

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/13/2013
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 5-8, 12-13, 2013</p> <p>Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880</p> <p>Survey Team: Laura Brashear, RN, TC Mary Weyls, RN Teresa Buske, RN</p> <p>Census bed type: SNF/NF: 71 Total: 71</p> <p>Census payor type: Medicare: 11 Medicaid: 50 Other: 10 Total: 71</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000			

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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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 interview and record review the facility failed to ensure the resident's right to make choices concerning aspects of their life for 1 of 4 residents reviewed, who met the criteria for choices, in that Resident #59 was not allowed to sleep in during the time frame the resident was receiving therapy.</p> <p>Finding includes:</p> <p>During an interview of Resident #59 on 11/7/13 at 10:27 a.m., the resident indicated she did not like waking early in the mornings. The resident indicated when she received therapies staff got her up at 6:30 a.m. She received breakfast in the dining room at 7 a.m. and was taken directly to therapy.</p> <p>During interview of LPN #1 on 11/13/13 at 11:35 am, the LPN indicated Resident #59 "does not like getting up early" and "had a problem</p>	F000242	<p>It is the policy of the facility to ensure all residents have the right to choose the schedule consistent with his/her plan of care. Each resident preference regarding treatment time is discussed during the evaluation performed by the Physical Therapist, Occupational Therapist and Speech Pathologist. The treatment time is determined based on the resident preference. Therapy had adjusted the treatment time per Resident #59 request. All staff and therapists were inserviced on November 27, 2103 regarding ensuring all resident personal preferences are honored. All current residents receiving therapy were interviewed by Social Services or designee to ensure they were able to participate in designing their plan of care/treatment. Social Services or designee will interview all residents within 14 days from the beginning of therapy to ensure their personal preferences are being honored for the next 90 days. She will</p>	11/27/2013	

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	<p>when receiving therapies,.. was mad because she had to get up for breakfast." The LPN indicated the resident was much happier now that therapy has stopped, and she is able to receive breakfast in her room.</p> <p>Resident #59's clinical record was reviewed on 11/13/13 at 10:52 a.m.</p> <p>Documentation indicated the resident was admitted to the facility 3/11/13.</p> <p>A physician's order, dated 3/14/13, indicated the resident was to receive physical, occupational and speech therapies, evaluations, and treatments.</p> <p>A physical therapist's "Progress and Discharged Summary," dated 6/21/13, indicated the "start of care" as 5/20/13 and "end of care" as 6/21/13.</p> <p>The most recent assessment was a "significant change" MDS (minimum data set) with an observation end date of 8/6/13. The assessment indicated the resident was moderately impaired in cognitive decision skills and required assistance of one staff person for physical transfers.</p> <p>A facility policy titled "Nursing Home</p>		<p>interview at least 3 residents receiving therapy per month for the following 90 days to ensure compliance and then randomly thereafter. Social Service/Designee will report to the Administrator of any concerns from the resident. Social Services/Designee will discuss any concerns with the therapist to ensure the residents is in agreement with the plan of care/treatment. The Administrator will review any concerns with the Quality Assurance Committee.</p>		

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	<p>Resident Rights", received from the Administrator on 11/13/13 at 2:47 PM, indicated under the title of "Medical Care and Treatment", the resident had the right to "Participate in designing your plan of care/treatment".</p> <p>3.1-3(u)(1)</p>			

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F000278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to ensure comprehensive assessments were accurate for 1 of 4 residents who met the criteria for Dental Status and Services, and 1 of 2 residents who met the criteria for Urinary Incontinence. (Residents #74 and</p>	F000278	It is the policy of the facility that all assessments accurately reflect the resident's status. Resident # 18 MDS completed on 10/8/2013 is accurately coded. The documentation from the nurses working on Resident 18 latest MDS is accurately coded. The MDS coordinator was inserviced in October regarding coding per	11/27/2013

