STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155763		04/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIDGE VILLAGE NURSING & REHAB CENTER	600 TRAIL RIDGE RD ALBION, IN 46701

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00195448. Complaint IN00195448 - Substantiated. Deficiencies related to the allegations are cited at F203, F205, and F514. Survey date: April 4, 2016 Facility number: 011296 Provider number: 155763 AIM number: 200827620 Census bed type: SNF/NF:` 53 Total: 53 Census payor type: Medicare: 9 Medicaid: 21 Other: 23 Total: 53 Sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. QR completed on April 5, 2016 by 17934 .	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 0203 SS=D Bldg. 00	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason			

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	for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. Based on interview and record review the facility failed to ensure provision of written notice of a discharge on the proper form. Further, the facility failed to provide the location to which the resident would be discharged for 1 of 3 residents reviewed for adequate transfer and discharge notifications in a sample of 3. (Resident #N) Findings include: Resident #N's record was reviewed 4-4-2016 at 10:47 AM. Resident #N's diagnoses included, but were not limited to anxiety, depression, and anemia.	F 0203	F 203 NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE *What corrective action will be accomplished for those residents found to have been affected by the practice?* The eviction notice was ultimately withdrawn. Resident #N remains in the facility and no adverse events noted. *How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken?* There are no other residents currently qualifying for the discharge process as a result of failure to adhere to the terms and conditions of the Facility Financial Admission Contract. We have reviewed the	04/15/2016

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	In an interview on 4-4-2016 at 1:15 AM Resident #N, indicated she had been given a notice of eviction on 3-9-2016. She further indicated the notice was written on letterhead and did not indicate the location she was being discharged to. A review of Resident #N's Minimum Data Set (MDS) dated 2-5-2016 indicated Resident #N had a Basic Interview of Mental Status (BIMS) score of 15 out of 15. This indicated Resident #N was alert, oriented and able to make decisions. A review of Social Services notes indicated the following: In an untimed note dated 3-9-2016, the Social Services Designee (SSD) indicated the Administrator met with Resident #N's family regarding an outstanding balance on - date. The date, however was blank. The note further indicated on- another blank- date the Administrator met with Resident #N's Powers of Attorney (POA's) to discuss the outstanding balance, and verbalized understanding of the outcome of non-payment. Additionally, the family was to meet with the SSD during the week of 3-7-2016 to obtain information to discuss non payment with the Corporation. Further, the note indicated the family did not meet with the SSD as agreed.		outstanding Accounts Payable Aging and noted five residents potentially subject to the eviction process in the near future. The systemic changes noted below will prevent these residents from being subject to this alleged deficient practice. *What measures will be put into place or what systemic changes will you make toensure that he practice does not recur?* Our policy regarding resident evictions on the basis of inability to adhere to the terms of the admission contract has been updated to insure compliance with all the current regulatory requirements regarding notification and timing, and emphasizing rights of the resident. In our current process, the Business Office notifies the Administrator at the point in the collection process when a resident becomes eligible for eviction. Social Services has been added to that meeting as well, where the revised policy will be reviewed, a documented plan produced, and a Care Plan initiated to discuss the outstanding balance. The plan will be managed by the Administrator, in cooperation with Corporate Accounts Receivable, to ensure adherence to the policy and applicable regulations. *How this corrective action will be monitored to ensure the practice will not recur.* A review of any evictions in process has been added to the monthly Quality	

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	A review of Social Services note dated 3-9-2016 written under the previous note, again without a time, indicated the Administrator and SSD met with Resident #N to provide written notice of discharge, unless Resident #N could pay the amount due. In an interview on 4-4-2016 at 11:48 AM, the SSD indicated she thought the discharge notice should have been on the State designated form. She indicated she was not sure if the facility had to provide a place for discharge before they issued the notice. In an interview on 4-4-2016 at 11:18 AM, the Administrator indicated he met with the family sometime around the first of March and then again later, to discuss the outstanding balance and the potential for discharge. He could not recall the exact dates. The Administrator further indicated he issued the discharge notice on letterhead. He indicated the letter did not provide a location for discharge. A review of the letter for discharge indicated the letter had been written on facility letterhead. It indicated Resident #N was being discharged for non-payment, and could appeal the discharge with the Ombudsman. The		Assurance audit list. The audit will be performed by Social Services and will include a review of the eviction plan and appropriate documentation of the planning and execution processes. This item will be audited monthly for six months. A Desk Review is being requested because this is an easily corrected procedural issue limited to one resident, causing no harm.	

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	letter indicated " the facility will assist you in finding placement in the event you are not able to find placement ensuring a safe, sound, and secure environment." This Federal tag is related to Complaint IN00195448. 3.1-12(a)(6)			
F 0205 SS=D Bldg. 00	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. Based on interview and record review, the facility failed to provide bedhold notice prior to transfer for 2 of 3 residents	F 0205	F 205 NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFER *Whatcorrective action will be accomplished for*	04/15/2016

