

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER WESLEY MANOR HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
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F 0000 Bldg. 00	<p>This visit was for Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: September 10, 11, 14, 15, 16, 17, & 18, 2015</p> <p>Facility number: 001152 Provider number: 155658 AIM number: 200221050</p> <p>Census bed type: SNF: 0 SNF/NF: 85 Residential: 117 Total: 202</p> <p>Census payor type: Medicare: 9 Medicaid: 46 Other: 30 Total: 85</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 9/23/15 by 29479.</p>	F 0000	<p>Wesley Manor is committed to providing excellent care and services to its residents and thus considers itself to be a partner with the Indiana State Department of Health and other regulatory entities to produce continuous quality improvement. Although we acknowledge the cited tags and submit the required plan of correction, the corrections listed in this document shall not be construed as an admission that Wesley Manor provides anything other than excellent care and services to its residents. The survey process, in Wesley Manor's perspective, is one of many means to assure quality of care and compliance with State and Federal regulations. As required, the facility submits the following plan of correction:</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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F 0156 SS=D Bldg. 00	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p>			

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	<p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to</p>			

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	<p>residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to inform residents in writing of Notice of Medicare Non-Coverage and right to appeal non-coverage for 3 of 6 residents reviewed for notice of medicare non-coverage (Resident #12, Resident #22, and Resident #11).</p> <p>Findings include:</p> <p>During an interview on 9/15/15 at 12:50 p.m., the Resident Services Director (RSD) indicated Residents #12, #22, and #11 had not received the Notice of Medicare Non-Coverage form and appeal information. She indicated Resident #12, Resident #22, and Resident #11 were receiving Medicare coverage at the time of discharge and covered services were ending. She indicated Resident #12 and Resident #22 were discharged at time of Medicare coverage ended. She indicated Resident #11 changed to comprehensive care after her Medicare coverage ended.</p> <p>On 9/15/15 at 12:55 p.m., Resident #12's record was reviewed. The social service notes, dated 7/14/15, indicated the</p>	F 0156	<p>This tag was cited due to the facility not providing the Medicare Notice of Non-Coverage to 3 of 6 residents reviewed for Medicare Covered services. Although the residents were given verbal notification during care planning conferences, and the residents and their responsible parties were in agreement that their coverage should end, the facility acknowledges that the residents should have been provided an official notice of non-coverage on a document that details their appeal rights. The facility discovered this problem one month prior to survey and had already taken corrective actions. In order to make further corrections the facility will:</p> <ol style="list-style-type: none"> 1. Develop and implement a formal policy for issuing notices of non-coverage for all Medicare covered services. (Attachment A) 2. Issue notices of non-coverage to 100% of residents who receive Medicare covered services when their coverage ends. 3. Retain a copy of each Notice of Non-Coverage in residents' medical records as evidence of compliance with this policy. 4. Train all appropriate staff who may notify residents of non-coverage on the facility policy for issuing notices of 	10/18/2015			

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	<p>resident's Medicare coverage would end on 7/15/15 and the resident was scheduled to be discharged on 7/16/15.</p> <p>On 9/15/15 at 12:56 p.m., Resident #22's record was reviewed. The social service notes, dated 5/11/15, indicated the resident was to be discharged on 5/12/15.</p> <p>On 9/15/15 at 12:57 p.m., Resident #11's record was reviewed. The social services notes, dated 4/14/15, indicated the resident's Medicare coverage would end on 4/19/15 due to the discontinuance of physical therapy, and the resident would return to comprehensive care on 4/20/15.</p> <p>During an interview on 9/16/15 at 1:58 p.m., the Administrator indicated he was informed on 8/21/15 that the facility should be providing Notice of Medicare Non-Coverage forms for all qualified residents regardless of discharge plans.</p> <p>During an interview on 9/16/15 at 1:58 p.m., the Administrator indicated the facility did not have a policy regarding informing residents of Medicare non-coverage and appeal rights. He indicated the used the Centers of Medicare and Medicaid Services (CMS) requirements as their policy.</p> <p>The "Form Instructions for the Notice of</p>		<p>non-coverage. In order to monitor the effectiveness of our corrections, the facility will audit the records of all residents discharged from Medicare-covered services weekly over the next month (See Attachment B), and monthly during the 90 days following the weekly audits. Audits will be discontinued only when monthly audits show 100% compliance. In addition, in order to identify any other residents potentially impacted by this problem, the facility will audit records for all residents discharged from Medicare-covered services in the 60 days prior to the survey and issue notices of non-coverage to residents who had not received them. All corrections for this tag will be completed by October 18, 2015.</p>				

