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
	155532		01/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON NURSING AND REHABILITATION CENTER	120 E MILLER DR BLOOMINGTON, IN 47401

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00191749. Complaint IN00191749 - Substantiated. Federal/State deficiencies related to the allegations are cited at F155 and F 309. Survey dates: January 22 and January 25, 2016 Facility number: 000460 Provider number: 155532 AIM number: 100290620 Census bed type: SNF/NF: 35 Total: 35 Census payor type: Medicare: 1 Medicaid: 26 Other: 8 Total: 35 Sample:03 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Q.R. completed by 14466 on January 29,	F 0000	This Plan of Correction constitutes written allegation of compliance effective February 6, 2016. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements establishedby state and federal law. This facility respectfully requests desk review to establish compliance effective February 6,2016.	

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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	2016.			
F 0155 SS=F Bldg. 00	483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. Based on interview and record review, the facility failed to ensure licensed nursing staff maintained current CPR (cardiopulmonary resuscitation) certification for 35 of 35 residents residing in the facility.	F 0155	F155 Right to Refuse, FormulateAdvance Directives It is the intent of this facilityto maintain written policies and procedures regarding advance directivesincluding provisions to inform and provide written	02/06/2016

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	Findings include: Review of personnel records on 1/25/2016 at 12:00 p.m., for RN #1 and CNA #1 indicated no documentation to support current CPR certification. Interview with the DON and ED (Executive Director) on 1/25/2016 at 1:30 p.m., indicated they did not have a book of staff CPR to indicate current CPR status for any licensed staff. On 01/25/2016 at 11:30 a.m., the ED provided the clinical cardiopulmonary resuscitation policy, dated 06/26/2015, and indicated the policy was the one currently used by the facility. Page 1 of the policy indicated, "Licensed nursing staff who direct resuscitative efforts will maintain American Red Cross or American Heart Association certification in BLS/CPR [Basic Life Support/Cardiopulmonary Resuscitation]. Page 2 indicated the DON or designee will ensure that, "BLS/CPR certified staff are on duty at all times, when a resident is found in cardiac arrest, staff will call for immediate assistance via the intercom system or phone system and an employee certified will respond to the resident's room an will initiate bls/cpr unless the resident is a dnr [do not resuscitate] or the resident shows obvious signs of		information to all adultresidents concerning the right to accept or refuse medical and surgical treatmentand at the individual's option, formulate an advance directive. Licensednursing staff will maintain current CPR (cardiopulmonary resuscitation)certification. **What corrective action(s) will be accomplished for those residentsfound to have been affected by the alleged deficient practice?** RN#1 and CNA#1 have completed CPRcertification. Current CPR status ismaintained for each licensed staff member in the license book located in theBusiness Office. BLS/CPR certified staff is on duty at all times. **How other residents having the potential to be affected by this samedeficient practice will be identified and what corrective action(s) will betaken?** All residents have the potentialto be affected by this alleged deficient practice. Current CPR status ismaintained for each licensed staff member in the license book located in theBusiness Office. BLS/CPR certified staff is on duty at all times. **What measures will be put into place or systemic changes will be madeto ensure that the deficient practice does not recur?** To enhancecurrently compliant operations and under the direction of the Director ofNursing Services,	

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	clinical death...." This Federal tag relates to Complaint IN00191749. 3.1-4(f)(7)		all current licensed staff on the schedule completed CPRtraining by February 5, 2016. CPR training has been added to the orientation programfor all new licensed staff hired after February 5, 2016. The training ensureslicensed staff with current CPR certification is on duty at all times. **How the corrective action(s) will be monitored to ensure the deficientpractice will not recur, i.e. what quality assurance program will be put intoplace; and by what date the systemic changes will be completed.** Effective February 6, 2016 aquality assurance performance improvement (QAPI) program was implemented underthe supervision of the Director of Nursing Services or designated QAPIrepresentative who will perform the following systemic changes includingmaintaining calendar of Certification Expiration Dates and an audit of licensedstaff schedule weekly x one month and monthly thereafter to ensure licensedstaff on duty at all times with current CPR certification. Any deficiencieswill be corrected immediately and findings of the quality assurance checks willbe documented and submitted at the monthly QAPI meeting for further review orcorrective action.	
F 0309	483.25			

