

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF AVON	STREET ADDRESS, CITY, STATE, ZIP CODE 10307 EAST COUNTY ROAD 100 NORTH INDIANAPOLIS, IN 46234
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit included the Investigation of Complaint IN00158666 and a State Residential Licensure Survey.</p> <p>This visit was done in conjunction with the Investigation of Compliant IN00159385.</p> <p>Complaint IN00158666- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 6, 7, 10, 11, 12, & 13, 2014.</p> <p>Facility number: 013085 Provider number: 155811 AIM number: N/A</p> <p>Survey Team: Megan Burgess, RN, TC Lora Brettnacher, RN Tracina Moody, RN Kewanna Gordon, RN</p> <p>Census bed type: SNF: 38 SNF/NF: 16 Residential: 9 Total: 63</p>	F000000		

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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F000242 SS=D	<p>Census Payor type: Medicare: 38 Other: 16 Total: 54</p> <p>Sample: 7</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 11/14/14 by Brenda Marshall, RN.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview and record review, the facility failed to ensure residents were assessed for and/or given a choice regarding their preferences regarding frequency and/or type of bathing for 2 of 3 residents reviewed who met the criteria for choices (Residents #233 and #228).</p> <p>Findings include:</p>	F000242	<p>F242 483.15(b) SELF-DETERMINATION – RIGHT TO MAKE CHOICES</p> <p>It is the practice of Wellbrooke of Avon to ensure resident rights to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care, interact with members of the community both inside and outside the facility; and</p>	12/04/2014
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	<p>1. During an interview on 11/6/14 at 2:11 p.m., Resident #233 indicated she was not given a choice regarding her preferences for bathing. She stated, "I am not used to showers. I always took a bed bath. I just want to be washed clean. It doesn't due any good honey. Some of these women won't listen to me. They put me on that seat one day...and gave me a shower. I didn't like that."</p> <p>Resident #233's record was reviewed on 11/10/2014 at 10:12 a.m. A Minimum Data Set assessment tool (MDS), dated 11/4/14, indicated Resident #233 was cognitively intact with a Brief Interview for Mental Status score (BIMS) of 12 out of 15 and it was very important for her to make choices regarding bathing.</p> <p>During an interview on 11/10/14 at 10:38 a.m., Licensed Practical Nurse (LPN) #1 indicated residents were assigned showers by rooms numbers.</p> <p>During an interview on 11/10/2014 at 11:03 a.m., Registered Nurse #2 indicated showers were assigned by room numbers. She indicated Resident #233 received showers on Wednesdays and Saturdays but indicated she refused "a lot." She indicated she received a shower on Sunday 11/9/14. Registered Nurse #2 indicated she was not sure why Resident</p>		<p>make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident#233 and #228 have been assessed / interviewed about their customary routines, including how many times a week they want a shower or bath, and their preferences for the type of bath to be provided. The resident care records have been updated.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected. Residents have been assessed / interviewed regarding preferences and resident care records updated accordingly.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>				

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	<p>#233 refused showers or if she had been assessed for her bathing preference.</p> <p>During an interview on 11/12/2014 at 11:24 a.m., Registered Nurse #2 indicated Resident #233 had not been assessed for her preferences regarding bathing.</p> <p>2. During an interview on 11/6/14 at 12:55 p.m., Resident #228 indicated he had not been asked his preferences for bathing. Resident #228 indicated he was told showers would be offered twice weekly.</p> <p>Resident #228's record was reviewed on 11/10/14 at 9:19 a.m. A Minimum Data Set assessment tool (MDS), dated 10/31/14, indicated Resident #228 was cognitively intact with a Brief Interview for Mental Status score (BIMS) of 15 out of 15 and it was very important for him to make choices regarding bathing.</p> <p>During an interview on 11/10/2014 at 10:33 a.m., Licensed Practical Nurse (LPN) #3 indicated showers were "assigned by rooms" and the "schedule never changes" unless a patient verbalized dissatisfaction with the set schedule, at which time they would try to find a resident who "wanted to switch."</p>		<p>practice does not recur?</p> <p>The center has a policy in place regarding honoring resident preferences. This policy has been reviewed and found to be complete. Nursing personnel have been re-educated on this policy. A new resident preferences interview tool has been implemented. This is being completed on admission and is reviewed quarterly and updated with changes. Preferences are then indicated on the resident care record.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>The Director of Social Services or designee is conducting quality improvement audits of resident preferences and choice. A random sample of 5 residents is being interviewed weekly for 1 month; then every two weeks for one month; then monthly for 4 months. Additional audits will be completed based upon the level of compliance. The results of all audits will be reported to the Quality Assurance Improvement Committee monthly for additional recommendations as necessary.</p>				

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R000000	<p>During an interview on 11/12/2014 at 11:24 a.m., Registered Nurse #2 indicated Resident #228 had not been assessed for his preferences regarding bathing type and/or frequency.</p> <p>A policy titled "Resident Rights Guidelines for All Nursing Procedures" identified as current by Registered Nurse #2 on 11/12/14 at 11:46 a.m., indicated, "...Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on resident rights, including... Resident freedom of choice including but not limited to the right to choose when to get up and choice of dressing and bath schedules..."</p> <p>3.1-3(u)(3)</p> <p>Wellbrooke of Avon Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R000000			