

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155818	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2016
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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3043 NORTH LINTEL DRIVE BLOOMINGTON, IN 47404
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey Dates: July 6, 7, 8, 11, 12, 13, 14, and 15, 2016.</p> <p>Facility number: 012974 Provider number: 155818 AIM number: 201247830</p> <p>Census bed type: SNF: 43 SNF/NF: 9 Residential: 34 Total: 86</p> <p>Census payor type: Medicare: 16 Medicaid: 8 Other: 28 Total: 52</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on July 20, 2016.</p>	F 0000	<p>The submission of this plan of correction does not indicate an admission by Hearthstone Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of Hearthstone Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for residential health care facilities. 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 statue only. The facility respectfully request from the Department a desk review for paper compliance.</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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F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure a care plan was initiated for a resident who refused medications for 1 of 5 residents reviewed for unnecessary medication use (Resident #34), and failed to ensure a care plan was initiated and interventions established for a resident who obtained injuries to the right forearm</p>	F 0279	Resident #34 and #61 were affected. The residents suffered no ill effects related to alleged deficiencies. A care plan addressing refusal of care was initiated for resident 34. Resident #61's care plan was revised to include a new intervention of arm protectors. All residents have the potential to be affected. All nursing staff will be re-educated	08/05/2016

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	<p>for 1 of 1 resident reviewed for skin conditions-non pressure related (Resident #61).</p> <p>Findings include:</p> <p>1. The clinical record was reviewed for Resident #34 at 7/12/2016 at 10:00 a.m. Diagnoses included, but were not limited to Alzheimer's disease and anxiety.</p> <p>Physician's recapitulation orders dated 7/1/2016 through 7/31/2016, indicated Resident #34's medications included, but were not limited to:</p> <p>escitalopram oxalate (an antidepressant) 20 milligrams (mg) administer once a day. The start date was 5/17/2016.</p> <p>spironolactone (a water pill) 25 mg administer 1/2 tablet once a day. The start date was 3/27/2016.</p> <p>Vitamin D3 1000 units administer once a day. The start date was 3/27/2016.</p> <p>Vitamin E 400 units administer once a day. The start date was 3/27/2016.</p> <p>memantine (to treat Alzheimer's disease) 10 mg administer twice a day. The start date was 3/29/2016.</p>		<p>on the Campus policy on Interdisciplinary Team Care Guideline and Caregiver Communication Tool. All noted behaviors and injuries will be reviewed five days weekly in the Clinical Care Meeting. All Nurse Managers will be educated on the revised CCM roles which will include reviewing behaviors and events to ensure appropriate care plans and interventions are in place. As a measure of ongoing compliance the DHS or designee will complete an audit daily to ensure any behaviors and/or injuries noted are addressed with appropriate interventions and care planned accordingly. The audit will be completed five days weekly for 30 days, then three times weekly for 30 days, then weekly for 30 days, then monthly ongoing. As a measure of quality assurance, the DHS or designee will review any findings and subsequent corrective action in the Campus's quartetly quality assurance meetings. The plan will be revised as warranted.</p>		

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	<p>potassium chloride 20 milliequivalent (meq) administer 2 tablets once a day. The start date was 4/16/2016.</p> <p>Medpass (a dietary supplement) 60 milliliters (ML) administer twice a day. The start date was 5/18/2016.</p> <p>acidophilus-pectin (a bacteria) 100 mg administer once a day. The start date was 5/18/2016.</p> <p>donepezil (to treat Alzheimer's disease) 10 mg administer once a day. The start date was 3/27/2016.</p> <p>ferrous fumarate (iron) 89 mg administer once a day. The start date was 3/27/2016.</p> <p>A review of the Medication Administration Record (MAR) for July 2016, indicated Resident #34 refused the following medications on the following days:</p> <p>escitalopram oxalate: 7/2/2016, 7/11/2016 and 7/12/2016.</p> <p>spironolactone: 7/2/2016, 7/11/2016 and 7/12/2016.</p> <p>Vitamin D3: 7/2/2016, 7/11/2016 and 7/12/2016.</p>			

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	<p>Vitamin E: 7/2/2016, 7/11/2016 and 7/12/2016.</p> <p>memantine: 7/2/2016, 7/11/2016 and 7/12/2016.</p> <p>potassium chloride: 7/2/2016, 7/11/2016 and 7/12/2016. .</p> <p>Medpass: 7/2/2016, 7/3/2016, 7/6/2016, 7/7/2016, 7/11/2016 and 7/12/2016. .</p> <p>acidophilus-pectin: 7/2/2016, 7/11/2016 and 7/12/2016.</p> <p>donepezil: 7/2/2016, 7/11/2016 and 7/12/2016.</p> <p>ferrous fumarate: 7/2/2016, 7/11/2016 and 7/12/2016.</p> <p>The current care plan with last reviewed/revised dates of 5/17/2016, 5/23/2016, 5/24/2016, and 6/15/2016 for Resident #34 lacked documentation which indicated Resident #34 refused medication at times.</p> <p>During an interview on 7/12/2016 at 11:20 a.m., Certified Nursing Assistant (CNA) #1, indicated Resident #34 often refused care. This morning she refused her shower.</p>			

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	<p>During an interview on 7/12/2016 at 11:24 a.m., License Practical Nurse (LPN) #1 indicated, Resident #34 has refused medications and care since she admitted to the facility on 8/14/2015.</p> <p>On 7/13/2016 at 2:33 p.m., the Assistant Director of Nursing (ADON) provided the facility's policy, "Interdisciplinary Team Care Guideline" undated, and indicated it was the policy currently being used by the facility. The policy indicated, " ...d. ... Problems that become on-going or chronic, will then be addressed in the comprehensive care plan.</p> <p>2. On 7/11/2016 at 9:39 a.m., Resident #61 was observed to have a large bruise on his right forearm from just above the wrist and extending to the elbow. The resident indicated he obtained the bruise after hitting his arm on the bathroom door while rolling around in his wheelchair.</p> <p>The clinical record was reviewed on 7/11/2016 at 11:00 a.m. Diagnoses included, but were not limited to congestive heart failure and dementia.</p> <p>Physician's recapitulation orders dated 7/1/2016 through 7/31/2016, indicated Resident #61's medications included, but</p>			

