

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155764	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/21/2013
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NAME OF PROVIDER OR SUPPLIER  SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410
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F000000	<p>This visit was for the Investigation of Complaint IN00139214.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 9/27/2013.</p> <p>Complaint IN00139214-Substantiated. Federal/State deficiencies related to the allegation are cited at F203.</p> <p>Survey dates: November 20 and 21, 2013</p> <p>Facility number: 010739 Provider number: 155764 AIM number: 200856890</p> <p>Survey team: Cynthia Stramel, RN, TC Lara Richards, RN</p> <p>Census bed type: SNF: 39 SNF/NF: 8 Residential: 68 Total: 115</p> <p>Census payer type: Medicare: 37</p>	F000000	The submission of this plan of correction does not indicate an admission of Spring Mill Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Spring Mill Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. (Title 18 and 19). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. This facility asks that this Plan of Correction and it's supporting documentation be considered for desk review for compliance.	

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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	<p>Medicaid: 6 Other: 72 Total: 115</p> <p>Sample: 8</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 26, 2013, by Janelyn Kulik, RN.</p>				

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F000203 SS=E	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason 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</p>			

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	<p>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.</p> <p>Based on record review and interview, the facility failed to ensure the State transfer and discharge form, which contained information related to the facility Bed hold policy and information on how to appeal the discharge, was provided to 3 of 3 residents, who were reviewed for admission, transfer, and discharge prior to being sent to the hospital (Residents #B, #H, and #I)</p> <p>Findings include:</p> <p>1. The record for Resident #H was reviewed on 11/20/13 at 1:30 p.m. Review of the Nursing progress notes dated 11/16/13 at 9:00 p.m., indicated while completing wound care, the Nurse observed the resident's right foot to be edematous with reddish discolorations on top of the foot. The</p>	F000203	F203It is the intent of this facility to ensure the State transfer and discharge form is provided to residents.What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: As this was a complaint survey, residents B, H and I are not identified.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents being discharged or transferred have the potential of being affected by this alleged deficient practice. Licensed Nurses were re-inserviced by Nursing Administration on using the State approved transfers and discharge forms. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed Nurses were	12/06/2013

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	<p>foot was warm to touch. The foot was painful to touch as evidenced by a facial grimace when the foot was lightly palpated. The areas to 3rd and 4th toe presenting with yellow slough. The wound bed was dark in color, area mushy, and surrounding skin macerated. The previous dressing that was removed was saturated with yellow drainage. The Physician was notified and insisted on the resident going to the Emergency room for evaluation.</p> <p>Review of the "Resident Transfer Form" located in the resident's record was dated 11/16/13 and indicated the resident was transferred to the hospital due to right foot pain.</p> <p>The State approved Transfer and Discharge form, which contained information related to the reason for transfer, bed hold policy, and information related to appealing the discharge was not available for review.</p> <p>Interview with LPN #1 on 11/21/13 at 9:27 a.m., indicated when a resident was transferred to the hospital, they were sent with a hospital packet which consisted of the facility transfer form, their advanced directive, face sheet, Physician's order summary</p>		<p>re-inserviced by Nursing Administration on using the State approved transfers and discharge forms. Nurses stations were audited to ensure only the State approved discharge/transfer form is available. Director of Nursing or designee will audit charts of resident discharged to ensure appropriate forms were sent with the resident. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: All discharge/transfer charts will be audited by Director of Healthcare or designee for compliance for 90 days and continue with 5 random chart discharge/transfer audits each week or until the QA committee determines compliance is met. Any findings of non-compliance will be reviewed at the daily stand up clinical meetings. These findings and the corrective action will be presented to the Quality Assurance Committee for review monthly. Date systemic changes will be completed: 12/6/2013</p>				

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	<p>(POS), and any recent lab results. She indicated the State transfer/discharge form should be sent with the resident.</p> <p>Interview with the Director of Nursing on 11/21/13 at 12:20 p.m., indicated the resident did not received a copy of the State transfer and discharge form along with the bed hold policy prior to being sent to the hospital.</p> <p>2. The record for Resident #I was reviewed on 11/20/13 at 10:20 a.m. A Nursing progress note indicated the resident fell out of bed on 10/27/13 at 11:30 p.m. The resident was assessed at the time of the fall and showed no sign of injury and denied pain. On 10/30/13 the resident began to complain of pain to her left hip and knee. The Physician ordered a mobile x-ray. The x-ray showed, "...a distal femoral shaft fracture" to her left knee. On 10/31/13 she was sent to the hospital as a direct admission for surgery related to the fracture.</p> <p>The State Transfer Discharge form was not in the record. This form explains the reason for the resident's transfer or discharge, information how</p>			

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	<p>to appeal the transfer or discharge, and information on the facility's bed hold policy.</p> <p>Interview with the Director of Nursing on 11/21/13 at 10:15 a.m., indicated there was no State Transfer Discharge form completed and given to the resident at the time of the transfer on 10/31/13.</p> <p>3. The record for Resident #B was reviewed on 11/20/13 at 11:45 a.m. Review of Nursing notes indicated on 10/1/13 at 7:45 a.m., the resident was complaining of not feeling well. She had fallen back into a chair and was shaking all over. The resident was assessed, and nursing staff was able to calm her and return her to the dining room. At 10:00 a.m., a family member arrived at the facility and reported to nursing staff that the resident was not feeling well. The family member wanted the resident sent to the hospital for evaluation. At 10:30 a.m., the Physician was notified and an order was obtained to send the resident to the Emergency room for evaluation of altered mental status. The resident was transferred and subsequently admitted to the hospital.</p> <p>The State Transfer Discharge form</p>						

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	<p>was not in the record. This form explains the reason for the resident's transfer or discharge, information how to appeal the transfer or discharge, and information on the facility's bed hold policy.</p> <p>Interview with the Director of Nursing on 11/21/13 at 10:15 a.m., indicated there was no State Transfer Discharge form completed and given to the resident at the time of the transfer on 10/1/13.</p> <p>3.1-12(a)(6)(A)</p>			