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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155711 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 12/15/2011 |
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| NAME OF PROVIDER OR SUPPLIER HIGHLAND MANOR HEALTHCARE | STREET ADDRESS, CITY, STATE, ZIP CODE 2926 N CAPITOL AVE INDIANAPOLIS, IN46208 |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00101010.</p> <p>Complaint IN00101010 - Substantiated. Federal/state deficiencies related to the allegations are cited at F156, F250 and F490.</p> <p>Survey dates: December 14 & 15, 2011</p> <p>Facility number: 000567 Provider number: 155711 AIM number: 100289560</p> <p>Survey team: Christi Davidson, RN-TC Diana Zgonc, RN Courtney Hamilton, RN</p> <p>Census bed type: SNF: 3 NF: 13 SNF/NF: 25 Total: 41</p> <p>Census payor type: Medicare: 3 Medicaid: 38 Total: 41</p> <p>Sample: 3 Supplemental sample: 3</p> | F0000 | <p>Please accept this plan of correction as our credible allegation of compliance. Preparation and execution of correction in general, or this corrective action in particular does not constitute an admission or agreement by Highland Manor Healthcare of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and / or executed in compliance with Federal and State law.</p> | |

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2012

FORM APPROVED

OMB NO. 0938-0391

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| | <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 12/19/11 Cathy Emswiller RN</p> | | | | |

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| F0156 SS=D | <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> | | | | |

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| | <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>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.</p> | | | | |

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| | <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review the facility failed to provide documentation to ensure the resident/resident's responsible party received the resident's admission information and signed acknowledgement of that receipt was obtained and filed in the resident's clinical record for 1 resident in a sample of 3, and for two residents in a supplemental sample of 3 reviewed for the presence of admission paperwork, the Resident Rights Acknowledgement Signature forms were incomplete. (#B, #E, #G)</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 12/14/11 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to altered mental status, acute respiratory failure, anemia and psychosis.</p> <p>The record for Resident #B indicated the</p> | F0156 | <p>All residents, families, and guardians have the potential to be affected.</p> <p>All resident files and clinical charts have been reviewed / audited for completed; signed with witnesses as appropriate, admission package that includes resident rights, physician contacts, advance directives, consents to immunizations, consents to ancillary medical services, and Medicaid items / services provided by facility. Any missing signatures have been corrected. All residents identified by Surveyors have completed admission documents with Social Services Director and appropriate responsible parties.</p> <p>Admission policy reviewed with Social Services Director. Resident business office file policy created to include an audit by Office Manager for completeness including but not limited to a signed Resident Rights, consents to ancillary medical services, and Medicaid benefits</p> | 12/22/2011 |

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| | <p>resident was admitted to this facility on 8/11/11.</p> <p>The record lacked documentation of a Residents Rights Acknowledgement Signature.</p> <p>During an interview on 12/14/11 at 10:50 a.m., the Social Services Director (SSD) indicated Resident #B was admitted and was not able to sign the document. No other signature from a responsible party was obtained. No further documentation related to resident rights was provided at this time for Resident #B.</p> <p>During an interview on 12/14/11 at 1:30 p.m., the Director of Nursing (DoN) indicated no admission documents for Resident #B were signed. The DoN indicated the SSD "handles that." No further documentation related to resident rights was provided at this time for Resident #B.</p> <p>2. The record for Resident #E was reviewed on 12/15/11 at 10:05 a.m.</p> <p>Diagnoses included, but were not limited to anemia and altered mental status.</p> <p>The record for Resident #E indicated the resident was admitted to this facility 12/5/11.</p> | | <p>within three days of admission.</p> <p>Medical Records policy includes but is not limited to an admission audit for advance directive and consents to immunization within three days of admission.</p> <p>Oversight included in daily department head meeting indefinitely. QA to review files monthly for three months, then quarterly for three quarters. Social Services Director is responsible.</p> <p>Date completed: 12/22/2011 and on-going</p> | | |

