

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/04/2015
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NAME OF PROVIDER OR SUPPLIER CLEARVISTA LAKE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00183893.</p> <p>Complaint IN00183893 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: November 4, 2015</p> <p>Facility number: 013019 Provider number: 155815 AIM number: 201251520</p> <p>Census bed type: SNF: 54 SNF/NF: 8 Total: 62</p> <p>Census payor type: Medicare: 36 Medicaid: 8 Other: 18 Total: 62</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on November 5,</p>	F 0000		

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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F 0282 SS=D Bldg. 00	<p>2015.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a care plan was followed as written for 1 of 3 residents whose plans of care were reviewed. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 11/4/2015 at 11:16 a.m. Diagnoses for Resident C included, but were not limited to, respiratory failure, emphysema, hypertension, anemia, anxiety and major depressive disorder.</p> <p>Review of a physician's order, dated 9/16/15, indicated Resident C was to have the nasal cannula placement checked every 30 minutes. Resident C had a history of removing the nasal cannula.</p> <p>Review of the October 2015 Treatment Administration Record (TAR), lacked</p>	F 0282	<p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident C Treatment Administration Record (TAR) was reviewed and care plan is being followed as written for nasal cannula placement check.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all residents Treatment Administration Record (TAR) to ensure care plan is being followed as written for nasal cannula placement check.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Licensed Nurses on the following guidelines: Care Plan and THS MatrixCare Guidelines for eMar.</p>	11/16/2015

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	<p>documentation of the every 30 minute nasal cannula placement checks on the following dates and times: October 22, 2015 12:00 a.m. through 2:30 p.m., October 14, 2015 1:00 p.m. through 2:30 p.m., October 25, 2015 1:00 p.m. through 2:30 p.m. and October 29, 2015 at 2:30 p.m.</p> <p>During an interview on 11/4/15 at 1:00 p.m., the Director of Health Services indicated the documentation for the every 30 minute nasal cannula check for Resident C was missing. "It should have been documented or at least a note." The Director of Health Services reviewed the clinical record. No further information was provided.</p> <p>This federal tag relates to Complaint IN00183893.</p> <p>3.1-35(g)(1)</p>		<p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Review residents Treatment Administration Record (TAR) to ensure care plan is being followed as written for nasal cannula placement check. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	