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F 0247 SS=D Bldg. 00	<p>Medicare Non-Coverage (NOMNC) CMS -10123" was reviewed on 9/15/15 at 2:37 p.m. The NOMNC instructions stated, "A Medicare provider or health plan (Medicare Advantage plans and cost plans , collectively referred to as 'plans') must deliver a completed copy of the Notice of Medicare Non-Coverage (NOMNC) to beneficiaries/enrollees receiving covered skilled nursing, home health (including psychiatric home health), comprehensive outpatient rehabilitation facility, and hospice services." The NOMNC instructions stated, "A NOMNC must be delivered even if the beneficiary agrees with the termination of services." The NOMNC instructions stated, "The provider must ensure that the beneficiary or representative signs and dates the NOMNC to demonstrate that the beneficiary or representative received the notice and understands that the termination decision can be disputed."</p> <p>3.1-4(a)</p> <p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed.</p>			

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	<p>Based on interview and record review, the facility failed to ensure a resident received notice before a change in roommate for 1 of 1 residents reviewed for admission, discharge and transfers (Resident #49).</p> <p>Findings include:</p> <p>During an interview on 9/11/2015 at 1:51 p.m., Resident #49 indicated she had not received notification from the facility of her roommate change.</p> <p>On 9/17/15 at 10:50 a.m., Resident #49's record was reviewed and lacked evidence of roommate notification.</p> <p>During an interview on 9/17/2015 at 11:15 a.m., the Social Services Director indicated Resident #49 had received a new roommate and she could not provide documentation the facility had provided her with notification before her roommate change. She indicated the notification of roommate change should have been conducted for Resident #49 and documented in a Social Services progress note.</p> <p>A policy titled, "Transfer, Discharge and Room Change," dated October 1, 2014, and provided by the Residential Services Director on 9/18/2015 at 9:51 a.m.,</p>	F 0247	<p>This tag was cited due to one resident (#49) not recalling that she had been verbally informed that she would have a new roommate in the vacant portion of her semi-private room. Although the resident was verbally informed, and given an opportunity to voice her concerns, this event was not memorialized in the resident's medical record. In order to correct this problem, the facility has implemented the following corrections: 1. The facility will develop and implement a formal policy and procedure for notifying residents who will receive a new roommate (See Attachment C). 2. Notifications will be given both verbally and in writing on a facility-developed form (Attachment D). Residents will be given a copy of the form and will be asked to sign the form in order to verify the receipt of this information. The form will also give them contact information for Administration in order to give them an opportunity to voice any concerns. 3. Any staff who might inform residents of a new roommate (Social Services, Nurses, Administrative Staff) will receive training on the facility's policy for roommate notifications. In order to monitor corrections for this tag, the facility will audit all roommate changes in order to monitor for the use of the facility form and resident/responsible party signature (See Attachment E). Audits will be completed with</p>	10/18/2015

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F 0280 SS=D Bldg. 00	<p>indicated the following: "...Resident transfers will be conducted in accordance with resident rights...in the event of room transfers...the facility shall provide a 2 day written notice in advance....".</p> <p>3.1-3(v)(2)</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview, the facility failed to ensure care plan meetings included resident participation for 1 of 14 residents reviewed for participation in care planning (Resident</p>	F 0280	<p>each roommate change over the next month and monthly thereafter over a period of 90 days. Audits will only be discontinued if the monthly audits demonstrate 100% compliance with the revised policy. All corrections for this tag will be completed by October 18, 2015.</p> <p>This tag was cited due to one resident's invitation to her care plan conference, and her declining to participate, not being documented in the resident's medical record. In order to correct this problem for resident</p>	10/18/2015	

