

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/22/2014
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NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN 47025
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 18, 19, 20, 21 and 22, 2014</p> <p>Facility number: 000304 Provider number: 155525 AIM number: 100266810</p> <p>Survey team; Tammy Forthofer RN, TC Angie Halcomb RN (August 18,19 and 20) Julie Dover RN Rita Bittner RN</p> <p>Census bed type: SNF/NF: 61 Total: 61</p> <p>Census payer type: Medicare: 4 Medicaid: 48 Other: 9 Total: 61</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on August 27,</p>	F000000		
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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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F000156 SS=B	<p>2014, by Brenda Meredith, R.N.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of</p>				

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	<p>services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the</p>			

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	<p>physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure the Liability and Benefit Coverage End Notices were properly and completely documented to reflect the resident/family was notified of the ending of benefit coverage, for 3 of 6 residents reviewed for Medicare Non-coverage Notices (Resident #9, #18 and #21).</p> <p>Findings include:</p> <p>The Medicare benefits non-coverage notices for Resident #9, #18 and #21 were reviewed on 8/21/2014 at 11:45 a.m.</p> <p>Resident #9's notice of Medicare benefit coverage for therapy services ending, dated 10/4/2013, indicated Resident #9's Medicare coverage would end on 10/4/2013. Handwritten documentation on the notice indicated resident's wife received and understood this notice, dated 10/16/2013.</p> <p>Resident #18's notice of Medicare benefit</p>	F000156	<p>1) Social Services will contact families to verify that they received notification prior to change of payer source. Documentation will be kept of attempts to reach families and outcomes. If unable to reach responsible party of family, a letter will be sent to responsible party. 2) When notice is given to Social Services, responsible party will be notified and documentation will be mailed to responsible family (same day or next business day) for signature and request that form be sent back to facility. 3) When notice is given to Social Services, responsible party will be notified and documentation will be mailed to responsible family (same day or next business day) for signature and request that form be sent back to facility. 4) With each AM meeting current liability and benefit notices will be reviewed for proper notification and follow-ups. If system/employee error noted the system and/or responsible party will be revised or disciplined. PRN (SNCC Medicare Consultants) will be giving an in- service on 9/8/14.</p>	09/25/2014

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	<p>coverage for skilled nursing services ending, dated 5/19/2014, indicated Resident #18's Medicare coverage would end on 5/19/2014. Handwritten documentation on the notice indicated the resident received and understood this notice, dated 5/20/2014.</p> <p>Resident #21's notice of Medicare benefit coverage for skilled nursing services ending, dated 4/8/2014, indicated Resident #21's Medicare coverage would end on 4/8/2014. Handwritten documentation on the notice indicated the resident received and understood this notice, dated 5/8/2014.</p> <p>During an interview on 8/21/2014 at 10:30 a.m., Social Services #7 indicated as soon as she receives the information from therapy, she notifies the resident or responsible party of benefit coverage end dates. She indicated this is to be at least two days prior end of services benefit. Social Services medical records indicated Social Services handles Liability notices; when they receive the information from Therapy they notify the resident or responsible person. She indicated that she tries to notify the resident or responsible party two days before.</p> <p>During an interview on 8/22/2014 at 9:45 a.m., Physical Therapy Assistant (PTA)</p>				

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	<p>#6 indicated when a residents covered service benefit will end she gives Social Services, Administration, Minimum Data Set Assessment Coordinator and billing, a five day notice regardless of type of insurance when benefit covered services will end.</p> <p>During an interview on 8/22/2014 at 10:20 a.m., the Administrator indicated therapy notifies the billing department five days prior benefit covered services end and billing personnel #9 completes The Blue Sky form. The Blue Sky form is distributed to: Social Services, MDS (Minimum Data Set Assessment) Coordinator, Restorative, DON (Director of Nursing) and Business Office. Social Services is responsible for notifying family. She indicated they have weekly meetings and daily stand up meetings.</p> <p>The form titled, Blue Sky Therapy, received from the Administrator on 8/22/2014 at 10:30 a.m., indicated the following, ...This notice must be distributed 5 days prior to discharge date notification of discharge from therapy. Distribute this form to: Social Services, Minimum Data Set Assessment Coordinator, Restorative, Director of Clinical Services / DON, Business Office and Other necessary management.</p>			