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| | <p>During an interview on 12/15/11 at 1:15 p.m., the DoN indicated Resident #G signed with an "X."</p> <p>The Resident Rights Acknowledgement Signature form for Resident #E indicated, "...Resident or Resident's Representative: [a handwritten X] Date: [blank line]...If Resident Signed with an 'X', Two (2) Witnesses are Required:...." There were no signatures on the designated lines for witnesses.</p> <p>3. The record for Resident #G was reviewed on 12/15/11 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited to cerebellar infarct, expressive aphasia and right hemiparesis.</p> <p>The record for Resident #G indicated the resident was admitted to this facility on 11/14/11.</p> <p>The Resident Rights Acknowledgement Signature form for Resident #G indicated, "...Resident or Resident's Representative: [handwritten X and illegible written mark]...Date: [blank line]...If Resident signed with an 'X', Two (2) Witnesses are Required:...." There were no signatures on the designated lines for witnesses.</p> | | | | |

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| | <p>During an interview on 12/15/11 at 9:20 a.m., the Minimum Data Set (MDS) Assessment Coordinator indicated the SSD determines upon admission if a resident is their own responsible party or if there is a guardian or representative. The MDS Coordinator indicated the SSD is responsible for the admission paperwork and responsible for obtaining resident or resident's responsible party signatures.</p> <p>During an interview on 12/15/11 at 10:45 a.m., the Executive Director indicated the Social Services Director obtains all the admission paperwork and signatures for consents from residents or the resident's responsible party. He indicated he was not aware the Resident Rights Acknowledgement Signatures were not obtained for Resident #B, Resident #E or Resident #G.</p> <p>An admission packet provided by the Director of Nursing on 12/14/11 at 2:30 p.m. indicated, "Your Rights As A Nursing Home Resident...." The packet contained a Resident Rights Acknowledgement Signature form.</p> <p>A facility admission policy titled, "Admission Policies" was provided by the Executive Director on 12/15/11 at 1:30 p.m. The policy indicated, "The Social</p> | | | | |

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| F0250 SS=D | <p>Service Representative is responsible for communicating the Home's Admissions Policies to the applicant and /or responsible party. This communication must be on a verbal and written basis...The Admissions Agreement must be fully signed by the Resident and his/her Legal Representative; all other Home required forms must be signed...."</p> <p>This Federal tag relates to Complaint IN00101010.</p> <p>3.1-4(a)</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> | | | |

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| | <p>Based on record review and interview the facility failed to provide social service assistance in obtaining completed consents and providing resident rights information for 1 of 3 residents in the original sample and for 2 residents reviewed for the admission process in a supplemental sample of 3. (#B, #E, #G).</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 12/14/11 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to altered mental status, acute respiratory failure, anemia and psychosis.</p> <p>The record for Resident #B indicated the resident was admitted to this facility on 8/11/11.</p> <p>The record lacked documentation of a Residents Rights Acknowledgement Signature.</p> <p>The record lacked documentation of consent for influenza vaccine and pneumococcal immunization.</p> <p>The record lacked documentation of consent for podiatry services.</p> <p>The record lacked documentation of</p> | F0250 | <p>All residents, families, and guardians have the potential to be affected.</p> <p>All resident files and clinical charts have been reviewed / audited for completed; signed with witnesses as appropriate, admission package that includes resident rights, physician contacts, advance directives, consents to immunizations, consents to ancillary medical services, and Medicaid items / services provided by facility. Any missing signatures have been corrected. All residents identified by Surveyors have completed admission documents with Social Services Director and appropriate responsible parties.</p> <p>Admission policy reviewed with Social Services Director. Resident business office file policy created to include an audit by Office Manager for completeness including but not limited to a signed Resident Rights, consents to ancillary medical services, and Medicaid benefits within three days of admission. Medical Records policy includes but is not limited to an admission audit for advance directive and consents to immunization within three days of admission.</p> <p>Oversight included in daily department head meeting indefinitely. QA to review files monthly for three months, then quarterly for three quarters. Social</p> | 12/22/2011 | |

