

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2014
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NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
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F000000	<p>This visit was for the Investigation of Complaint IN00157859.</p> <p>Complaint IN00157859 - Substantiated. Federal/State deficiencies related to the allegations are cited at F246.</p> <p>Survey Dates: October 21, 22 & 23, 2014</p> <p>Facility number: 000169 Provider number: 155269 AIM number: 100267100</p> <p>Survey team: Diana McDonald, RN-TC</p> <p>Census bed type: SNF: 5 SNF/NF: 133 Total: 138</p> <p>Census payor type: Medicare: 19 Medicaid: 99 Other: 20 Total: 138</p> <p>Sample: 3</p> <p>The deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>11/10/14 – To Whom It May Concern: On October 21 - 23, 2014 a complaint survey was conducted at East Lake Nursing & Rehabilitation. Attached is the plan of correction, the creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit. Thank you for your time and consideration, Martin Lebbin Executive Director East Lake Nursing and Rehabilitation</p>	

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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F000246 SS=D	<p>Quality Review completed on October 31, 2014, by Brenda Meredith, R.N.</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation, interview and record review, the facility failed to provide a resident with a call light which was adaptable to their needs due to physical impairment. This affected 1 out of 1 resident, Resident B.</p> <p>Finding includes:</p> <p>Resident B's clinical record was reviewed on 10/21/2014 at 1:45 p.m. Resident B's diagnoses include, but were not limited to macular degeneration, osteoarthritis, dementia, dehydration. Resident B's Brief Interview for Mental Status (BIMS), dated 9/20/2014, indicated a score of 11, moderately impaired.</p>	F000246	<p>F246 – Reasonable Accommodation of Needs/Preferences It is the practice of this provider to make sure a resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</i></p>	11/21/2014

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	<p>The Occupational Therapy Plan of Care, dated 9/15/2014, indicated the underlying impairments:</p> <ol style="list-style-type: none"> 1. motor control, fine motor coordination right upper extremity, severely impaired. 2. motor control, fine motor coordination left upper extremity, severely impaired. 3. sensory motor, eye hand coordination, severely impaired. 4. visual/perceptual, spatial awareness, severely impaired. 5. visual/perceptual, visual tracking, severely impaired. <p>During an observation on 10/21/2014 at 3:58 p.m., Resident B was sleeping on her side, bottom denture almost out of mouth, call light on opposite side of body by lower back.</p> <p>During an observation on 10/23/2014 at 3:50 p.m., Resident B was sleeping on her back, arms and hands relaxed on chest with left arm holding teddy bear, call light on bed next to left lower extremity.</p> <p>An interview and observation was conducted on 10/23/2014 at 3:55 p.m., with DON (Director of Nursing) in Resident B's room. Resident B was awake and was asked to press her call light. Resident B could not reach call light after 2 attempts, Resident B was</p>		<p>practice:</p> <p>Resident B was immediately assessed and accommodations were made by adding a touch pad call light. Residents care plan was updated to reflect the touch pad call light. The resident did not experience any negative outcomes related to the deficient practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected by this finding. The nurse management team reviewed all resident call light accommodations on 10/24/14 and changes were made based on resident preference/need, care plans were updated accordingly. The nursing team will assess call light accommodations with all residents upon arrival and when a change of condition occurs. This information will be reviewed</p>				

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	<p>handed the call light in the left hand, Resident B could hold the call light but not move her thumb to press the button on top of call light. Resident B was handed the the call light in the right hand she could move her thumb but could not find the button on top of the call light. The DON indicated that Resident B could not use the call light. The DON indicated Resident B should have a different type of call light.</p> <p>This Federal tag relates to complaint IN00157859.</p> <p>3.1-3(v)(1)</p>		<p>with the Interdisciplinary team, if discrepancies are noted the appropriate corrections will be implemented.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>Audits will be on-going to ensure proper accommodations. Nursing staff will be in-serviced by the CEC/Designee regarding appropriate call light accommodations. To ensure the accommodations accurately reflects the resident need; continued compliance will be monitored by the nurse management team.</p> <p>The nursing team will assess call light accommodations with all residents upon arrival and when a change of condition occurs. This information will be reviewed with the Interdisciplinary team, if discrepancies are noted the appropriate corrections will be</p>	

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			<p>implemented.</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>To ensure compliance, the DNS/Designee is responsible for the completion of the "Call Light" CQI tool – weekly times 4 weeks, monthly times 6 months and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>By what date the systemic chances will be completed: Compliance date: 11/21/14</p>	