

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155428	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2014
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NAME OF PROVIDER OR SUPPLIER MERIDIAN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 S MERIDIAN ST INDIANAPOLIS, IN 46225
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F000000	<p>This visit was for the Investigation of Complaint IN00151627.</p> <p>Complaint IN00151627 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: July 7 & 8, 2014</p> <p>Facility number: 000386 Provider number: 155428 AIM number: 100286820</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF/NF: 39 Total: 39</p> <p>Census payor type: Medicare: 4 Medicaid: 33 Other: 2 Total: 39</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>This plan of correction is to serve as MeridianNursing and Rehabilitation Centers' credible allegation of compliance.</p> <p>Submission of this plan of correction does notconstitute an admission by Meridian Nursing and Rehabilitation Center or its'management company that the allegations contained in the survey report are atrue and accurate portrayal of the provision of nursing care and other servicesin this facility. Nor does thissubmission constitute an agreement or admission of the survey allegations.</p> <p>THE FACILITY IS IN COMPLIANCE 8-7-14 AND RESPECTFULLYREQUEST PAPER REVIEW.</p>	
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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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F000323 SS=E	<p>Quality review completed on July 14, 2014; by Kimberly Perigo, RN.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview the facility failed to ensure residents were supervised to prevent resident to resident altercations that resulted in multiple scratches to a resident for 1 of 5 residents reviewed for supervision in a sample of 5 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 7/7/14 at 3:00 P.M. Diagnoses for Resident #B included, but were not limited to bipolar disorder, presenile dementia with depressive features, cognitive communication deficit, dysphagia, hyperlipidemia, and reflux. Resident #B was admitted to the facility on 3/11/14, for rehabilitation purposes and discharged to another facility on 6/25/14.</p>	F000323	<p>This plan of correction is to serve as Meridian Nursing and Rehabilitation Centers' credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Meridian Nursing and Rehabilitation Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. THE FACILITY IS IN COMPLIANCE 8-7-14 AND RESPECTFULLY REQUEST PAPER REVIEW. F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident</p>	08/07/2014

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	<p>The most current Quarterly MDS (minimum data set) assessment dated 6/12/14, indicated the resident's BIMS (brief interview of mental status) cognitive status was intact ('13').</p> <p>A care plan dated 3/31/14, indicated the resident displayed physical behaviors of hitting the walls. A care plan dated 6/18/14, indicated the resident displayed verbally abusive behaviors and had poor impulse control. A care plan dated 3/15/14, indicated the resident had a diagnosis of bipolar disorder. A care plan dated 5/7/14, indicated the resident had a behavior of mocking other residents.</p> <p>A "Behavior/Mood Symptom Tracking Tool" for Resident #B indicated the resident had documented behaviors for the following dates: 3/30/14 - hitting the walls, intervention: ask resident to stop and behavior ceased. 4/2/14 - kicking, intervention: removed resident from the area and behavior ceased. 4/16/14 - tormenting residents, intervention: educated resident and behavior ceased. 5/6/14 - tormenting residents, interventions: removed from the area, asked resident to stop, resident educated. The behavior ceased but resident became</p>		<p>receives adequate supervision and assistance devices to prevent accidents. I. Resident B that was identified in the 2567 discharged from the facility the day following the incident. II. All residents have the potential to be affected. Per the assessment of all residents, there are appropriate behavior management plans in place for residents that exhibit behaviors. Please see system changes below. III. The facility will ensure the safety of all residents by monitoring behaviors of all residents and taking proper action when behaviors occur. The Administrator or designee will ensure that the behaviors of each resident are reviewed at each morning stand up meeting with additional implemented interventions and plan of care updates as needed. Interventions may include care plan meetings, psychiatric referrals, medication reviews and adjustments, alternate placement referrals, and 1:1 case management. In addition, the nursing staff has been in-service related to identifying and addressing behaviors of our residents that have the potential to affect other residents. The in-service includes behavior management with interventions to attempt to de-escalate resident behaviors when they occur. IV. Behaviors will be monitored by the IDT team each business day by reviewing the behavior tracking</p>	