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	<p>were not limited to:</p> <p>Aspirin 81 (a blood thinner) milligrams (mg) administer once a day. The start date was 3/28/2016.</p> <p>clopidogrel (a blood thinner) 75 mg administer once a day. The start date was 4/19/2016.</p> <p>A progress noted dated 5/5/2016 at 6:39 p.m., indicated Resident #61 "had a fall at 6:10 in bathroom resident tore skin on forearm, hand and tricep. Resident said he was trying to go to bathroom by himself and lost his balance. First aide was given, steri strips applied to forearm and skin tear on hand. No adherent pad placed on forearm with paper tape [sic] ..."</p> <p>A progress note dated 7/7/2016 at 10:37 p.m., indicated Resident #61 "stated that he had bump his RFA (right forearm) at bathroom door around 6:15 pm. Noted old bruised swelled a little. No skin tear noted. Ice packs applied and given tramadol with good results [sic] ..."</p> <p>A careplan initiated on 4/18/2016, with current goal date through 10/13/2016, for Resident #61 indicated a problem of: "...Falls: I am at risk for injury r/t [related to] fall ... I want to avoid injury, if</p>			

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	<p>possible ..." There was no care plan in place to address Resident #61 hitting his right forearm on the bathroom door on 7/7/2016.</p> <p>The care plan lacked documentation of an intervention being put in place to prevent Resident #61 from further injuring his right forearm from either a fall and/or bumping his forearm on the bathroom door.</p> <p>On 7/12/2016 at 9:35 a.m., Certified Nursing Assistant (CNA) #1 indicated Resident #61 is on blood thinners and bruises very easy, but she was not aware of Resident #61 hitting his right forearm on the door.</p> <p>On 7/12/2016 at 9:36 a.m., License Practical Nurse (LPN) #1 indicated Resident #61 had a skin tear back in May, 2016, and she assumed the bruise was from that incident.</p> <p>On 7/13/2016 at 10:00 a.m., the Director of Nursing (DON) indicated her, clinical support and the Nurse Practitioner looked at the bruise last night. They decided to try some sleeves on both his arms. She further indicated, in hindsight the facility should have addressed the bruise to the right arm before now and put an intervention in place to prevent any</p>			

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F 0356 SS=C Bldg. 00	<p>further injury.</p> <p>On 7/13/2016 at 2:33 p.m., the Assistant Director of Nursing (ADON) provided the facility's policy, "Interdisciplinary Team Care Guideline" undated, and indicated it was the policy currently being used by the facility. The policy indicated, " ...d. ... Problems that become on-going or chronic, will then be addressed in the comprehensive care plan ...iii. Interventions should be reflective on the individual's needs and risk influence as well as the resident's strengths. ..."</p> <p>3.1-35(a)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date.</p>			

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	<p>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the nurse staffing information was posted every morning as indicated by facility policy for 1 of 1 nurse staff information postings observed during random observation.</p> <p>Findings include:</p> <p>On 7/7/2016 at 2:00 p.m., the nurse</p>	F 0356	<p>No residents were affected. Daily staffing posting was immediately posted with current date. Daily staffing requirements and policy were reviewed with the Staffing Coordinator and other department leaders to ensure understanding of the posting requirements. The ED or designee will check posting of nurse staffing daily x 30 days, then weekly x 2 months, then monthly ongoing. The ED or designee will present the results</p>	08/05/2016

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	<p>staffing information was observed posted outside of the Minimum Data Set (MDS) Coordinators office dated for Wednesday, July 6th, 2016.</p> <p>On 7/8/2016 at 11:36 a.m., the nurse staffing information was observed posted outside of the MDS Coordinators office dated for Wednesday, July 6th, 2016.</p> <p>On 7/11/2016 at 1:41 p.m., the nurse staffing information was observed posted outside of the MDS Coordinators office dated for Wednesday, July 6th, 2016.</p> <p>On 7/12/2016 at 9:53 a.m., the nurse staffing information was observed posted outside of the MDS Coordinators office dated for Wednesday, July 6th, 2016.</p> <p>During an interview on 7/12/2016 at 11:30 a.m., the Assistant Director of Nursing (ADON) indicated the only staffing schedule for the health center is posted outside of the MDS Coordinators office and is changed everyday. She further indicated she would get the staffing information changed right away.</p> <p>On 7/13/2016 at 2:33 p.m., the ADON provided the policy "Guidelines for Staff Posting" dated 5/11/2016, and indicated it was the policy currently being used by the facility. The policy indicated, " ...1.</p>		of these audits at the Campus quarterly Quality Assurance meeting at which thime the QA committee will recommend continuation or revisions to the audit process.	

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R 0000 Bldg. 00	<p>At the beginning of the day the number and amount of hours of licensed nurses (Registered Nurse [RN] and Licensed Practical Nurse [LPN]) and the number of hours of unlicensed nursing personnel, per shift, who provide direct care to residents will be posted. ..."</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential census: 34</p> <p>Sample: 7</p> <p>Hearthstone Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Q.R. completed by 14466 on July 20,</p>	R 0000	The submission of this plan of correction does not indicate an admission by Hearthstone Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of Hearthstone Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for	

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	2016.		residential health care facilities. 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 statue only. The facility respectfully request from the Department a desk review for paper compliance.		