

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2013
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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407
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F0000	<p>This was an offsite paper review. Complaint Number: IN00123731</p> <p>Complaint Number IN00123731 substantiated, Federal/State deficiency related to allegation cited at F 287.</p> <p>Survey date: February 4, 2013</p> <p>Facility Number: 000368 Provider Number: 15E187 Aim Number: 100275220</p> <p>Survey Team; Barbara Wheeler, RN</p> <p>Census Bed Type: NF: 26 Total: 26</p> <p>Census Payor Type: Medicaid: 25 Other: 1 Total: 26</p> <p>This deficiency reflects a state finding cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on February 5, 2013, by Janelyn Kulik, RN.</p>	F0000		
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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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F0287 SS=C	<p>483.20(f) ENCODING/TRANSMITTING RESIDENT ASSESSMENT</p> <p>(1) Encoding Data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. <p>(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's 			

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	<p>transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on a resident that does not have an admission assessment.</p> <p>(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>Based on record review and interview the facility failed to transmit electronic MDS records that pass standard edit specification for the month of January, 2013.</p> <p>Findings Include:</p> <p>On 1/24/2013 at 3:01 PM the facility MDS Coordinator had called and left a message that MDSs for December and January would be late because they had a computer virus. They indicated they were still having problems after they got their computer back yesterday.</p> <p>Attempts were made to contact the MDS Coordinator on 1/25/2013, 1/28/2013, and 1/29/2013 but none was available. Messages were left with facility staff, for her to return calls to ISDH.</p> <p>A phone interview with the MDS Coordinator on January 29, 2013, at 3:39 PM, verified they had a computer virus and had been working to resolve the problem and wanted to know if</p>	F0287	F 02871.Simmons Loving Care policy is to transmit MDS data within 7 days after a facility completes a resident's assessment to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. All MDS data transmittal requires within 14 days after we completes a resident's assessment, an electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:(i) Admission assessment.(ii) Annual assessment.(iii) Significant change in status assessment.(iv) Significant correction of prior full assessment.(v) Significant correction of prior quarterly assessment.(vi) Quarterly review.(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.(viii) Background (face-sheet) information, for an initial transmission of MDS data on a	02/18/2013

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	<p>there was a form to fill out with the state.</p> <p>On 2/1/2013 and 2/4/2013 ISDH records indicated that the facility had still not transmitted their required MDS data within 14 days of the completion date of the MDS assessment. As of 2/4/2013 ISDH records indicated there had been no MDS submissions since December 7, 2013</p> <p>3.1-13 (a)(1)</p>		<p>resident that does not have an admission assessment. The facility has a new MDS coordinator who has been trained to accurately complete the MDS 3.0. A computer virus got into the entire computer network in December and our normal I.T. person's company policy changed where he was no longer able to service Gary, Indiana from Chesterton, Indiana. A new I.T. person was secured but due to the holiday he was unable to solve our problem until the end of January. After the virus was removed all MDS were completed and ready for transmission. A new phone system was installed which operates on CAT 5 wiring and new Cloud technology. The installation of the new phone system caused the IP addresses to change and now the Accu-Care MDS 3.0 program must be reconfigured. So another I.T. visit along with Accu-Care support has been scheduled for 2/15/13. It was the first appointment available for the I.T. person. We are a small facility and we do not have in-house I.T. support.2. All MDS were affected by the computer virus and the change in IP addresses on the computer because the MDS files cannot be located with the old address to transmit causing for the reprogramming of the new IP address and file name for the MDS records.3. This is the last upgrade until April 2013 when we will switch from</p>		

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			<p>Accu-Care to Point Click Care Health Records system. Training will began in April and full implementation of the new software will be in July 2013. This upgrade will be Cloud technology and will not require a server. The facility has been assured that this update will beneficial and cause an increase in accuracy without having technical problems like we have had in the past.4. MDS coordinator will complete the MDS and Care Plan Tracking Form Weekly to the D.O.N. to ensure timely completion and transmission.</p> <p>Simmons Loving Care Health Facility MDS and Care Plan Tracking Form MDS COORDINATOR MUST SUBMIT TO D.O.N. WEEKLY.</p> <p>RESIDENT NAME MDS DATE ASSESSMENT TYPE SIGNATURE OF NURSE COMPLETING MDS MDS TRANSMISSION DATE ASSESSMENT REVIEW DATE CARE PLAN REVIEW DATE RESTORATIVE REVIEW DATE</p> <p>Q.A. Committee will review the</p>		

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			effectiveness of the MDS program Q 3 months. 5. 2/18/13	