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| | <p>consent for eye consultation.</p> <p>The record lacked documentation of code status preferences.</p> <p>The record lacked documentation of Acknowledgement of Admission Information.</p> <p>During an interview on 12/14/11 at 10:50 a.m., the Social Services Director (SSD) indicated Resident #B was admitted and was not able to sign documents. No other signature from a responsible party was obtained for any of the consents in the admission packet. No further documentation was provided at this time for Resident #B.</p> <p>On 12/14/11 at 1:10 p.m., the DoN provided an eye consultation consent signed illegible by the resident and co-signed by the SSD dated 12/14/11. A code status form was illegibly signed by the resident and co-signed by the SSD and dated 12/14/11. A podiatry authorization form was illegibly signed by the resident and co-signed by the SSD and dated 12/14/11. An informed consent for influenza vaccine and pneumococcal immunization was illegibly signed by the resident and co-signed by the SSD and dated 12/15/11.</p> | | <p>Services Director is responsible. Date completed: 12/22/2011 and on-going</p> | | |

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| | <p>During an interview on 12/14/11 at 1:30 p.m., the Director of Nursing (DoN) indicated no admission documents for Resident #B were signed upon the resident's admission to the facility until 12/14/11. The DoN indicated the SSD "handles that." The DoN was not aware the paperwork was not completed.</p> <p>2. The record for Resident #E was reviewed on 12/15/11 at 10:05 a.m.</p> <p>Diagnoses included, but were not limited to anemia and altered mental status.</p> <p>The record for Resident #E indicated the resident was admitted to this facility 12/5/11.</p> <p>During an interview on 12/15/11 at 1:15 p.m., the DoN indicated Resident #G signed with an "X."</p> <p>The Resident Rights Acknowledgement Signature form for Resident #E indicated, "...Resident or Resident's Representative: [a handwritten X] Date: [blank line]...If Resident Signed with an 'X', Two (2) Witnesses are Required:...." There were no signatures on the designated lines for witnesses.</p> <p>The Podiatry Authorization indicated a handwritten "X" on the "Yes" line. There</p> | | | | |

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| | <p>was no other information filled out on the form.</p> <p>The Informed Consent for the influenza virus vaccine and pneumococcal immunization indicated a handwritten "X" on the signature line. There was no other information filled in on the form.</p> <p>The record lacked documentation of code status preferences for Resident #E.</p> <p>The record lacked documentation of Acknowledgement of Admission Information.</p> <p>3. The record for Resident #G was reviewed on 12/15/11 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited to cerebellar infarct, expressive aphasia and right hemiparesis.</p> <p>The record for Resident #G indicated the resident was admitted to this facility on 11/14/11.</p> <p>The Resident Rights Acknowledgement Signature form for Resident #G indicated, "...Resident or Resident's Representative: [handwritten X and illegible written mark]...Date: [blank line]...If Resident signed with an 'X', Two (2) Witnesses are Required:...." There were no signatures</p> | | | | |

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| | <p>on the designated lines for witnesses.</p> <p>A code status form, undated, had an illegible mark on the line designated for resident signature for No Code.</p> <p>An informed consent, undated, for influenza vaccine and pneumococcal immunization had a hand written "X" and illegible marks on the line designated for resident signature.</p> <p>The record lacked documentation of Acknowledgement of Admission Information.</p> <p>During an interview on 12/15/11 at 9:20 a.m., the Minimum Data Set (MDS) Assessment Coordinator indicated the SSD determines upon admission if a resident is their own responsible party or if there is a guardian or representative. The MDS Coordinator indicated the SSD is responsible for the admission paperwork and responsible for obtaining resident or resident representative signatures.</p> <p>During an interview on 12/15/11 at 10:45 a.m., the Executive Director indicated the Social Services Director obtains all the admission paperwork and signatures for consents from residents or the resident's responsible party. He indicated he was not</p> | | | | |

