

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155443	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/09/2016
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NAME OF PROVIDER OR SUPPLIER  WATERS OF MUNCIE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 CHATEAU DR MUNCIE, IN 47303
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00195261 and IN00194158.</p> <p>Complaint IN00195261- Substantiated. Federal/State deficiency related to allegations is cited at F157.</p> <p>Complaint IN00194158 -Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 8 and 9, 2016</p> <p>Facility number: 000310 Provider number: 155443 AIM number: 100288970</p> <p>Census bed type: SNF/NF: 53 Total: 53</p> <p>Census payor type: Medicare: 6 Medicaid: 44 Other: 3 Total: 53</p> <p>Sample: 3</p> <p>This deficiency also reflects state</p>	F 0000	000 Preparation and or execution of the plan of correction in general, or this corrective action in particular does not constitute an admission agreement by the facility of 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 state and federal laws. This POC is to serve as the Waters of Muncie's credible allegation of compliance. The Waters of Muncie requests paper compliance.	

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 0157 SS=D Bldg. 00	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on March 10, 2016.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as</p>			

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	<p>specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified when there was a change in condition for 1 of 3 residents reviewed for physician notification. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 3/8/16 at 1:34 p.m. Diagnoses for Resident D included, but were not limited to, Parkinson's Disease, breast cancer, intestinal obstruction, dementia with behavioral disturbances, dysphagia and hypertension.</p> <p>A nursing note, dated 12/11/15 at 11:00 p.m., indicated Resident D had complained of nausea and stomach pain at approximately 6:00 p.m. Vital signs were taken and the resident had documented bowel sounds in 4 quads. The note also indicated the daughter was present and requested Resident D be sent to the hospital. The daughter called the primary physician for Resident D and the resident was sent to the hospital and admitted with a diagnosis of bowel obstruction. The nursing note lacked any</p>	F 0157	<p>It is the policy of the facility to see that all appropriate parties are notified timely of any change of condition involving a resident. Resident D and all other residents have their physician and the irresponsible party notified by a licensed nurse when there is a change of condition that meets the "change of condition" criteria as per regulation, guidelines and facility policy. This will take place even if the family or the responsible party of the resident is thought or known to have notified the physician regarding a change in the resident's condition. Note: The nurse in this case was informed by the visiting daughter who is a regular communicator with both the facility and the physician and who was on the phone with the physician in the nurse's presence that the resident was having nausea and vomiting. The daughter then requested the resident be sent to the hospital. This was done. All residents who reside in the facility have the potential to be affected by this finding. A 60 day "look back" audit was completed to ensure that any change of condition as defined by regulation, guidelines and facility</p>	03/22/2016	

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	<p>documentation of the nurse notifying the physician or giving the physician any information related to a professional assessment of the resident's current condition.</p> <p>During an interview on 3/8/16 at 3:01 p.m., the primary physician of Resident D indicated he never received any notification from the facility related to any change in condition for Resident D on 12/11/16. "I thought it would have been appropriate under the circumstances if the nurse would have called me."</p> <p>During an interview on 3/8/16 at 3:48 p.m., LPN #5 indicated "I was not aware (Resident D's name) stomach hurt until the daughter told me she wanted her sent out. Then she kept changing her mind and made several phone calls. She had (name of primary physician) on the phone." LPN #5 indicated he did not call the physician but also indicated the physician should have been called by the facility to give notification of a change in condition.</p> <p>Review of a current policy, dated 7/1/11, titled "Physician Notification of Resident Change of Condition" indicated the following: "Guideline: It is the intent of the facility for the attending physician to be notified</p>		<p>policy was in fact reported to the resident's responsible party as well as the physician by a licensed nurse. Any concerns would have been addressed. Going forward, the DON/Designee will monitor the 24 Hour Report daily to ensure that any change of condition per definition will be reported by a licensed nurse to the resident's responsible party and also the resident's physician. This process will be part of the daily CQI meetings via the use of the Change of Condition QA Audit Tool and will be ongoing. Any concerns will be addressed and corrected as discovered. At an in-service held for nurses on 3-18-16 the reporting process for a "Change of Condition" as well as the definition of what constitutes a change of condition per regulation, guidelines and policy will be reviewed. Any staff who fail to comply with the points of the inservice will be further educated and/or progressively disciplined as indicated. At the monthly Quality Assurance meetings the Change of Condition QA Audit Tool will be reviewed. Any patterns will be identified. If necessary, an Action Plan will be written by the committee to address any concerns. The Administrator will review any Action Plan weekly until resolved.</p>	

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	<p>of a change in a resident's condition by licensed personnel as warranted. ...</p> <p>Procedure: 1. Physician notification is to include but is not limited to: ...Abnormal complaints of pain...</p> <p>2. Make an entry into Nurse's notes regarding condition/physician notification and change in physician's orders."</p> <p>This policy was provided by the Administrator on 3/8/16 at 4:00 p.m.</p> <p>This federal tag relates to Complaint IN00195261.</p> <p>3.1-5(a)(2)</p>				