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	<p>#18)</p> <p>Findings include:</p> <p>1. On 11/13/13 Resident #18's clinical record was reviewed. The resident met the criteria for urinary continence decline from the initial Minimum Data Set (MDS) assessment, dated 7/8/13, which coded the resident as occasionally incontinent when compared to the 90 day MDS assessment, dated 10/8/13, which coded the resident as frequently incontinent.</p> <p>The resident's diagnoses included, but were not limited to, congestive heart failure, renal failure, impaired renal function, syncope, and hypertension.</p> <p>The MDS Coordinator #7 was interviewed on 11/13/13 at 11:55 a.m. The coordinator indicated the initial assessment was coded based on nursing summaries. The coordinator indicated she had been advised by a corporate staff support person the CNAs' daily documentation of the resident's episodes of incontinency. When the 90 day assessment was done, the CNA documentation was included in the assessment coding.</p>		<p>the CNA daily documentation. The MDS coordinator reviewed all residents latest MDS coding for urinary incontinence. The coordinator compared the MDS coding urinary incontinence from the nursing summaries to the CNA daily documentation to ensuring accurate coding. All current residents latest MDS is accurately coded. The facility MDS consultant will review coding of urinary incontinence quarterly for the next 6 months to ensure compliance and then at least 1 quarter per year to ensure proper coding. MDS consultant will inform Administrator and MDS coordinator of any concerns. Any concerns regarding inaccurate coding will be corrected and reviewed in the quarterly Quality Assurance meeting. 2. Resident # 74 was interviewed by MDS coordinator at the time of the MDS the resident did not voice any concerns regarding dental health or any other areas. She was interviewed again on November 15, 2013 and has chosen to have new dentures. Social Services is assisting resident arrange dental services. The care plan committee is to review all care area triggers during morning stand up meeting for the next 45 days to ensure the committee is able to coordinate the proper plan of care. The care plan committee will review at least 3 per week for the following 30 days and then</p>		

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	<p>The form titled "ADL (activities of daily living) Care Record," provided by the MDS Coordinator on, 11/13/13 at 12:25 p.m., for the initial assessment period. The documentation coded the resident as rarely continent of bladder. The MDS coordinator indicated the initial MDS for urinary incontinence was inaccurate.</p> <p>2. Upon review of the clinical record of Resident #74 on 11/12/13 at 10 a.m., the most recent Minimum Data Set (MDS) assessment was completed 10/14/13. The assessment identified the resident as independent in cognitive decision making skills and dental status of no natural teeth or tooth fragments. The resident was admitted on 9/30/13. The assessment did not identify a problem with the fit of the resident's dentures.</p> <p>The MDS care area trigger assessment for dental services indicated the resident had upper dentures and lower partials, and that the resident denied any problems with fit.</p> <p>The MDS care area trigger assessment for nutritional status indicated the resident complained of loose fit to upper dentures due to</p>		randomly thereafter.		

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	<p>history of weight loss over the years.</p> <p>Upon review of the nutritional assessment, completed by the Registered Dietician and dated 10/9/13, documentation indicated the resident was edentulous with prosthesis not worn due to loose fit secondary weight loss in remote past. A nutritional progress note completed by dietary manager dated 10/1/13 indicated the resident has upper dentures with a lower partial plate. Documentation was also noted of upper dentures were loose, but no major chewing or swallowing problems.</p> <p>Upon interview of Resident #74 on 11/7/13 at 10:52 a.m., the resident indicated her upper dentures did not fit due to loosing 30-40 pounds in the past. The resident stated she had called a dentist before she came and that the cost was \$2000. She stated "I'm trying to save money."</p> <p>Upon interview of the MDS coordinator on 11/12/13 at 11:05 a.m., the MDS coordinator indicated the MDS assessment should have reflected a problem with the fit of the resident's dentures.</p> <p>3.1-31(i)</p>				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure dental services were provided in accordance with the resident's plan of care for 1 of 4 residents who met the criteria for need for dental services.</p> <p>Finding includes:</p> <p>On 11/7/13 at 10:52 a.m., Resident #74 was observed not to be wearing her upper dentures.</p> <p>Upon interview of Resident #74 on 11/7/13 at 10:52 a.m., the resident indicated her upper dentures did not fit due to loosing 30-40 pounds in the past. The resident stated she had called a dentist before she came and that the cost was \$2000. She stated "I'm trying to save money."</p> <p>Upon review of the clinical record of Resident #74 on 11/12/13 at 10 a.m., the most recent Minimum Data Set (MDS) assessment was completed 10/14/13. The assessment identified the resident as independent in</p>	F000282	<p>It is the policy of the facility to arrange for services in accordance with each resident's plan of care. Social Services interviewed resident # 74 regarding her dental needs on November 15, 2013. Resident # 74 has requested to have new dentures. Social Services is assisting resident with dental arrangements. All current residents were interviewed by Social Service/Designee regarding any unmet dental needs. Social Services will assist any resident identified as having an unmet dental need to receive proper dental services. All care plans have been reviewed and revised as needed.</p> <p>All Staff was inserviced on November 27, 2013 regarding facility policy on resident dental health and concerns. Staff will write a communication to Social Services, Unit Nurse, and Administration of any dental concern. Social Services will keep a log on resident dental concerns. (Attachment A) Administrator will review the log weekly for the next 45 days then monthly thereafter to ensure residents dental services are being arranged accordance with</p>	11/27/2013			

