

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2014
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NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601
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F000000	<p>This visit was for the Investigation of Complaint IN00154106.</p> <p>Complaint IN00154106 - Substantiated, Federal/State deficiencies related to the allegations are cited at F312 and F325.</p> <p>Survey dates: September 10 and 11, 2014</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 10 SNF/NF: 59 Total: 69</p> <p>Census payor type: Medicare: 15 Medicaid: 45 Other: 9 Total: 69</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F000000	<p>September 26, 2014 Ms. Jodi Meyer Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204-3003 RE: Transcendent Healthcare of Boonville South Complaint Survey September 10th and 11th, 2014 Complaint # IN00154106 Dear Ms. Meyer; The Indiana State Department of Health visited our facility on September 10th and 11th, 2014 to investigate a complaint. According to the investigation, the complaint was substantiated. By submitting the enclosed material we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. We respectfully request our plan of correction be considered our allegation of compliance effective October 3, 2014 and respectfully request a desk review. If you have any questions please feel free to contact me at the facility. Respectfully submitted, Brody O'Niones, HFA Executive Director</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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F000312 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on September 15, 2014, by Jodi Meyer, RN</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview, observation, and record review, the facility failed to ensure a resident dependent on staff for care received a complete bed bath and/or shower at least twice weekly, for 1 of 3 residents reviewed for daily care, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>1. On 9/10/14 at 9:30 A.M., the Administrator provided a list of residents who were interviewable. Resident B was included on that list.</p>	F000312	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request the plan of correction be considered our allegation of compliance effective October 3, 2014 to the state findings of the complaint survey conducted on September 10th and 11th, 2014.	10/03/2014

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	<p>On 9/10/14 at 11:05 A.M., the Administrator provided Resident Council minutes and inservices. Minutes, dated July 31, 2014, included, "Nursing, Receiving showers - stated by one resident." An inservice, dated 8/24/14, attached to the August Resident Council minutes indicated, "Showers - a lot of stinky people." An additional inservice, dated 9/8/14, indicated, "Get showers done! Pen care! There was a resident that had a bag of water found 3 days later [sic] That tells me he got [no] shower, [no] [change] of clothes [no] nothing."</p> <p>On 9/10/14 at 11:40 A.M., Resident B was interviewed. Resident B was observed lying in bed. She indicated she was "worn out." Resident B indicated she received a shower once a week.</p> <p>The clinical record of Resident B was reviewed on 9/10/14 at 2:05 P.M. An admission Minimum Data Set (MDS) assessment, dated 8/6/14, indicated Resident B scored a 15 out of 15 on a brief interview for mental status, with 15 indicating no memory impairment. The MDS assessment indicated the resident required extensive assistance of one staff for personal hygiene and bathing.</p> <p>A Care Plan, dated 8/8/14, indicated,</p>		<p>F - 312</p> <p>The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident B has been interviewed related to their personal preference in frequency of showers. Resident B is now receiving showers in accordance with their personal preference and the showers are documented on the ADL flow sheet.</p> <p><i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that a housewide audit has been conducted to determine each resident's personal preference on frequency of showers. Any resident who does not have a personal preference or is unable to voice their preference will be offered a shower at least twice a week. Additional showers will be provided to all residents as deemed necessary and as always the resident has the right to decline a shower at any time. If the resident declines a shower, this information will be documented on the ADL flow sheet as well. If the resident refuses three or more showers a month a behavior sheet will be initiated and a care plan developed and implemented to</i></p>	

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	<p>"Problem, Requires assistance to complete bathing, dressing, and grooming tasks due to: [left blank]. Interventions...Provide showers two times weekly and PRN [as needed]."</p> <p>A CNA record, dated August 2014, indicated the resident received a shower on 8/12 and 8/19. The rest of the dates were either blank, or marked "P" (partial).</p> <p>A CNA record, dated September 2014, indicated the resident had not received a shower from 9/1-9/10. The entries were either blank, or marked "P."</p> <p>2. On 9/11/14 at 2:30 P.M., the Director of Nursing provided the current facility policy on "ADL [Activities of Daily Living] Care," undated. The policy included: "...Resident will receive a minimum of two baths/showers weekly...."</p> <p>This Federal tag relates to Complaint IN00154106.</p> <p>3.1-38(b)(2)</p>		<p>address personal care issues.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all nursing staff on the importance of providing showers in accordance with each resident's personal preference. The in-service also included instructions on the proper documentation of showers on the ADL flow sheet and a review of the facility ADL care policy.</p> <p><i>The corrective action taken to monitor to assure performance to assure compliance through quality assurance is a Quality Assurance tool has been developed and implemented to ensure that the residents are receiving their showers in accordance with their personal wishes. The tool will also monitor to ensure that there is supportive documentation to reflect the frequency of showers being given. This tool will be completed by Social Services and/or her designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality Assurance meetings to determine if any additional action is warranted.</i></p>	

