

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155029	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/21/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 E 16TH ST INDIANAPOLIS, IN 46218
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00186630.</p> <p>Complaint IN00186630 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 14, 15, 16, 17, 18, and 21, 2015.</p> <p>Facility number: 000012 Provider number: 155029 AIM number: 100274900</p> <p>Census bed type: SNF/NF: 93 Total: 93</p> <p>Census payor type: Medicare: 15 Medicaid: 61 Other: 17 Total: 93</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on</p>	F 0000	F000 The creation and submission of this Plan of Correction doesnot constitute an admission by this provider of any conclusion set forth in thestatement of deficiencies, or of any violation regulation. This providerrespectfully requests that this Plan of Correction be considered the Letter ofCredible Allegation of Compliance and requests a desk review in lieu of a postsurvey on or after 1/13/16.	

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 0278 SS=A Bldg. 00	<p>December 22, 2015</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement. Based on observation, interview, and</p>	F 0278	F278 The facility failed to ensure accuracy of an MDS	01/13/2016

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	<p>record review, the facility failed to ensure accuracy of an MDS (minimum data set) assessment regarding the oral status of a resident with dental concerns. (Resident #64)</p> <p>Findings include:</p> <p>The clinical record for Resident #64 was reviewed on 12/15/15 at 10:00 a.m. The diagnoses for Resident #64 was end stage renal disease.</p> <p>An interview was conducted with Resident #64 on 12/15/15 at 10:32 a.m. Resident #64 indicated she had problems with her teeth and needed dental work, but the staff were not taking care of these problems to her satisfaction. An observation of Resident #64's oral cavity was made at this time. She had some missing teeth and decayed teeth.</p> <p>The 11/17/15 significant change MDS assessment indicated Resident #64 did not have obvious or likely cavities.</p> <p>An interview was conducted with Resident #64 on 12/18/15 at 2:35 p.m. She indicated she would like to see the dentist.</p> <p>An interview was conducted with the MDS Coordinator on 12/18/15 at 2:40</p>		<p>(minimum data set) assessment regarding the oral status of a resident with dental concerns. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident #64's MDS assessment has been modified and accurately reflects Resident #64's oral status <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. To identify other residents having the potential to be affected by the same deficient practice, an oral assessment of all residents will be conducted by the MDS Coordinator or Designee by 1/13/16. MDS staff will be in-serviced on MDS accuracy by the MDS Consultant /Designee by 1/13/16 <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> MDS staff will be in-serviced on MDS accuracy by the MDS Consultant /Designee by 1/13/16 MDS's will be reviewed on the care plan schedule utilizing the guideline that is to be used during the Interdisciplinary Team (IDT) 	

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F 0465 SS=D	<p>p.m. She indicated when the dental section of the MDS assessment was completed, the resident's mouth was observed and the previous assessment reviewed. She indicated Resident #64's dental section of the 11/17/15 MDS assessment was "a human error."</p> <p>An observation of Resident #64's oral cavity was made with the MDS Coordinator on 12/18/15 at 2:45 p.m. After observation, the MDS Coordinator indicated Resident #64 had missing teeth and some decay. She indicated she would correct Resident #64's 11/17/15 MDS assessment.</p> <p>Page L-1 of the MDS 3.0 Manual was provided by the MDS Coordinator on 12/21/15 at 11:30 a.m. It indicated, "Steps for Assessment...Conduct exam of the resident's lips and oral cavity with dentures or partials removed, if applicable....Referral for dental evaluation should be considered for these residents and any resident who exhibits dental or oral issues....Coding instructions:...Check L0200 D obvious or likely cavity or broken natural teeth: if any cavity or broken tooth is seen."</p> <p>3.1-31(d)</p>		<p>Meeting.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·An oral status CQI tool will be completed weekly times 4 weeks and monthly times 5. ·Any MDS assessment found to be out of compliance will be immediately corrected. <p>By what date will systematic changes be completed?</p> <ul style="list-style-type: none"> ·All systematic changes will be completed by 1/13/16 				
	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR						

