

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2015
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00182476.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00182476- Substantiated. Federal/State deficiencies related to the allegations are cited at F-272, F-280, F-9999.</p> <p>Survey dates: September 22, 23, 24, 28, 29, & 30, 2015.</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Census bed type: SNF/NF: 78 Total: 78</p> <p>Census payor type: Medicare: 6 Medicaid: 57 Other: 15 Total: 78</p> <p>Sample: 3</p>	F 0000	<p>Plan of Correction for Good Samaritan Healthcare 2015 Annual Survey The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after October 16 2015</p>	

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 0272 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on October 7, 2015.</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by</p>			

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	<p>the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a comprehensive assessment was accurate for 2 of 33 residents reviewed, as the MDS (minimum data set) assessment was incorrectly entered as none of the above (no issues with teeth) for an edentulous resident and incorrectly marked as a resident had only one fall. (Resident D, Resident B)</p> <p>Findings include:</p> <p>1. During Stage 1 interview with Resident D on 9/22/15 at 2:53 p.m., it was observed the resident had no teeth or dentures</p> <p>On 9/28/15 review of clinical records indicated Admission MDS indicated under dental category the resident had no problems with teeth, as does the MDS for 5/27/15 and 8/19/15.</p> <p>On 9/28/15 1:00 p.m., resident sitting in room, no teeth noted.</p> <p>On 9/28/15 at 1:15 p.m., SS(Social Service) indicated the Resident was seen by the dentist 8/15/15. The dentist said the resident does not want information</p>	F 0272	<p>F272 COMPREHENSIVE ASSESSMENTS</p> <p>It is the practice of this provider to provide care/services for highest well being in accordance with State and Federal law.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident D's MDS was modified to correct dental status. <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the alleged deficient practice. <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <ul style="list-style-type: none"> ·The MDS/designee will conduct a full house audit of all residents to ensure all MDS assessments match current dental status. ·DNS/designee will conduct in-service with nursing staff by October 16, 2015 on dental status documentation on weekly summary and admission comprehensive assessments. ·DNS/designee will conduct in-service with MDS by October 	10/16/2015
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	<p>about dentures. Patient had no teeth and no dentures. Dentist indicated resident was not a candidate for dentures.</p> <p>On 9/28/15 at 1:21 p.m., an interview with the MDS Coordinator about resident being edentulous. She indicated she only went by what was marked on the nursing assessment. She also indicated she does not physically go check the residents, she goes off the admission assessment and any other nursing notes or assessments. She indicated that it should be marked he had missing or cracked teeth because it was care planned for that. It should not be marked as having no issue with dental issues.</p> <p>Resident was care planned for: missing teeth and caries, poor oral hygiene: assist with oral care dental consult as indicated observe and document red/bleeding gums. lesions. loose teeth, pain notify MD watch for decrease in food consumption watch for decrease in ability to chew foods</p> <p>2. During an observation on 9/23/15 at 11:26 a.m., Resident B was observed to be lying in bed. Resident B was observed to be asleep and difficult to arouse.</p>		<p>16, 2015 on ensuring proper dental status is documented on MDS assessments.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place</p> <p>·MDS/designee will be responsible for the completion of Dental Services CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed.</p> <p>5. Date completion: October 16, 2015</p>	

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	<p>The clinical record for Resident B was reviewed on 9/24/15 at 1:12 p.m. Resident B had clinical diagnoses including, but not limited to, dementia with behavioral disturbances, insomnia, anxiety, depressive disorder, and senile psychosis.</p> <p>The progress notes for Resident B indicated the resident had fallen on 5/22/15, 5/26/15, 5/27/15, 5/31/15, 6/6/15, and 6/24/15.</p> <p>A significant change MDS assessment, dated 7/15/15, indicated Resident B had one fall since admission/entry or reentry or prior assessment.</p> <p>During an interview on 9/30/15 at 9:30 a.m., the MDS Coordinator indicated the MDS assessment was incorrect. The MDS Coordinator indicated oftentimes she would be going to fast and would enter the wrong assessment.</p> <p>The facility lacked a policy for MDS assessments.</p> <p>This Federal tag relates to Complaint IN00182476.</p> <p>3.1-31(a)</p>			

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F 0280 SS=D Bldg. 00	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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 the care plan was revised for 2 of 3 residents reviewed for falls. (Resident B, Resident C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 9/24/15 at 1:12 p.m. Resident B had clinical diagnoses including, but not limited to, dementia with behavioral disturbances, insomnia, anxiety, depressive disorder, and senile</p>	F 0280	<p>F280 RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP It is the practice of this provider to provide care/services for highest well being in accordance with State and Federal law. 1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>Resident Band C care plans are updated to reflect current interventions.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will</p>	10/16/2015