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview, and record review, the facility failed to administer snacks, including Ensure twice daily, as prescribed by the physician, to a resident who was underweight and a weight gain was</p>	F000325	<p>F - 325</p> <p>The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident B has been</p>	10/03/2014

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	<p>desirable, for 1 of 3 residents reviewed for nutrition status, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>1. On 9/10/14 at 9:30 A.M., the Administrator provided a list of residents who were interviewable. Resident B was included on that list.</p> <p>On 9/10/14 at 9:35 A.M., Dietary Staff # 1 was observed passing out snacks. She indicated she had a list that she followed for 10:00 A.M., 3:00 P.M., and bedtime snacks.</p> <p>On 9/10/14 at 10:45 A.M., the Dietary Manager provided a copy of the list that Dietary Staff # 1 had been using. Resident B's name was not on that list to receive a snack. The Dietary Manager also provided a snack list, that she indicated was a spread-type sheet for snacks. The document indicated: "Snacks & Supplements & Extras." The document indicated Resident B was to receive ice cream at dinner, a snack at 10:00 A.M., nothing at 3:00 P.M., and Ensure at bedtime.</p> <p>On 9/10/14 at 11:05 A.M., the Administrator provided Resident Council minutes, dated August 19, 2014. The</p>		<p>reassessed related to nutritional needs and is now receiving her supplement as ordered by the physician.</p> <p><i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that a house wide audit has been conducted to determine each resident's current orders as it relates to supplements. The dietary tray cards have been up-dated to reflect any supplement that is to be served at mealtime. The dietary department has also been provided a current snack list for those residents who are to have snacks at 10 AM – 3 PM and HS. The food consumption record has been up-dated to include the amount of consumed supplements that are served at meal time. The MARs have been up-dated to include any supplements that are to be administered during med pass along with documentation as to the amount of the supplement which has been consumed. A dietary communication form will be sent to the dietary department each time there is an additional or change in supplement orders.</i></p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that a mandatory</p>	

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	<p>minutes indicated 16 residents were in attendance. The minutes included: "Nursing: No snacks being passed in evening time." An inservice attached to the minutes, dated 9/1/14, indicated, "Pass 3 pm snacks!"</p> <p>On 9/10/14 at 11:40 A.M., Resident B was interviewed. Resident B was observed to be very thin, lying in bed. She indicated she was "worn out." Resident B indicated she was never offered an evening or bedtime snack. She indicated, "But that's okay, I don't need it anyway."</p> <p>The clinical record of Resident B was reviewed on 9/10/14 at 2:05 P.M. A Physician's order, dated 7/30/14, indicated, "Ensure BID [twice daily]."</p> <p>An admission Minimum Data Set (MDS) assessment, dated 8/6/14, indicated Resident B scored a 15 out of 15 on a brief interview for mental status, with 15 indicating no memory impairment. The MDS assessment indicated the resident required limited assistance of one staff member for eating. The weight was documented as 76 #. The resident's height was recorded as 62 inches tall.</p> <p>A Registered Dietician note, dated</p>		<p>in-service has been conducted for all nursing and dietary staff as it relates to the processing of nutritional supplement orders to ensure that the supplements are properly distributed and consumption of the supplement is documented appropriately.</p> <p><i>The corrective action taken to monitor to assure performance to assure compliance through quality assurance is a Quality Assurance tool has been developed and implemented to monitor the administration and documentation of supplements as ordered by the physician. This tool will be completed by the Director of Nursing and/or designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality Assurance meeting to determine if additional action is warranted.</i></p>		