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	<p>cognitive decision making skills and dental status of no natural teeth or tooth fragments. The resident was admitted on 9/30/13. The assessment did not identify a problem with the fit of the resident's dentures.</p> <p>Upon review of the nutritional assessment completed by the Registered Dietician and dated 10/9/13, documentation indicated the resident was edentulous with prosthesis not worn due to loose fit secondary weight loss in remote past. A nutritional progress note completed by dietary manager dated 10/1/13 indicated the resident has upper dentures with a lower partial plate. Documentation was also noted of upper dentures were loose, but no major chewing or swallowing problems.</p> <p>The resident's current plan of care dated 10/9/13 identified the problem of the resident has dentures with approaches which included but was not limited to, may offer periodic dental exams.</p> <p>Upon interview of the Social Service Director (SSD) and the dietary manager on 11/12/13 at 11:10 a.m., the SSD indicated she had not made any contact for dental services. The</p>		the plan of care. The Quality Assurance Committee will review at least quarterly for the next 12 months to ensure compliance.		

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	<p>SSD also indicated the resident was medicaid funded. The dietary manager indicated she thought it was ok with the resident that her dentures didn't fit and that she was not having difficulty eating/chewing.</p> <p>3.1-35(g)(2)</p>				

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F000412 SS=D	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview, and record review, the facility failed to obtain services for dental care for 2 of 4 residents who met the criteria for dental status and services in that residents with ill fitting dentures had not been offered the services. (Residents #25 and #74)</p> <p>Findings include:</p> <p>1. On 11/7/13 at 12:36 p.m. Resident #25 was interviewed. The resident indicated the bottom plate of her dentures did not fit and she rarely wears. The resident was observed without bottom dentures. The resident indicated she had not had any recent dental visits.</p> <p>The resident's clinical record was reviewed on 11/12/13 at 2:10 p.m. The resident was a Medicaid</p>	F000412	<p>It is the policy of the facility to ensure all residents obtain routine and emergency dental services. Resident # 25 was admitted from another nursing home with no lower dentures. Resident has an appointment scheduled November 29, 2013 for new lower plate. Resident # 74 was also admitted from another facility. Resident # 74 has chosen to have new dentures. Social Services is assisting resident with dental arrangement. All Staff was inserviced on November 27, 2013 regarding facility policy on resident dental health and concerns. Staff will write a communication to Social Services, Unit Nurse, and Administration of any dental concern. Social Services will keep a log on resident dental concerns. (Attachment A) Administrator will review the log weekly for the next 45 days then monthly thereafter to ensure residents are being arranged in</p>	11/27/2013			

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	<p>recipient. The initial nursing assessment, dated 4/12/13 documented the resident was admitted with upper dentures. A Speech therapy evaluation dated 4/12/13 indicated the resident had been assessed with upper dentures only.</p> <p>The Social Service Director (SSD) was interviewed on 11/12/13 at 3:54 p.m. The SSD indicated the resident had not been offered dental services.</p> <p>2. On 11/7/13 at 10:52 a.m., Resident #74 was observed not to be wearing her upper dentures.</p> <p>Upon interview of Resident #74 on 11/7/13 at 10:52 a.m., the resident indicated her upper dentures did not fit due to loosing 30-40 pounds in the past. The resident stated she had called a dentist before she came and that the cost was \$2000. She stated "I'm trying to save money." The resident indicated she had not seen a dentist since she had been in facility.</p> <p>Upon review of the clinical record of Resident #74 on 11/12/13 at 10 a.m., the most recent Minimum Data Set</p>		<p>accordance with the plan of care. The Quality Assurance Committee will review at least quarterly for the next 12 months to ensure compliance.</p>		

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	<p>(MDS) assessment was completed 10/14/13. The assessment identified the resident as independent in cognitive decision making skills and dental status of no natural teeth or tooth fragments. The resident was admitted on 9/30/13. The assessment did not identify a problem with the fit of the resident's dentures.</p> <p>Upon review of the nutritional assessment completed by the Registered Dietician and dated 10/9/13, documentation indicated the resident was edentulous with prosthesis not worn due to loose fit secondary weight loss in remote past. A nutritional progress note completed by dietary manager dated 10/1/13 indicated the resident has upper dentures with a lower partial plate. Documentation was also noted of upper dentures were loose, but no major chewing or swallowing problems.</p> <p>The resident's current plan of care dated 10/9/13 identified the problem of the resident has dentures with approaches which included but was not limited to, may offer periodic dental exams.</p> <p>Upon interview of the Social Service Director (SSD) and the dietary</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/13/2013
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>manager on 11/12/13 at 11:10 a.m., the SSD indicated she had not made any contact for dental services. The SSD also indicated the resident was medicaid funded. The dietary manager indicated she thought it was ok with the resident that her dentures didn't fit and that she was not having difficulty eating/chewing.</p> <p>3.1-24(a)(3) 3.1-24(b)</p>				