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Bldg. 00	<p>TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to maintain a homelike environment with repairs on interior walls and a leaky faucet for 4 of 35 residents' rooms observed during environmental observations. (Residents #39, #108, #114, and #150)</p> <p>Findings include:</p> <p>A random observation was made on 12/14/15 at 2:11 p.m., of Resident #39's room. The bathroom wall had paint missing the size of a fist and white splotches along the opposite wall. Resident #39's internal wall in his room had a scrape the length of an arm.</p> <p>A random observation was made on 12/14/15 at 2:29 p.m., of Resident #150's room. The wall near the sink had scrapes. At this time, an interview was conducted with Resident #150. She indicated the wall had been scraped, since she moved into the facility. She indicated she would like for the wall to be painted. Resident #150's admission date was 9/29/15.</p> <p>A random observation was made on 12/14/15 at 2:33 p.m., of Resident #114's</p>	F 0465	<p>F465 The facility failed to maintain a homelike environment with repairs on interior walls and a leaky faucet for 4 of 35 rooms observed during environmental observations. (Resident's #39, #108, #114 and #150) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Bathroom walls in Resident #39's room will be re-painted to repair missing paint and areas where white splotches are visible. Resident #39's internal wall in his room will be repaired to correct area where a scrape is visible. · The scrapes on the wall near the sink in Resident #150's room will be repaired. · The back wall of Resident #114's room will have gouges repaired. · The new faucet, ordered during the survey, will be installed as well as a new seal to stop water from dripping. The green substance around the faucet handle in Resident #108's room will be removed. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	01/13/2016
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	<p>room. The back wall had gouges.</p> <p>A random observation was made on 12/15/15 at 9:44 a.m., of Resident #108's room. There was a green substance around the faucet handle, and it had run down the sink. At this time, Resident #108 indicated the faucet had a drip. He had notified maintenance quite a few times, but the faucet still dripped which was loud. During the observation, the faucet was dripping.</p> <p>An environmental tour was conducted on 12/21/15 at 11:45 a.m., with the Maintenance Supervisor and the Administrator. The Maintenance Supervisor indicated it was hard to keep up with the repairs. He did the best he could. The Maintenance Supervisor provided his maintenance logs he used to keep track of repairs and tasks needing to be done in the facility. These logs consisted of white pieces of paper that had written repairs and tasks that needed to be done with a square written in front of it. If the repairs or tasks were completed, the square had a written "x" in it. There were no dates or times written on the pieces of paper indicating how long the repairs or tasks needed to be done. The Maintenance Supervisor indicated the most current was on the top.</p>		<p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>All staff will be in-serviced by the CEC/Designee on reporting maintenance requests by 1/13/16</p> <p>To identify other residents having the potential to be affected by the same deficient practice, environmental rounds will be conducted by the Maintenance Director or Designee looking for items in need of attention such as but not limited to areas with missing paint, scrapes and gouges on walls and for leaking faucets. Items found to be out of compliance will be repaired.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?</p> <p>All staff will be in-serviced by the CEC/Designee on reporting maintenance requests by 1/13/16</p> <p>Maintenance Director/Designee will add current date to top of Maintenance Log when beginning a new sheet and use date listed to approximate timeframe in which a repair or task has been requested.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>An environmental CQI tool will be completed weekly times 4 weeks and monthly times 5.</p>	

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	<p>During the environmental tour, the Maintenance Supervisor indicated he was unaware of walls needing to be repaired in the rooms of Resident #114, Resident #39, and Resident #150. He indicated he was aware of the faucet dripping in Resident #108's room. The seal was old, and the faucet needed to be replaced. At this time, he provided his maintenance log indicating a new faucet was needed for Resident #108. There was no date written on the paper indicating how long he needed this repair. He indicated he did not order the faucet at that time. The Maintenance Supervisor indicated the green substance around the faucet handle could be scrubbed. The maintenance log did not include the removal of the green substance.</p> <p>The Maintenance Supervisor provided on 12/21/15 at 12:30 p.m., a document indicating a schedule of room inspections, which included painting and stained surfaces. This document indicated maintenance was to check for painted and stained surfaces monthly. This included, "scuffing, deterioration, and peeling". The Maintenance Supervisor indicated there were times he could not get to the inspections of all the residents' rooms monthly. He did as many as he could, but missed some.</p>		<p>·If threshold of 85% is not achieved, an actionplan will be developed to ensure compliance. By what date willsystematic changes be completed? ·All systematic changes will be completed by 1/13/16</p>	