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F000371 SS=E	<p>On 8/21/2014 at 10:32 a.m., the Administrator provided the Policy and Procedure, titled " Notice of Medicare Non-coverage for expedited reviews," and indicated the policy was the one currently being used by the facility. The policy indicated: "Purpose: ...1. To define the responsibilities of the health care provider in terminating Medicare covered services. 2. To assure beneficiary rights to an appeal process prior to the termination of services." and "Procedure: ...A standardized Generic Notice will be given to the beneficiary or legal representative no later than two days prior to terminating health care services."</p> <p>3.1-4(f)(3)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to serve</p>	F000371	1) The staff was verbally spoken to on 8/29/14 and everyday thereafter about hand washing,	09/25/2014			

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	<p>meals in a sanitary manner in 2 of 2 dining observations in the C Street dining room. This had the potential to affect 6 of 11 residents observed in the dining room and 1 of 1 residents observed receiving a room tray. (Resident #15, #25, #39, #44, #48, #53, and #96)</p> <p>Findings include:</p> <p>1. During a dining observation, on 8/18/14 at 12:00 p.m., of the C Street dining room, NA (Nursing Assistant) #5 pulled her shirt down then served a drink to Resident #15, a tray to Resident #53, and a tray to Resident #44. NA #5 then assisted Residents #44 and #39 with their meal. No hand washing was observed.</p> <p>CNA #1 served Resident #15 her tray, grabbed the handles on Resident #53's wheelchair, cut Resident #53's food up, then passed a tray to Resident #48. CNA #1 picked up Resident #53's dinner roll with her bare hands, buttered it, touched the rim of Resident #96's juice cup, then assisted Resident #53 by filling her fork with food and handing it to her.</p> <p>During a dining observation, on 8/21/14 at 12:00 p.m., of the C Street dining room, Nursing Student #4 and QMA (Qualified Medication Aide) #3</p>		<p>survey findings, and infection control. A formal in-service is set up for 9/8 & 9/14 on hand washing, infection control, and food handling. 2) All residents would have the potential to be affected. The staff was verbally spoken to on 8/29/14 and everyday thereafter about hand washing, survey findings, and infection control. A formal in-service is set up for 9/8 & 9/14 on hand washing, infection control, and food handling. 3) The staff was verbally spoken to on 8/29/14 and everyday thereafter about hand washing, survey finding, and infection control. A formal in-service is set up for 9/8 & 9/14 on hand washing, infection control, and food handling. 4) Supervisors, ADON, DON, and QA will observe meal times and document negative findings. Any negative findings will be reviewed by QA and DON. Responsible party will be spoken to and if system fails, it will be reviewed and revised. Meals will be observed 5-7 times a week for 3 months. This findings will be reported monthly to the QAPI Director on an ongoing basis and if not resolved will become a QA project.</p>				

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	<p>repositioned Resident #39 in her wheelchair. QMA #3 proceeded to assist Resident #44 with her meal. Nursing Student #4 proceeded to assist Resident #39 with her meal. No hand washing was observed.</p> <p>During an interview on 8/22/14 at 10:00 a.m., LPN #8 indicated hands should be washed before and after resident care and prior to meals.</p> <p>During an interview on 8/22/14 at 10:15 a.m., NA (Nursing Assistant) #10 indicated hand washing in the dining room should be performed before going into the dining room, and between resident contact.</p> <p>During an interview on 8/22/14 at 10:32 a.m., the DON (Director of Nursing) indicated the student's instructors teach the students about Hand Washing policies.</p> <p>On 8/18/14 at 11:40 a.m., the DON provided the Infection Control Hand Washing Policy and indicated it was the one currently being used. The policy indicated proper hand washing technique under item ...e. "Before and after caring for each patient when there has been close physical contact," and under item ...i. "Before handling food or trays; also</p>			

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	<p>before and after assisting a resident in eating."</p> <p>2. During an observation on 8/21/2014 at 12:06 p.m., CNA #2 touched Resident #5's shoulder and placed his dirty dishes back on the food cart, CNA #2 walked into Resident #25's room to deliver a sandwich. CNA #2 opened the foil covering on the sandwich and placed his bear hand on top of the sandwich to cut in half. No hand washing was observed between residents.</p> <p>3.1-21(i)(2)</p>						