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SS=D Bldg. 00	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on interview and record review, the facility failed to ensure assess of a resident and physician notification of a resident after return from the hospital emergency room as indicated by their policy for 1 of 1 resident reviewed for readmission assessment. (Resident #A) Findings include: On 01/22/2016 at 1:45 p.m., Resident #A's clinical record was reviewed. Resident #A's diagnoses included, but where not limited to: tracheotomy status -post (after) neck surgery less than 30 days prior, chronic anxiety, and obesity. . Nursing notes dated 01/20/16 at approximately 8:00 p.m., indicated Resident #A was sent to the emergency room for complaints of cough and increased anxiety. Nursing notes dated 1/20/16 at 11:55 p.m., indicated resident Resident # A returned to the nursing facility and was placed back in bed by CNA# 1. No	F 0309	309 Provide Care Services forHighest Well Being It is the intent of this facilitythat each resident will receive and the facility will provide the necessarycare and services to attain or maintain the highest practicable physical,mental and psychosocial well-being in accordance with the comprehensiveassessment and plan of care. **What corrective action(s) will be accomplished for those residentsfound to have been affected by the deficient practice**? Resident A no longer resides atthe facility. **How other residents have the potential to be affected by the samedeficient practice will be identified and what corrective action(s) will betaken?** Because all residents have thepotential to be affected by the alleged deficient practice, on February 5, 2016the Administrator and Director of Nursing Services reviewed the Admission NotesPolicy with licensed nursing staff to ensure all admits and re-admits	02/06/2016

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	documentation related to vital signs or oxygen saturation were noted. Interview with CNA #1 on 01/25/2016 at 11:40 a.m., indicated they placed oxygen over Resident #A's tracheotomy. CNA #1 indicated she had not obtained vital signs. Interview with RN#1 on 01/25/16 at 11:05 a.m., indicated she did do return to facility vital signs, oxygen saturation and assessment. RN #1 indicated she was the only nurse in the building, it was busy, and she was going to chart them later, but "got side-tracked." On 01/21/16 at 1:05 a.m., Resident #A was found unresponsive in the hall bathroom and at that time CPR (cardiopulmonary resuscitation) and 911 were initiated. Resident #A was transferred back to the local hospital for care. On 01/25/16 at 12:00 p.m., the ED provided the Interpretation and Implementation of Admission Notes Policy, dated 04/2010, and indicated the policy was the one currently being used by the facility. Page 1 indicated, When a resident is initially admitted or re-admitted to the nursing unit, the charge nurse must record the following		wereassessed including current vital signs and condition of the resident uponadmission. **What measures will be put into place or what systemic changes will bemade to ensure that the deficient practice does not recur:** To enhance currently compliantoperations and under the direction of the Director of Nursing Services theAdmission Notes Policy was reviewed with licensed nursing staff on February 5,2016 to ensure all admits and re-admits are assessed including current vitalsigns and condition of the resident upon admission. **How the corrective action(s) will be monitored to ensure the deficientpractice will not recur, i.e what quality assurance program will be put intoplace and by what date the systemic changes will be completed.** Effective February 6, 2016, aquality assurance performance improvement (QAPI) program was implemented underthe supervision of the Director of Nursing Services to monitor residentadmissions and readmissions. The Director of Nursing Services or designatedrepresentative will perform the following systemic changes: all new admits andreadmits to the facility will be reviewed at the next daily QA stand up meetingon an ongoing basis to ensure residents were assessed including current vitalsigns and	

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	data (as each may apply) in the nurses notes...." Under number 1, letter f, the policy indicated, "Current vital signs and the condition of the resident upon admission (i.e.) disoriented, weak, alert, etc);" and the letter g, "The time the attending physician was notified of resident's admission..." This Federal tag relates to Complaint IN00191749. 3.1-37(a)		condition of the resident upon admission. Any deficiencies will becorrected on the spot and findings of the quality assurance-performanceimprovemen t checks will be documented and submitted at the monthly QAPIcommittee meeting for further review or corrective action.	