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F 0514 SS=A Bldg. 00	<p>3.1-19 (f)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to maintain accurate documentation for 1 of 1 resident record reviewed for accidents. (Resident #M)</p> <p>Findings include:</p> <p>The clinical record for Resident #M was reviewed on 12/16/15 at 8:30 a.m. The diagnoses for Resident #M included, but were not limited to: chronic kidney disease and neuromuscular dysfunction of the bladder.</p> <p>A physician order dated, 10/19/15, indicated Resident #M's ((name brand of indwelling bladder catheter (hollow flexible tube that drains urine) was to be</p>	F 0514	<p>F514 The facility failed to maintain, accurate documentation for 1 of 1 resident records reviewed for accidents. (Resident M) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident M is no longer a resident of the facility. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents with an order for an in and out catheter have the potential to be affected by the alleged deficient practice. ·To identify other residents having the potential to be affected by the same deficient practice, an 	01/13/2016

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	<p>discontinued and removed.</p> <p>A physician order dated, 10/19/15, indicated Resident #M could be provided in and out catherization care every shift as needed if Resident #M was unable to void. If Resident #M required 3 consecutive in and out catherizations due to retention the staff could re-anchor (name brand of indwelling bladder) catheter.</p> <p>The October medication administration record for Resident #M indicated no signatures by the staff that in and out catherization care was provided.</p> <p>The November medication administration record for Resident #M indicated no signatures signed off by the staff that in and out catherization care was provided.</p> <p>A progress note dated, 10/19/15, indicated Resident #M's (name brand of indwelling bladder) catheter was discontinued and removed.</p> <p>Progress notes on the following dates indicated Resident #M had an anchored (name brand of indwelling bladder) catheter that was patent and draining clear yellow urine: 10/20/15, 10/21/15, 10/24/15, 10/29/15, 11/2/15, 11/3/15, 11/4/15, 11/5/15, 11/6/15, 11/9/15,</p>		<p>audit will be conducted by the DNS/Designee to look for other residents having a physician order for in/outcatheterization to ensure it is accurately documented on the MAR and in the Medical Record.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·All staff will be in-serviced by the CEC/Designee on documentation accuracy by 1/13/16 ·The DNS/Designee will review the facility activity report daily to ensure all residents with in an out catheterization orders are documented accurately in the Medical Record. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·An in and out catheter CQI tool will be completed weekly times 4 weeks and monthly times 5. ·If threshold of 95% is not achieved, an action plan will be developed to ensure compliance. <p>By what date will systematic changes be completed?</p> <ul style="list-style-type: none"> ·All systematic changes will be completed by 1/13/16 	

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	<p>11/10/15, and 11/11/15.</p> <p>An interview was conducted with LPN #1 on 12/18/15 at 2:57 p.m. She indicated Resident #M did not have an anchored catheter after 10/19/15. She indicated she was so used to Resident #M having an anchored catheter that she entered Resident #M's (name brand of indwelling bladder) was patent in the progress notes in error. LPN #1 indicated she had in and out catheterized Resident #M on her shifts due to the resident retaining urine, but had never anchored the (name brand of indwelling bladder) catheter.</p> <p>A voiding pattern document was provided by the Director of Nursing on 12/21/15 at 9:02 a.m. It indicated the staff provided in and out catheter care for Resident #M, because of retention, on the following dates: 10/20/15, 10/21/15, 10/22/15, 10/24/15, 10/28/15, 10/29/15, 10/30/15, 11/2/15, 11/3/15, 11/4/15, 11/5/15, 11/6/15, 11/9/15, 11/10/15, and 11/11/15.</p> <p>An interview was conducted with the Director of Nursing on 12/21/15 at 9:05 a.m. She indicated the staff should have documented he or she had provided in and out catheter care to Resident #M on the medication administration record.</p>						

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	3.1-50(a)(2)				