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	<p>8/6/14, indicated, "Nutrition Diagnosis: Underweight R/T [related to] Inability to consume adequate calories AEB [as evidenced by] Adult FTT [failure to thrive] dx [diagnosis], Hx [history] of weight loss. Interventions & Goals: Please provide Ensure BID @ 3 pm [and] HS [bedtime]...Please provide snacks @ 10, 3, [and] HS everyday (Ensure @ 3 [and] HS)...Rsd [resident] reports liking to have snacks between meals - will pass along. Rsd requests to receive Ensure BID as she consumed prior to admit. Rsd believes order for Ensure BID may already be pending. Will recommend adding if this is not the case d/t [due to] weight gain is desired...."</p> <p>A Physician's order, dated 8/8/14, indicated, "Ensure BID (at 3p [and] HS snack). Snack at 10 per res [resident] request. Ice cream on supper trays."</p> <p>A Care Plan, dated 8/8/14, indicated, "Problem, Potential for altered nutrition/hydration r/t Dx of failure to thrive, decreased mobility." The Interventions included: "Monitor for recommendations from dietician...Supplements as ordered."</p> <p>Daily Skilled Nurses Notes, dated 7/31/14-9/10/14, included: "9/8: Nutrition: [Left blank]; 9/9: Nutrition:</p>			

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	<p>Eating approaches: By mouth; 9/10: Nutrition [Left blank]." Pre-printed documentation, "Eating Approaches: Supplement" was left unchecked on all dates by all 3 shifts.</p> <p>A Medication Administration Record [MAR], dated August 2014, indicated, "8/8/14 Ensure BID." The times indicated were 12:00 P.M. and HS. From 8/8/14 through 8/30, there were no initials, which indicated the snack had not been given, 11 dates for the 12:00 P.M. time, and on 7 dates for the HS time. There was no documentation that the Ensure was given from 8/1 to 8/8.</p> <p>A MAR, dated September 2014, indicated, "Ensure twice daily @ 3P & HS snack." The times to be given were marked at "1500 [3:00 P.M.] and 2000 [8:00 P.M.]. The MAR was initialed as given every time except on 9/8/14, when both the 3:00 P.M., and the 8:00 P.M. snacks were left blank.</p> <p>A CNA record, dated September 2014, indicated, "HS snack offered." From 9/1 through 9/9/14, there were 3 blanks on the evening shift blocks.</p> <p>A Consumption Record, dated September 2014, indicated from 9/1 through 9/10, the resident did not receive an "AM</p>			

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	<p>snack" or a "PM snack." The record indicated the resident did not receive an "HS snack" or "HS hydration" from 9/3 to 9/9.</p> <p>On 9/10/14 at 2:40 P.M., during interview with the Unit Manager, she stated, "Ensure snacks come from dietary."</p> <p>On 9/10/14 at 2:45 P.M., during interview with the Dietary Manager, Dietary Staff # 1, and Dietary Staff # 2, Dietary Staff # 2 indicated, "We give Ensure if we have it. We're out of it right now." The Dietary Manager indicated, "Nursing orders Ensure, we don't. They have to let us know if anyone is on it. No one is on it now." Dietary Staff # 1 then indicated, "I think maybe someone is on Ensure. I think I saw the name." Dietary Staff # 1 then checked a list, and indicated, "[Resident B] gets Ensure."</p> <p>On 9/10/14 at 3:00 P.M., Dietary Staff # 2 brought up a tray of snacks. Dietary Staff # 2 demonstrated how each resident's name was on each snack. Resident B was observed not to have any snack.</p> <p>A weight record was reviewed at that time, that indicated on 9/4/14, Resident B weighed 75.6 #.</p>			

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	<p>The "Diet and Nutrition in Long Term Care" book, dated 2011, indicated a healthy body weight for a female whose height was 62 inches was 99-121 pounds.</p> <p>2. On 9/11/14 at 2:30 P.M., the Director of Nursing provided the current facility policy on "Distribution of Snacks/Nourishment; Therapeutic Supplements Between Meals," undated. The policy included: "All snacks/nourishments and therapeutic supplements served to residents should be in accordance with their individual diet order...The dietary manager and director of nursing services must jointly determine those items to be served...The director of nursing must assure that snacks/nourishments/therapeutic supplements are passed to residents in a timely manner and the residents' intake is recorded as necessary...."</p> <p>This Federal tag relates to Complaint IN00154106.</p> <p>3.1-46(a)(1)</p>			

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

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