

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/22/2016
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NAME OF PROVIDER OR SUPPLIER  MONROE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S ADAMS RD BLOOMINGTON, IN 47403
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(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
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 20, 21, 22, 2016.</p> <p>Facility number: 004016 Provider number: 004016 AIM number: N/A</p> <p>Census bed type: Residential: 58 Total: 58</p> <p>Residential sample: 7</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Q.R. completed by 14466 on April 27, 2016.</p>	R 0000		
R 0410  Bldg. 00	<p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance</p> <p>(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.</p> <p>(f) For residents who have not had a</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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	<p>documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on interview and record review, the facility failed to ensure a tuberculin skin test was completed within three months prior to or upon admission for 1 of 7 residents reviewed for completion of tuberculin health screening. (Resident #4)</p> <p>Findings include:</p> <p>On 4/21/15 at 10:24 a.m., Resident #4's clinical record was reviewed. The resident was admitted on 1/22/16.</p> <p>Resident #4's clinical record lacked documentation of a tuberculin skin test being completed within three months prior to or upon admission, on 1/22/16.</p> <p>On 4/21/15 at 11:23 a.m., the Administrator indicated Resident #4 did not have a recent tuberculin skin test complete and the resident should have had one.</p>	R 0410	<p>1. Resident #4 was a short-term respite stay and moved out on 2/8/2016.</p> <p>2. Newly admitted residents have the potential to be affected by the alleged deficient practice.</p> <p>3. The Executive Director and Care Services Manager were in-serviced on the regulatory requirement for TB testing upon move-in by Tiffany Hreha, Regional Care Services Manager on 5/18/2016.</p> <p>4. The Care Services Manager is responsible for sustained compliance. The Executive Director and/or designee will review the resident record upon move-in to determine if the new resident has received a tuberculin skin test within three months prior to admission or upon admission</p> <p>Monitoring will be ongoing.</p>	05/22/2016			

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	On 4/22/16 at 11:15 a.m., the Administrator provided the facility policy, "TB [tuberculin] Testing," dated 7/1/14, and indicated it was the policy currently being used by the facility. The policy indicated, "1. TB testing will be completed per state regulations for residents, staff and volunteers ..."				