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	transferred to the hospital in a sample of 3. (Resident #O and Resident #P) Findings include: 1. Resident #O's record was reviewed 4-4-2016 at 1:10 PM. Resident #O's diagnoses included, but were not limited to, high blood pressure, depression and seizures. A review of hospital admission record indicated Resident #O was received at the hospital from the facility on 3-28-2016. A review of Resident #N's chart did not indicate a bedhold form had been provided to Resident #N or his family on transfer to the hospital. In an interview on 4-4-2016 at 1:20 PM, the (Social Services Designee) SSD indicated they were unable to locate the bedhold form for Resident #O for the date of 3-28-2016. 2. Resident #P's record was reviewed 4-4-2016 at 2:00 PM. Resident #P's diagnoses included, but were not limited to, high blood pressure, lung disease, and arthritis. A review of Resident #P's Nurse's Notes indicated Resident #P was sent to the		*those residents found to have beenaffected by the practice?* There is currently one resident whohas been discharged to, and is currently in, the hospital. The Social Services Director will contact thefamily and insure that they have a copy of the Bed Hold Policy, and that theyunderstand the implications. *Howwill you identify other residents having potential to be affected by the samepractice and what corrective action will be taken?* Given that any resident could possiblydischarge, all current residents are potentially affected. The systemic changes noted below will preventthese residents from being subject to this alleged deficient practice. *Whatmeasures will be put into place or what systemic changes will you make toensure that he practice does not recur?* Delivery of a copy of the Bed HoldPolicy has been added to the existing checklist that must be completed before aresident is discharged to a hospital. This item is specifically identified as an item that must be handed tothe resident, family member, or legal representative prior to discharge. This item is already included in Discharge toAnother Facility and Discharge to Home checklists. Nursing staff will be in-serviced toemphasize the proper timing and handling of this document. *Howthis corrective action will be monitored to ensure the practice*	

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	hospital on 3-24-2016. A review of Resident #P's record did not indicate a bedhold form had been provided to Resident #P or his family on transfer to the hospital for the date of 3-24-2016. In an interview on 4-4-2016 at 2:19 PM, LPN #1 indicated the hospital had told the facility to stop sending the bedhold policy as they did not need it, and so the facility had stopped utilizing the form. In an interview on 4-4-2016 at 2:20 PM, the SSD indicated the bedhold forms should have been sent with the resident(s) each time they were sent to the hospital. This Federal tag is related to Complaint IN00195448. 3.1-12(a)(25)		*will not recur.* A review of the paperwork for allresidents discharged since the prior meeting has been added to the monthlyQuality Assurance audit list. The auditwill specifically include a review by the Medical Records Director for theexistence of the Bed Hold Policy. Thisitem will be audited monthly for six months. A Desk Review is being requested since this is an easily corrected procedural issue causing no resident harm.	
F 0514 SS=D Bldg. 00	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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. The clinical record must contain sufficient			

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	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. Based on interview and record review the facility failed to ensure records were completely documented for 1 of 3 residents reviewed for complete documentation in a sample of 3. (Resident #N) Findings include: Resident #N's record was reviewed 4-4-2016 at 10:47 AM. Resident #N's diagnoses included, but were not limited to anxiety, depression, and anemia. A review of Social Services notes indicated the following: In an untimed note dated 3-9-2016, the Social Services Designee (SSD) indicated the Administrator met with Resident #N's family regarding an outstanding balance on - date. The date, however was blank. The note further indicated on- another blank- date the Administrator met with Resident #N's Powers of Attorney (POA) to discuss the outstanding balance, and verbalized understanding of the outcome of non-payment. A review of a Social Services note dated	F 0514	F 514 RECORDS-COMPLETE/ACCURATE/ACCESSIBLE *What corrective action will be accomplished for those residents found to have been affected by the practice?* A meeting between the Administrator and Social Services resulted in the recovery of certain meeting dates from notes and calendars. The additional information has been added to the Social Services notes in the resident's medical record. *How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken?* Although all residents with apotential for involuntary discharge may be affected, there are no other residents currently qualifying for the discharge process as a result of failure to adhere to the terms and conditions of the Facility Financial Admission Contract. The systemic changes noted below will prevent the residents from being subject to this alleged deficient practice. *What measures will be put into place or what systemic changes will you make to ensure that he practice does not recur?* Our policy regarding resident evictions on the basis of inability to adhere to	04/15/2016

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	3-9-2016 without a time indicated written under the previous note, which indicated the Administrator and SSD met with Resident #N to provide written notice of discharge, unless Resident #N could pay the amount due. In an interview on 4-4-2016 at 11:48 AM, the SSD indicated she had left the dates blank so she could fill them in at a later time. She further indicated the dates should have been provided in the documentation and times provided for each specific note. This Federal tag is related to Complaint IN00195448. 3.1-50(a)(1)		the terms of the admission contract has been updated to insure compliance with all the current regulatory requirements regarding notification and timing, and emphasizing rights of the resident. In our current process, the Business Office notifies the Administrator at the point in the collection process when a resident becomes eligible for eviction. Social Services has been added to that meeting as well, where the revised policy will be reviewed, a documented plan produced, and a Care Plan initiated to discuss the outstanding balance. The plan will be managed by the Administrator, in cooperation with Corporate Accounts Receivable, to ensure adherence to the policy and applicable regulations. *How this corrective action will be monitored to ensure the practice will not recur.* A review of any evictions in process has been added to the monthly Quality Assurance audit list. The audit will be performed by Social Services and will include a review of the eviction plan and appropriate documentation of the planning and execution processes. This item will be audited monthly for six months. A Desk Review is being requested since the issue is an easily corrected procedural issue limited to one resident, causing no harm.	