STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS HOUSE HEALTH & LIVING COMMUNITY	300 J H WALKER DR PENDLETON, IN 46064

(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 IN00157601. Complaint IN00157601 - Substantiated. Federal/State deficiency related to the allegations is cited at F157. Survey dates: October 14 and 15, 2014 Facility number: 000248 Provider number: 155357 AIM number: 100291470 Surveyor: Betty Retherford RN Census bed type: SNF/NF: 98 Residential: 51 Total: 149 Census payor type: Medicare: 17 Medicaid: 59 Other: 22 Total: 98 Sample: 3 This deficiency also reflects state findings cited in accordance with 410 IAC 16.2-3.1.	F000000	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. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is October 21, 2014.	

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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	Quality review completed by Debora Barth, RN.			
F000157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of			

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	the resident's legal representative or interested family member. Based on record review and interview, the nursing staff failed to notify a resident's family of a resident's fall in a timely manner for 1 of 3 residents reviewed for family notification of falls in a sample of 3. (Resident #B) Findings include: The clinical record for Resident #B was reviewed on 10/14/14 at 10:25 a.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease, dementia, and history of cerebrovascular accident. A nursing note entry, dated 9/1/14 at 12:53 a.m., indicated "8/31/14 at 2215 [10:15 p.m.], staff responded to bed alarm and found resident sitting on floor next to bed, leaning against side rail...." The note indicated the resident did not complain of pain. Vital signs and neurochecks were within normal limits, and no skin issues were identified. The note indicated the resident's physician was notified by fax and family notification would be deferred to the day shift staff to be done during waking hours. The clinical record lacked any family	F000157	It is the intent of this facility to ensure notification of changes occurs to the appropriate parties. **1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** a. a. Resident #B's chart was audited for previous 120 days for any other concerns of notification. None noted. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.** a. a. Nursing audited the residents that had falls within the last 30 days for proper notification. All notification was completed. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.** a. a. The facility event summary	10/21/2014

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	notification of the resident's fall on the day or evening shift on 9/1/14. A nursing note entry, dated 9/2/14 at 1:04 p.m., indicated a routine skin check had been completed on Resident #B. During the skin check, a bruise was noted on the resident's left thumb measuring 2.5 cm by 4.0 which was reddish in color and a bruise was noted on the resident's left arm measuring 3.0 by 4.0 which was purple in color. A nursing note entry, dated 9/2/14 at 2:14 p.m., indicated "hospice nurse to notify family of recent fall and bruising noted". A nursing note entry, dated 9/2/14 at 3:41 p.m., indicated the family had returned the hospice nurse's call and talked with the staff regarding the resident's fall. Concerned Family Member #1 was interviewed on 10/14/14 at 11:40 a.m. She indicated the family had not been notified of the resident's fall occurring on 8/31/14 until the hospice nurse called them on 9/2/14. She indicated she was upset over the delay in being made aware of the call. Hospice Nurse #2 was interviewed on 10/15/14 at 9:45 a.m. She indicated she visited Resident #B at the facility on		report will be reviewed Monday-Friday by the director of nursing or designee for timely notification. b. b. 100% of the Licensed nurses have been reeducated on fall management and change in condition with a completion date of 10-21-2014. **4. How will the corrective action be monitored to ensure the deficient practice does not recur.** a. a. The director of nursing or designee will review 100% of events for proper notification daily x 30 days, then 3x a week for 30 days, then 1x a week for 30 days and following the 90 day audits a review will be completed in quality assurance to determine continued need. b. b. The results of these reviews will be reported to the Quality Assurance committee. **Date of Compliance: October 21, 2014**	

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	9/2/14 and she usually contacted and updated the family at the completion of her visits. She indicated she was asked by LPN #3 to notify Resident #B's family of the resident's fall occurring late in the evening on 8/31/14. She indicated LPN #3 had been unable to find any documentation that the family had been called and asked her to notify them during her call made on 9/2/14. She indicated she had been unable to reach the family, but had left a message. The DON was interviewed on 10/14/14 at 3:37 p.m. She indicated she had no additional information to provide related to family notification of the resident's fall prior to 9/2/14 when they were contacted by the hospice nurse. Review of the current facility policy, revised October 2010, provided by the DON on 10/14/14 at 3:30 p.m., titled "Change in a Resident's Condition or Status", included, but was not limited to, the following: "Policy Statement Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident' medical/mental condition and/or status....			

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	...Time Frame for Notifying Family of Changes ...4. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status...." This federal tag relates to Complaint IN00157601. 3.1-5(a)(2) 3.1-5(a)(3)			