

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/22/2014
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NAME OF PROVIDER OR SUPPLIER MEADOW BROOK REHABILITATION CENTRE & SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012
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F000000	<p>This visit was for the Investigation of Complaint IN00146782 and IN00147338.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure survey completed on 03-14-14.</p> <p>Complaint IN00147338 - Substantiated. Federal/state deficiency related to allegation are cited at F242.</p> <p>Complaint IN 00146782 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: April 21 and 22, 2014</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF: 5 SNF/NF: 47 Total: 52</p> <p>Census payor type: Medicare: 5 Medicaid: 43 Other: 4 Total: 52</p> <p>Sample: 4</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>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN. 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.</p> <p>Based on observation, interview and record review, the facility failed to ensure dependent residents were transferred back to bed via Hoyer lift as requested for 1 of 3 residents reviewed for choices. This failure resulted in a 5 hour wait to be returned to bed (Resident C).</p> <p>Findings include:</p> <p>1) The clinical record for Resident (C) was reviewed on 4/21/14 at 11:00 a.m. Diagnoses for the resident included, but were not limited to, diabetes mellitus, obesity, chronic pain and depression.</p> <p>During an interview on 4/21/14 at 9:43 a.m., Resident (C) indicated a couple of weeks ago during the weekend, she had been moved in the morning from her bed to her wheelchair via Hoyer lift. She indicated she normally sits in her wheelchair during the day. She indicated the Hoyer lift was working during 1st shift, but was not working during 2nd</p>	F000242	<p>1. Resident C incurred no negative outcome. The Hoyer lift is now working properly.</p> <p>2. All residents who require assistance with a mechanical lift have the potential to be affected. The Hoyer lift is now functioning properly.</p> <p>3. The facility now has an extra set of batteries to afford the facility the opportunity to always have a back-up set of batteries on charge and accessible to staff. Should the Hoyer lift malfunction, the staff is to alert the DON immediately who will then assess the needs of those residents who require transfer via Hoyer lift and an alternate transfer process will be initiated, as warranted. All staff have been re-educated on what to do in the future should there be a mechanical failure of the Hoyer lift.</p> <p>4. The DON or her designee will monitor to ensure the Hoyer lift is functioning properly on scheduled</p>	05/01/2014

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	<p>shift. She indicated at 3:07 p.m., she put her call light on to be moved from her wheelchair to her bed. She indicated she was told the Hoyer lift was not working. She indicated no management worked on the weekends so the facility called the Administrator to see what they needed to do. She stated at 4:30 p.m., she was still seated in her wheelchair and her bottom was numb and she got very upset with the staff. She stated at some point, the Administrator came to the facility and helped get her back into bed around 8:00 p.m.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 1/13/14, indicated Resident (C) was cognitively intact. Resident (C) received the following Activities of Daily Living (ADL) assistance; transfer-total assistance with two person assist, dressing-extensive assistance with two person assist, hygiene and bathing-extensive assistance with one person assist. The current weight for Resident (C) was 340 lbs.</p> <p>The April Medication Administration Record (MAR), indicated a physician order for all transfers to be done via a Hoyer lift.</p> <p>A health care plan problem, dated 2/12/14, indicated Resident (C) required up to 2 assist in performing ADL's due to: morbid obesity, neuropathy, chronic pain, and non-ambulatory. The use of a Hoyer was noted for all lifts. One of the approaches for the problem indicated, provide assist with ADL's as resident requires and allow resident to choose their own bed time and offer to lay them down as needed.</p> <p>During an interview on 4/21/14 at 9:50 a.m., CNA #1 indicated a couple of weeks ago, the</p>		<p>days of workdaily times two weeks, three times a week for two weeks and then weekly until compliance is maintained for 6 consecutive months. (See Attachment #1) Should concerns be observed, re-education shall be provided. The results of said observations will be reviewed during the facility's quarterly QA meetings and the plan adjusted accordingly as warranted.</p>	

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	<p>only Hoyer that had been working, stopped working on 2nd shift. She indicated several residents who required the use of the Hoyer lift were left in their chairs for a few hours because they did not have another lift.</p> <p>During an interview on 4/21/14 at 10:00 a.m., CNA #2 indicated several residents were left in their chairs because the lift did not work. She indicated the facility had a manual lift, but she indicated she did not feel comfortable with the manual Hoyer lift.</p> <p>During an interview on 4/21/14 at 2:10 p.m., the Health Facility Administrator(HFA) indicated she came into the building after receiving a call that the Hoyer lift was not working. She indicated the problem was "user error" because the staff was not charging it properly. She indicated the smaller electric Hoyer was not working, but the battery was removed from the smaller Hoyer and placed on the larger Hoyer. She stated she did assist the resident back to bed around 8:00 p.m.</p> <p>During an interview on 4/21/14 at 2:40 p.m., CNA #3 indicated the facility had a manual lift that had a maximum weight of 400 lbs but felt it was not safe to use.</p> <p>Review of an undated current facility policy, titled "Your Rights As A Nursing Home Resident", which was provided by the HFA on 4/21/14 at 10:16 a.m., indicated the following:</p> <p>"...You have the right to be treated with respect and dignity in recognition of your individuality and preferences.</p> <p>You have the right to quality care and treatment that is fair and free from</p>			

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	<p>discrimination..."</p> <p>This Federal tag relates to Complaint IN00147338.</p> <p>3.1-3(t)</p>			