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	<p>#102).</p> <p>Findings include:</p> <p>1. During an interview on 9/14/15 at 10:50 a.m., Resident #102 indicated the facility did not include her in decisions about her care.</p> <p>Resident #102's record was reviewed on 9/15/15 at 11:07 a.m. A Minimum Data Set (MDS) assessment, dated 8/13/15, indicated Resident #102 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 and it was very important for her to be involved in discussion about her care.</p> <p>A document titled, "Care Plan Conference Attendance Sheet," dated 9/9/15, did not indicate Resident #102 had been invited to or had participated in the care plan meeting.</p> <p>During an interview on 9/16/2015 at 1:48 p.m., the Administrator indicated he did not have documentation which indicated Resident #103 had been invited to or had participated in the care plan conference conducted on 9/9/15. He further indicated the facility did not have a policy regarding care plan participation but meetings were held at least quarterly and residents had the right to participate.</p>		<p>#102, the facility will offer an additional care plan conference and invite the resident and her spouse to attend. The invitation to this conference will be memorialized in the Social Services notes in her medical record. In order to identify any other residents who might not have been invited to care plan conferences, the facility will audit the care plan reviews of all residents who had MDS's over the previous 30 days and determine if documentation of attendance or declining to attend is recorded in the medical records for these residents (See Attachment F). Any resident for whom not documentation is not available will be offered an additional opportunity to participate, and these invitations will be recorded in their medical records. The facility will monitor compliance with these corrections by auditing these invitations weekly over the next 90 days. Audits will only be discontinued if 100% compliance is achieved. The facility will review its existing policy for care plan conferences and documentation (Attachment G- see procedures #4 and #9) with Social Services in order to make certain they are aware of the need for this documentation. All corrections for this tag will be completed by October 18, 2015.</p>				

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F 0309 SS=D Bldg. 00	<p>3.1-35(d)(2)(B)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a system for communicating care and health status during and following hemodialysis was provided for 1 of 1 resident reviewed for dialysis care (Resident #64).</p> <p>Findings include:</p> <p>Resident #64's record was reviewed on 9/16/15 at 10:34 a.m. The physician order summary, dated 8/27/15, indicated the resident's diagnosis included, but was not limited to, end stage renal disease and the record indicated the resident received Hemodialysis. Documentation from dialysis was not found.</p> <p>During an interview on 9/16/15 at 10:58 a.m., Licensed Practical Nurse (LPN) #1</p>	F 0309	This tag was cited due to one resident not having a complete record of dialysis services contained in her medical record. This problem occurred due to a change in the dialysis clinic's system for exchanging dialysis records. The facility immediately obtained a complete set of records for resident #64 when this problem was brought to our attention and documentation was presented to surveyors. In order to correct this problem, the facility will make the following corrections: 1. Develop a formal policy and procedure related to maintaining a complete medical record and communicating the health status of residents receiving services/care outside of the facility (See Attachment H). 2. Provide education to all licensed nurses regarding the facility's policies regarding the maintenance of a complete	10/18/2015

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	<p>indicated Resident #64 was sent to dialysis with a facesheet and ambulance transport form. She indicated the dialysis company would contact the nursing facility if there was pertinent information regarding her treatment, but otherwise no information was provided or sent back with the resident. She indicated the dialysis center did not provide information regarding the resident's treatment or vitals while at dialysis.</p> <p>During an interview on 9/16/15 at 2:23 p.m., the Assistant Director of Nursing (ADON) indicated Resident #64 did not have a communication folder she took with her to dialysis.</p> <p>During an interview on 9/16/15 at 2:46 p.m., the ADON indicated the dialysis center had informed him that they provided weekly reports, but did not provide daily reports. The ADON indicated the dialysis center had not provided the weekly reports as indicated.</p> <p>During an interview on 9/16/15 at 3:03 p.m., the ADON indicated there was no written policy regarding dialysis policies.</p> <p>3.1-37(a)</p>		<p>record of each resident's health status in order to maintain continuity of care between all providers. 3. Identify other residents who might be impacted by this problem by auditing the records of other residents receiving specialty services including, but not limited to, dialysis, podiatry, optometry, dental, neurology, dermatology, urology, orthopedics, and wound care (See Attachment I). The audit will determine whether the records are current and complete and will be conducted monthly over the next 90 days and quarterly thereafter until the QAPI committee determines that the facility has achieved 100% compliance. These audits will be aimed at monitoring the facility's corrections. 4. The facility will instruct contracted providers to inform the facility's administration any time their will be a change in the manner in which services are delivered and/or how progress is communicated. All corrections for this tag will be completed by October 18, 2015.</p>		

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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 117 Sample: 8</p> <p>Wesley Manor Health Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 0000	<p>Wesley Manor is committed to providing excellent care and services to its residents and thus considers itself to be a partner with the Indiana State Department of Health and other regulatory entities to produce continuous quality improvement. Although we acknowledge the cited tags and submit the required plan of correction, the corrections listed in this document shall not be construed as an admission that Wesley Manor provides anything other than excellent care and services to its residents. The survey process, in Wesley Manor's perspective, is one of many means to assure quality of care and compliance with State and Federal regulations. As required, the facility submits the following plan of correction:</p>		