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| | <p>aware the admission process had not been completed for Resident #B, Resident #E or Resident #G.</p> <p>An admission packet provided by the Director of Nursing on 12/14/11 at 2:30 p.m. contained influenza vaccine and pneumococcal immunization consent, Resident Personal Spending Account form, eye consult consent, podiatry authorization, code status form, Medicaid and Medicare Information, Resident Rights and acknowledgement of receiving Resident Rights, a contract between resident and facility and acknowledgment of receiving admission information.</p> <p>A facility admission policy titled, "Admission Policies" was provided by the Executive Director on 12/15/11 at 1:30 p.m. The policy indicated, "The Social Service Representative is responsible for communicating the Home's Admissions Policies to the applicant and /or responsible party. This communication must be on a verbal and written basis...The Admissions Agreement must be fully signed by the Resident and his/her Legal Representative; all other Home required forms must be signed...."</p> <p>This Federal tag relates to Complaint IN00101010.</p> | | | | | | |

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| F0490 SS=D | <p>3.1-34(a)</p> <p>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on record review and interview the facility failed to ensure services were communicated in writing during the admission process to the resident and /or the resident's responsible party for 1 of 3 residents in the original sample and for 2 of 3 residents in a supplemental sample reviewed for the admission process. (#B, #E, #G)</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 12/14/11 at 10:30 a.m.</p> <p>Diagnoses included, but were not limited to altered mental status, acute respiratory failure, anemia and psychosis.</p> <p>The record for Resident #B indicated the resident was admitted to this facility on</p> | F0490 | <p>All residents, families, and guardians have the potential to be affected.</p> <p>All resident files and clinical charts have been reviewed / audited for completed; signed with witnesses as appropriate, admission package that includes resident rights, physician contacts, advance directives, consents to immunizations, consents to ancillary medical services, and Medicaid items / services provided by facility. Any missing signatures have been corrected. All residents identified by Surveyors have completed admission documents with Social Services Director and appropriate responsible parties.</p> <p>Admission policy reviewed with Social Services Director. Resident business office file policy created to include an audit by Office Manager for completeness including but not limited to a signed Resident Rights,</p> | 12/22/2011 | |

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| | <p>8/11/11.</p> <p>The record lacked documentation of a Residents Rights Acknowledgement Signature.</p> <p>The record lacked documentation of consent for influenza vaccine and pneumococcal immunization.</p> <p>The record lacked documentation of consent for podiatry services.</p> <p>The record lacked documentation of consent for eye consultation.</p> <p>The record lacked documentation of code status preferences.</p> <p>The record lacked documentation of Acknowledgement of Admission Information.</p> <p>During an interview on 12/14/11 at 10:50 a.m., the Social Services Director (SSD) indicated Resident #B was admitted and was not able to sign documents. No other signature from a responsible party was obtained for any of the consents in the admission packet. No further documentation was provided at this time for Resident #B.</p> <p>On 12/14/11 at 1:10 p.m., the DoN</p> | | <p>consents to ancillary medical services, and Medicaid benefits within three days of admission. Medical Records policy includes but is not limited to an admission audit for advance directive and consents to immunization within three days of admission.</p> <p>Oversight included in daily department head meeting indefinitely. QA to review files monthly for three months, then quarterly for three quarters. Social Services Director is responsible. Date completed: 12/22/2011 and on-going</p> | | |

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| | <p>provided an eye consultation consent signed illegible by the resident and co-signed by the SSD dated 12/14/11. A code status form was illegibly signed by the resident and co-signed by the SSD and dated 12/14/11. A podiatry authorization form was illegibly signed by the resident and co-signed by the SSD and dated 12/14/11. An informed consent for influenza vaccine and pneumococcal immunization was illegibly signed by the resident and co-signed by the SSD and dated 12/15/11.</p> <p>During an interview on 12/14/11 at 1:30 p.m., the Director of Nursing (DoN) indicated no admission documents for Resident #B were signed upon the resident's admission to the facility until 12/14/11. The DoN indicated the SSD "handles that." The DoN was not aware the paperwork was not completed.</p> <p>2. The record for Resident #E was reviewed on 12/15/11 at 10:05 a.m.</p> <p>Diagnoses included, but were not limited to anemia and altered mental status.</p> <p>The record for Resident #E indicated the resident was admitted to this facility 12/5/11.</p> <p>During an interview on 12/15/11 at 1:15</p> | | | | |