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	<p>agitated. 5/6/14 - calling staff "B****ES" interventions: asked resident to stop, resident education but resident became agitated. 5/7/14 - tormenting residents, interventions: asked resident to stop, resident educated and behavior ceased. 5/12/14 - verbally threatening, hitting the walls and yelling, interventions: asked resident to stop, resident educated. The behavior got worse, resident became louder and resident became agitated. 5/13/14 - tormenting residents, interventions: asked resident to stop and resident educated. The behavior got worse. 5/13/14 - sitting on the ledge of the deck, interventions: asked resident to stop, took resident to bathroom. The behavior got worse. 5/13/14 - wandering and turning on other resident's call lights, interventions: provided pain relief, redirection. Redirection ignored. 6/8/14 - picking with residents, interventions: redirection, redirection ignored. 6/14//14 - verbally threatening and yelling, interventions: redirection, resident became agitated. 6/18/14 - verbally threatening and calling a resident a "B****", interventions: removed from the area, separated from</p>		<p>tool. Any identified issues will be immediately addressed. This monitoring will assure that behavior plans are updated appropriately to address any behavior issues with the residents. The results of the tracking tool will be reviewed at each QA meeting with the Medical Director and Psych provider with additional recommendations as needed based on the outcome of the tools. V. 8-7-14</p>	

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	<p>other resident. The behavior ceased. 6/21/14 - picking with residents, interventions: removed from area, redirection. The behavior got worse. 6/23/14 - standing up in dining room chairs, interventions: redirection. The behavior ceased. 6/23/14 - throws things, interventions: redirection, ignored redirection.</p> <p>A Social Service note dated 4/28/14, indicated ... resident reported an argument with his roommate, because the closet door would not close properly and was closed harder than normal. Resident #B indicated his roommate backed him into the corner and shook his cane at him then followed him to the nurses station. IMPD (Indianapolis Metropolitan Police Department) was notified according to the facility protocol and the roommate was moved.</p> <p>A Social Service note dated 5/5/14, indicated Resident #B reported a resident (unidentified) told him to "get the F*** out of the way" and called him a "C***Sucker" and walked away and balled up his fist. IMPD according to the facility policy.</p> <p>A Social Service note dated 5/13/14, indicated the resident was unable to sleep due to the roommate's alarm clock. The</p>			

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	<p>resident was educated that hitting the walls and yelling was inappropriate behavior and offered him a room change. The resident declined.</p> <p>A Telephone Order dated 5/15/14, indicated the resident had a new order for the Depakote ER to be increased to 2000 mg everyday at bed time for a diagnosis of bipolar and to increase the trazodone to 100 mg a day at bedtime to help with the insomnia.</p> <p>A nurses note dated 5/15/14 at 10:00 P.M., indicated the resident refused to take the increased amount of Depakote.</p> <p>A note to the Administrator, Director of Nursing and Social Service Director dated 5/16/14, indicated the family also refused the increased amount of Depakote for the resident.</p> <p>A "Facility Incident Reporting Form" dated 5/24/14, indicated Resident #B reported Resident #E hit him on the shoulder after returning from a supervised smoke break. Other staff and resident's were questioned, but could not verify the allegations. IMPD and ISDH (Indiana State Department of Health) were notified and the residents were placed on 15 minute checks.</p>			

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	<p>A "Facility Incident Reporting Form" dated 5/31/14, indicated Resident #B entered the facility from a smoking break and Resident #E was sitting at the doorway waiting for her smoke break. Resident #B indicated if Resident #E hit him again he would hit her back. Staff assured Resident #B there would be no physical contact and asked him to keep moving into the facility. Resident #B continued to talk about the past contact and raised his fist to Resident #E. (Resident #E will be taken out before the other smokers to avoid her waiting at the door). IMPD and ISDH were notified according to the facility policy.</p> <p>A "Facility Incident Reporting Form" dated 6/18/14, indicated Resident #B walked past Resident #F's room and told the resident to "shut up." Resident #F asked Resident #B to move away from her door and Resident #B responded "make me you B****." IMPD and ISDH were notified according to the facility policy. Resident's were separated. Alternate placement for Resident #B was being made.</p> <p>A "Facility Incident Reporting Form" dated 6/22/14, indicated Resident #B came to the nurses station and indicated his roommate Resident #D had thrown a chair at him. Resident #B then changed</p>			

