

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155469	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/06/2016
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NAME OF PROVIDER OR SUPPLIER  SEBO'S NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49TH AVE HOBART, IN 46342
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00197439, IN00198644, and IN00199205.</p> <p>Complaint IN00197439 -Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN99198644 - Substantiated. Federal/State deficiency related to the allegation is cited at F247.</p> <p>Complaint IN00199205 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 5 &amp; 6, 2016</p> <p>Facility number: 000366 Provider number: 155469 AIM number: 100288900</p> <p>Census bed type: SNF/NF: 104 Total: 104</p> <p>Census payor type: Medicare: 14 Medicaid: 76 Other: 14 Total: 104</p>	F 0000	<p><b>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</b> The facility would also like to request a desk review for this citation. All documents pertaining to the audit and education of this citation are enclosed for your review.</p>	
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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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F 0247 SS=D Bldg. 00	<p>Sample: 10</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on 5/10/16.</p> <p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on record review and interview, the facility failed to ensure residents were notified of room changes for 2 of 3 residents reviewed for recent room changes in a sample of 10. (Residents #H and #L)</p> <p>Findings include:</p> <p>1. The closed record for Resident #L was reviewed on 5/6/16 at 8:55 a.m. The resident's diagnoses included, but were not limited to, depressive disorder, cataracts, and seizures.</p> <p>Review of the 2/23/16 Minimum Data Set (MDS) annual assessment indicated</p>	F 0247	It is the practice of this facility to ensure that residents rights to receive notice before the room or roommate in the facility is changed. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #L and #H no longer reside in facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All facility residents have the potential to be affected by the same alleged deficient practice. Social Services team reviewed room moves for residents within the last 30 days to ensure residents were notified and	05/16/2016			

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	<p>the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive skills were not impaired.</p> <p>The 4/2016 Physician orders were reviewed. An order was written on 4/26/16 for the resident's room to be changed.</p> <p>The 4/2016 Nursing Progress Notes were reviewed. An entry completed on 4/26/16 at 2:13 p.m. indicated new orders were received for the resident's room to be changed. The entry indicated the POA (Power of Attorney) was made aware. There was no documentation of the resident being notified of the room change prior to the change.</p> <p>The next entry in the Nursing Progress Notes was completed on 4/27/16 at 2:46 a.m. This entry indicated the resident had rested throughout the shift and no adverse reactions related to the room change were noted.</p> <p>An Event Note was completed on 4/26/16 at 2:13 p.m. The note indicated the resident's room had been changed.</p> <p>The 4/2016 Social Service Notes were reviewed. An entry completed on 4/25/16 at 10:24 a.m. indicated a voice</p>		<p>documented as such. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Social Services team and the nursing staff were educated on the importance of proper notification and documentation of room move to the resident, responsible party and physician. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Social Service Director/Designee will audit all room moves weekly to ensure proper documentation and notification was completed prior to room move. The Social Service Director/Designee will present a summary of the audit to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and presented quarterly at the QA meeting.</p>	

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	<p>mail was left for the resident's family regarding the resident's room change.</p> <p>When interviewed on 5/6/16 at 9:50 a.m., the facility Administrator indicated the residents were to be notified of any room changes.</p> <p>2. The record for Resident #H was reviewed on 5/6/16 at 9:10 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, anemia, chronic kidney disease, and renal dialysis.</p> <p>Review of the 4/17/16 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive skills were not impaired.</p> <p>The 4/2016 Physician orders were reviewed. An order was written on 4/11/16 for the resident to have a room change. The entry indicated the resident's POA (Power of Attorney) had been made aware of the room change. An entry completed on 4/11/16 at 3:05 p.m. indicated the resident's belongings were transferred to another room. There was no documentation of the resident being notified of the room change prior to</p>			

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	<p>being moved.</p> <p>When interviewed on 5/6/16 at 9:50 a.m., the facility Administrator indicated the residents were to be notified of any room changes.</p> <p>The facility policy titled "Room to Room Transfers" was reviewed on 5/6/16 at 9:23 a.m. The policy had a revised date of April 2007. The facility Administrator provided the policy and indicated the policy was current. The policy indicated the resident and the resident's representative were to be provided with information concerning the decision.</p> <p>This Federal tag relates to Complaint IN00198644.</p> <p>3.1-3(v)(2)</p>			