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| | <p>p.m., the DoN indicated Resident #G signed with an "X."</p> <p>The Resident Rights Acknowledgement Signature form for Resident #E indicated, "...Resident or Resident's Representative: [a handwritten X] Date: [blank line]...If Resident Signed with an 'X', Two (2) Witnesses are Required:...." There were no signatures on the designated lines for witnesses.</p> <p>The Podiatry Authorization indicated a handwritten "X" on the "Yes" line. There was no other information filled out on the form.</p> <p>The Informed Consent for the influenza virus vaccine and pneumococcal immunization indicated a handwritten "X" on the signature line. There was no other information filled in on the form.</p> <p>The record lacked documentation of code status preferences for Resident #E.</p> <p>The record lacked documentation of Acknowledgement of Admission Information.</p> <p>3. The record for Resident #G was reviewed on 12/15/11 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited</p> | | | | |

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| | <p>to cerebellar infarct, expressive aphasia and right hemiparesis.</p> <p>The record for Resident #G indicated the resident was admitted to this facility on 11/14/11.</p> <p>The Resident Rights Acknowledgement Signature form for Resident #G indicated, "...Resident or Resident's Representative: [handwritten X and illegible written mark]...Date: [blank line]...If Resident signed with an 'X', Two (2) Witnesses are Required:...." There were no signatures on the designated lines for witnesses.</p> <p>A code status form, undated, had an illegible mark on the line designated for resident signature for No Code.</p> <p>An informed consent, undated, for influenza vaccine and pneumococcal immunization had a hand written "X" and illegible marks on the line designated for resident signature.</p> <p>The record lacked documentation of Acknowledgement of Admission Information.</p> <p>During an interview on 12/15/11 at 9:20 a.m., the Minimum Data Set (MDS) Assessment Coordinator indicated the SSD determines upon admission if a</p> | | | | | | |

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| | <p>resident is their own responsible party or if there is a guardian or representative. The MDS Coordinator indicated the SSD is responsible for the admission paperwork and responsible for obtaining resident or resident representative signatures.</p> <p>During an interview on 12/15/11 at 10:45 a.m., the Executive Director indicated the Social Services Director obtains all the admission paperwork and signatures for consents from residents or the resident's responsible party. He indicated he was not aware the admission process had not been completed for Resident #B, Resident #E or Resident #G. He indicated the facility has a morning meeting, care plan meetings and medicaid meetings. He indicated he would expect the SSD to bring up any concerns with admissions. The ED indicated the admission for Resident #B "was missed" because of an investigation that was instigated early in Resident #B's admission history.</p> <p>An admission packet provided by the Director of Nursing on 12/14/11 at 2:30 p.m. contained influenza vaccine and pneumococcal immunization consent, Resident Personal Spending Account form, eye consult consent, podiatry authorization, code status form, Medicaid and Medicare Information, Resident</p> | | | | | | |

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| | <p>Rights and acknowledgement of receiving Resident Rights, a contract between resident and facility and acknowledgment of receiving admission information.</p> <p>A facility admission policy titled, "Admission Policies" was provided by the Executive Director on 12/15/11 at 1:30 p.m. The policy indicated, "The Social Service Representative is responsible for communicating the Home's Admissions Policies to the applicant and /or responsible party. This communication must be on a verbal and written basis...The Admissions Agreement must be fully signed by the Resident and his/her Legal Representative; all other Home required forms must be signed...."</p> <p>This Federal tag relates to Complaint IN00101010.</p> <p>3.1-13(q)</p> | | | | |