

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/07/2013	
NAME OF PROVIDER OR SUPPLIER BENNETT HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 3928 HORNE AVE NEW ALBANY, IN 47150			
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R000000	<p>This visit was for a Post Survey Revisit (PSR) to the State Licensure Survey completed 4/19/2013.</p> <p>Survey Date: June 7, 2013</p> <p>Facility number: 004442 Provider number: 004442 AIM number: N/A</p> <p>Survey team: Gwen Pumphrey RN</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Census payor type: Other: 33 Total: 33</p> <p>Sample: 5</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/17/13 by Suzanne Williams, RN</p>			R000000			

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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R000093	<p>410 IAC 16.2-5-1.3(j)(1-4) Administration and Management - Noncompliance (j) If professional or diagnostic services are to be provided to the facility by an outside resource, either individual or institutional, an arrangement shall be developed between the licensee and the outside resource for the provision of the services. If a written agreement is used, it shall specify the following: (1) the responsibilities of both the facility and the outside resource; (2) the qualifications of the outside resource staff; (3) a description of the type of services to be provided, including action taken and reports of findings; and (4) the duration of the agreement.</p>	R000093	<p>R 093 4 10 IAC 16.2-5-1.3(j)(1-4) Administration and Management- Noncompliance What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? The above referenced citation is currently under IDR review. Face to face IDR conference was held on 6/12. We continue to agree with our stance presented during the IDR process. At the present time, while waiting for the IDR ruling, Bennett House is in negotiation with the dialysis company that provides outpatient treatment to the resident, to come to the terms required in a written agreement. If a written agreement cannot be reached between the residence</p>	07/29/2013			

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			<p>and the dialysis company, the Bennett House will discharge the resident and assist in finding appropriate placement. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The above referenced citation is currently under IDR review. We continue to agree with our stance presented during the IDR process. If the IDR ruling is not in Bennett House's favor, we will instate written agreements with any and all dialysis companies who provide services at Bennett House. The Residence Director and/or Designee will complete audits twice a month for the first six months to ensure that the written agreements are in place and once a month for every month thereafter. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The above referenced citation is currently under IDR review. We continue to agree with our stance presented during the IDR</p>	

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	<p>Based on record review and interview, the facility failed to ensure it had a written agreement with a dialysis center providing services to a resident. This deficient practice affected 1 of 1 resident receiving dialysis in the facility. (Resident #1)</p> <p>Findings Include:</p> <p>Review of the facility plan of correction for the state licensure survey ending on 4/19/13 indicated a written contract would be initiated for residents receiving third party services</p> <p>Review of the medical record for Resident #1 on 6/7/13 at 12:26 p.m. indicated diagnoses including renal insufficiency, depression and atrial fibrillation. The record indicated Resident #1 received dialysis every</p>		<p>process. If the IDR ruling is not in Bennett House's favor, we will instate written agreements with any and all dialysis companies who provide services at Bennett House. The Residence Director and/or designee will complete audits twice a month for the first six months to ensure that the written agreements are in place and once a month for every month thereafter. By what date will the systemic changes be completed? 7/29/13</p>				

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	<p>Monday, Wednesday, and Friday. The medical record lacked a written agreement between the dialysis center and the facility.</p> <p>An interview with the Administrator on 6/7/13 at 1:00 p.m. indicated the facility does not have a contract with the outpatient facility providing dialysis services to a resident currently residing in the facility. The Administrator indicated the facility did not follow the plan of correction because they were in the process of seeking an informal dispute resolution (IDR).</p> <p>An interview with the Wellness Director on 6/7/13 at 2:55 p.m. indicated the facility made attempts to secure a contract with the facility but was unsuccessful.</p> <p>A copy of the policy and procedure titled "Third Party Providers," provided by the Wellness Director on 6/7/13 at 1:45 p.m., indicated the facility should have a contract for outside providers.</p> <p>This state finding was cited on 4/19/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p>	R000217	<p>R 217 410 IAC 16.2-5-2(e)(1-5) Evaluation- Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? This citation is currently under IDR review. Face to face IDR</p>	07/29/2013			

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			<p>conference was held on 6/12. Resident #1 has been identified as receiving dialysis treatments three times per week. Staff will monitor weight and vital signs pre and post dialysis. The dialysis center will provide a report after each treatment notifying staff of any potential complications or further monitoring needed. Upon a change in the resident's condition, an assessment will be completed by a licensed medical provider.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director was re-educated to the Indiana regulation R217 410 IAC 16.2-5-2(e)(1-5). The staff has been educated on potential complications related to dialysis treatment. The Wellness Director and/or Designee will be responsible for ensuring continued compliance with the</p>		

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	Based on record review and interview, the facility failed to assess residents receiving dialysis for potential complications. This deficient practice affected 1 of 1 resident currently receiving dialysis in the facility. (Resident #1)		<p>above referenced regulation.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director and/or Designee will perform random weekly audits of Resident #1's chart to ensure continued compliance for a period of 6 months. Findings will be reviewed through our Bennett House QA process after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. Cessation of the monitoring plan will be based upon results of random reviews that indicate no additional areas of concern regarding the above referenced regulatory criteria.</p> <p>By what date will the systemic changes be completed? 7/29/13</p>	

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	<p>Findings include:</p> <p>Review of the clinical record for Resident #1 on 6/7/13 at 12:26 p.m.. indicated diagnoses including renal insufficiency, depression and atrial fibrillation. Resident #1 received dialysis on Mondays, Wednesdays, and Fridays. The record lacked a written agreement between the dialysis center and the facility. Documentation was lacking of assessments of the resident related to the dialysis treatments.</p> <p>An interview with the Wellness Director on 6/7/13 at 1:30 indicated the dialysis center has instructed the facility not to provide pre and post dialysis assessments. The Wellness Director indicated the facility does not provide pre and post assessments on Resident #1, because Resident #1 has received education and can notify staff when she needs assistance. The Wellness Director indicated the facility does not have a policy and procedure on the care of the dialysis resident.</p> <p>This state finding was cited on 4/19/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			
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