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	<p>his story and said Resident #D had pushed the chair towards him. Resident #D came to the nurses station and confirmed he had pushed Resident #B. Resident #D was moved to another room and placed on 15 minute checks. Alternate placement still being pursued and another care plan meeting set up with Resident # B's family. IMPD and ISDH were notified according to the facility policy.</p> <p>A "Facility Incident Reporting Form" dated 6/23/14, at 3:00 A.M., indicated Resident #B knocked on the door of Resident #D and then quickly moved up the hallway to the bathroom. Resident #D followed Resident #B to the bathroom and attempted to enter. Resident #B blocked the door calling Resident #D a "crazy N*****." Resident #D pushed the door open and a physical confrontation ensued. Resident #B sustained a scratch to the right cheek 0.3 x 0.1 cm, left neck (scratch) 4 cm x 0.5 cm, (scratch) 1 cm x 0.5 cm and (scratch) 1 cm x 0.5 cm, under the right eye (scratch) 1 cm x 0.1 cm, left knee (abrasion) 0.5 cm x 0.5 cm, left shoulder (scratch) 1 cm x 0.5 cm, 0.5 cm x 0.5 cm and 0.1 cm x 0.1 cm.</p> <p>2. The record for Resident #E was reviewed on 7/7/14 at 10:25 P.M.</p>						

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	<p>Diagnoses for Resident #E included, but were not limited to cerebral vascular accident, asthma, myalgia, hemiplegia, hypertension, emphysema, hypothyroidism, anemia, anxiety, chronic obstruction pulmonary disease, cocaine abuse and depressive disorder.</p> <p>A current MDS (minimum data set) assessment (date unknown) indicated the resident's BIMS (brief interview of mental status - cognitive status) was moderately impaired ('8').</p> <p>3. The record for Resident #F was reviewed on 7/7/14 at 12:45 P.M. Diagnoses for Resident #F included, but were not limited to pyelonephritis, coronary artery disease, congestive heart failure, schizophrenia, osteoarthritis, anxiety, agitation, respiratory failure, mental status changes, reflux disease and depression.</p> <p>A current cognitive assessment by Social Services dated 6/5/ 14 to 6/12/14, indicated the resident's BIMS score was ('10') moderately impaired.</p> <p>4. The record for Resident #D was reviewed on 7/7/14 at 2:00 P.M. Diagnoses for Resident #D included, but were not limited to aggressive behaviors, dementia, hypertension, hydrocele</p>			

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	<p>diverticular disease and insomnia.</p> <p>A current MDS assessment dated 6/19/14, indicated the resident was unable to provide an interview due to his severe cognitive deficit.</p> <p>During an interview with the Social Service Director on 7/8/14 at 10:30 A. M., she indicated there was a telephone conversation with Resident #B's father on 5/29/14 (no written documentation) to inform him the facility would be seeking alternate placement for the resident due to the behaviors. A Social Service note dated 6/4/14, indicated referrals for transfer due to the resident's increased behaviors have been faxed to (name of facility) on 6/3/14 and (name of the facility) on 5/30/14.</p> <p>During an interview with the Administrator on 7/8/14, she indicated the facility did everything that could be done to protect the other residents and Resident #B. Interventions were put into place and the facility had another care plan meeting with the resident's family. The police were called according to the facility protocol. "The resident is his own responsible party so if he doesn't sign himself in to a psychiatric unit they won't keep him. "I can't know if a resident is going to hit someone. I feel</p>			
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	<p>like we did everything we could to prevent this."</p> <p>A current facility policy dated 09/2011 and titled, "Abuse Prevention" and provided by the Administrator on 7/7/14 at 9:00 A.M., indicated "... Physical Abuse-includes, but not limited to, hitting, slapping, pinching ... Resident to resident abuse with or without injury; Verbal Abuse-is defined as the use of oral, written and/or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability Resident to resident verbal threats of harm ... "</p> <p>This Federal tag relates to Complaint IN00151627.</p> <p>3.1-45(a)(2)</p>				