerned with the safety of other residents. The Social worker indicated a family member had come to the facility on 3/22/13 to pick up the resident's belongings, and indicated the resident was still at the psychiatric facility but they were looking for other facilities			

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	for placement. She indicated the resident's daughter had phoned on 4/16/13 about a missing razor and the social worker had looked and found the razor. The Social worker indicated usually 30 day notices were discussed by the Interdisciplinary Team (IDT) before the notice was issued. She indicated Resident B's notice was never issued because the IDT had not discussed a 30 day notice. She indicated she had discussed alternative placement with the resident's daughter, but had never issued a notice. She indicated the former Administrator and Corporate had decided not to take the resident back, so a notice was never issued. The policy for Discharging the Resident was provided by the Director of Nursing Services at 9:30 a.m., on 4/19/13. The policy was reviewed at 10:10 a.m., on 4/19/13, and revealed the following: The resident should be consulted about the discharge; Discharges could be frightening to the resident. Approach the discharge in a positive manner; Reassure the resident that all his or her personal effects would be			

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	taken to his or her place of residence; Be careful in packing the resident's personal effects. Review the personal effects inventory with the resident or responsible party and have them sign off that they have received all personal effects. The DNS was interviewed at 1:06 pm on 4/19/13 and indicated when a resident is discharged from the facility, a resident discharge form , medication and treatment form, bed-hold/readmission policy, and notice of transfer and discharge form is filled out and a copy sent with the resident. This Federal tag relates to Complaint #IN00127408. 3.1-12(a)(21)			

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