

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155208	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/12/2013
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NAME OF PROVIDER OR SUPPLIER HANOVER NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 410 W LAGRANGE RD HANOVER, IN 47243
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F000000	<p>This visit was for the Investigation of Complaints IN00130132 and IN00126779.</p> <p>Complaint IN00130132 - Substantiated. Federal/state deficiencies related to the allegations are cited at F242.</p> <p>Complaint IN00126779 - Substantiated. A State residential deficiency related to the allegations is cited at R0054.</p> <p>Survey dates: July 10, 11, and 12, 2013</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Survey team: Diana Sidell RN</p> <p>Census bed type: SNF/NF: 61 Residential: 11 Total: 72</p> <p>Census payor type: Medicare: 12 Medicaid: 43 Other: 17</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</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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	<p>Total: 72</p> <p>Sample: 6 Residential sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 7/17/13 by Suzanne Williams, RN</p>			

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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's choice of likes or dislikes were honored, in that one resident received a food they did not like for 1 resident randomly observed during 1 of 1 meal observation. (Resident #F)</p> <p>Findings include:</p> <p>On 7/11/13, at 11:30 a.m., Resident #F was observed as he ate his lunch. A serving of peas was observed on his plate. Resident #F said he did not like peas, and they keep bringing them to him. The dietary card on the table beside his plate had peas listed as a food he did not like.</p> <p>During an interview, on 7/12/13 at 11:18 a.m., the Dietary Manager (DM) indicated a resident's dislikes are listed on the right side of the dietary card. She said the cook checks it as she is serving, and on the other side</p>	F000242	<p>F042 Requires the facility to ensure that resident's choices of likes and dislikes were honored.</p> <p>1. The dietary manager completed a food preference sheet with Resident F to ensure his likes and dislikes were noted correctly. 2. All residents have the potential to be affected thus, the following corrective actions have been taken. A food preference sheet was completed with each resident to ensure likes and dislikes are being honored. 3. The Food Preference policy and procedure has been reviewed and no changes are indicated at this time. The dietary staff was inserviced on the Food Preference policy and procedure . (See attachment C) 4. The Dietary Manager or her designee will monitor a meal service to ensure residents are receiving the correct diet according to their preferences daily times four weeks on scheduled work days, weekly times four weeks, monthly times two months then quarterly until</p>	07/19/2013			

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	<p>of the line, the 'drink aid' checks it. She said "it shouldn't ever slip through that a resident would get something they didn't like." The DM also indicated the dietary cards are reviewed annually.</p> <p>A policy and procedure for "Food Preferences", with a last review date of 1/22/13, was provided by the Administrator, on 7/12/13 at 4:48 p.m. The policy indicated, but was not limited to: "Policy: Residents food preferences will be obtained and followed as closely as possible. Procedure...2. Dietary employees will carefully follow each resident's tray card to serve food preferences as closely as possible...."</p> <p>This Federal tag relates to Complaint IN00130132.</p> <p>3.1-3(u)(3)</p>		<p>compliance is maintained. The audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly as warranted. (See attachment D) 5. The above corrective actions will be completed on or before July 19, 2013.</p>				

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R000000	The following residential finding was cited in accordance with 410 IAC 16.2-5.	R000000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.		

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R000054	<p>410 IAC 16.2-5-1.2(x) Residents' Rights - Deficiency (x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense.</p> <p>Based on interview and record review, the facility failed to ensure 1 resident received a copy of his medical records when requested. This affected 1 resident reviewed for resident rights in a sample of 3. (Resident #G)</p> <p>Findings include:</p> <p>During an interview, on 7/11/13, at 4:00 p.m., Resident #G indicated he had looked at his records and asked someone back in April [2013] for copies of his record; she said she had to check with corporate, and she never got back with him.</p> <p>During an interview, on 7/12/13, at 4:25 p.m., Resident #G indicated he really couldn't remember who he told he wanted copies of his record, but he did tell someone.</p>	R000054	R0054 Requires the facility to ensure that residents receive a copy of his medical records when requested. 1. Resident G was provided a copy of the medical records that he requested. 2. All residents have the potential to be affected thus, the following corrective actions have been taken. 3. Resident Right policy has been reviewed and no changes are indicated at this time. The staff was inserviced on resident rights focusing on the right to obtain copies from their medical chart when a resident requests . (See attachment A) 4. The DON or her designee will conduct facility rounds in an effort to interact with residents and to ensure resident rights are being honored, including but not limited to receiving a copy of medical records upon request, daily times four weeks on scheduled work days, weekly times four weeks, monthly times two months then quarterly	07/19/2013	

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	<p>During an interview on 7/12/13 at 4:40 p.m., the Corporate Nurse Consultant indicated Resident #G wanted to take the chart in his room, and they told him he couldn't, and he didn't ask for copies.</p> <p>The "Residential Residents' Rights" information was provided by the Corporate Nurse Consultant on 7/12/13 at 1:25 p.m. The information included, but was not limited to, "...The resident's records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident's expense...."</p> <p>A policy and procedure for "Resident Rights", with a last review date of 1/22/13, was provided by the Corporate Nurse Consultant on 7/12/13 at 1:25 p.m. The policy included, but was not limited to, "Policy: This facility shall inform the resident both orally and in writing in a language that the resident understands of his/her rights and all rules and regulations governing resident conduct and responsibilities during his/her stay in the facility. Such notification shall be made prior to or upon admission and during the</p>		<p>thereafter. The audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly as warranted. (See attachment B) 5. The above corrective actions will be completed on or before July 19, 2013.</p>				

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	<p>resident's stay. Receipt of such information, and any late amendments to it, must be acknowledged in writing. Procedure:</p> <p>1.) The facility will include a copy of resident rights in the admission packet. 2.) Resident rights will be periodically reviewed per facility resident group meeting...."</p> <p>This state residential finding relates to complaint IN00126779.</p>				