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	<p>psychosis.</p> <p>Resident B's Significant Change MDS (Minimum Data Set) Assessment, dated 7/15/15, indicated Resident B had a BIMS (Brief Interview for Mental Status) indicated moderate cognitive impairment</p> <p>Resident B had a fall on 4/23/15 and 5/8/15.</p> <p>A care plan for falls, dated 4/16/15, had included the following interventions: therapy screen as ordered, personal items in reach, non-skid footwear, environmental changes: floors clean and clutter free, and call light in reach.</p> <p>The care plan had no further revisions until 5/11/15. A care plan, dated 5/11/15, included shoes or gripper socks on while out of bed and toilet upon rising, before or after meals, before bedtime, and as needed.</p> <p>During an interview on 9/30/15 at 9:30 a.m., the MDS (Minimum Data Set) Coordinator indicated she usually revised the care plans. She indicated if a problem or intervention was resolved, it would automatically come off of the computerized care plan. She further indicated the care plan history should indicate what had been removed or</p>		<p>be identified and whatcorrective action will be taken</p> <ul style="list-style-type: none"> Allresidents have the potential to be affected by the alleged deficient practice. <p>3: Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur.</p> <ul style="list-style-type: none"> DNS/designeewill conduct in-service with IDT on IDT Care Plan Review policy by October 16,2015. <p>4: Howthe corrective action will be monitored to ensure the deficient practice willnot recur i.e. what quality assurance program will be put into place</p> <ul style="list-style-type: none"> DNS/designee will be responsible for thecompletion of Care Plan Updating CQI tool weekly times 4 weeks, bi-monthlytimes 2 months, monthly times 4 and then quarterly to encompass all shiftsuntil continued compliance is maintained for 2 consecutive quarters. Therresults of these audits will be reviewed by the CQI committee overseen by theED. If threshold of 95% is notachieved, an action plan will be developed. <p>5.Date completion: October 16, 2015</p>		

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	<p>resolved but she was unable to obtain the history.2. On 9/29/15 at 1:15 p.m., Resident C's clinical record was reviewed.</p> <p>Resident C's MDS (Minimum Data Set) Assessment, dated 6/2/15, indicated Resident C's BIMS (Brief Interview for Mental Status) indicated mild cognitive impairment. The functional status portion, indicated the resident required assistance of one person for transfers.</p> <p>The Fall Event's documentation indicated Resident C had falls on 3/11/15, 3/17/15, 5/4/15, 5/7/15, 5/16/15, 5/20/15, and 6/29/15.</p> <p>The Fall Event's documentation indicated Resident C had fallen on 3/11/15 from her rocker/recliner when the resident leaned forward to stand up. The new intervention to prevent further falls included stop blocks to be applied to the resident's chair to prevent it from tipping forward.</p> <p>The Fall Event's documentation indicated Resident C had fallen on 5/7/15. The IDT note, dated 5/7/15 indicated the resident had fallen on 5/6/15. The note indicated the resident was found on the floor in the bathroom. The note further indicated the new intervention to prevent</p>			

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	<p>further falls included to ask the physician for labs and staff members to assist the resident with early morning activities of daily living.</p> <p>The Fall Event's documentation indicated Resident C had fallen on 5/16/15. The IDT note, dated 5/18/15, indicated the resident had fallen on 5/18/15. The note indicated the resident stood up her legs were weak and she had fallen. The new intervention to prevent further falls included, but was not limited to, nursing to assess the residents blood pressure every shift for 72 hours and request a medication review by the physician.</p> <p>The Care Plans included, but were not limited to, resident is at risk for falls. The fall care plan lacked the interventions to prevent further falls regarding the falls on 3/11/15, 5/7/15, and 5/16/15.</p> <p>On 9/30/15 at 10:40 a.m., the MDS (Minimum Data Set) Assessment Coordinator indicated she would have to print the care plan to include interventions that could have been completed.</p> <p>On 9/30/15 at 3:05 p.m., the DON indicated she was unable to locate a revised care plan which included the new</p>			

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F 9999 Bldg. 00	<p>interventions from the falls on 3/11/15, 5/7/15, and 5/16/15.</p> <p>A policy titled, "IDT Care Plan Review," revised 4/2014, and obtained from the Regional Consultant on 9/30/15 at 1:05 p.m., indicated the care plan problems, goals, and interventions would "be updated based on changes in resident assessment/condition..."</p> <p>This Federal deficiency relates to Complaint IN00182476.</p> <p>3.1- 35(d)(2)(B)</p> <p>3.1-13 Administration and Management (g) The administrator is responsible for the overall management of the facility but shall not function as a department, for example, director of nursing or food service supervisor, during the same hours, The responsibilities of the administrator shall include, but are not limited to, the following: (1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual</p>	F 9999	<p>F9999 FINAL OBSERVATIONS</p> <p>It is the practice of this provider to provide care/services for highest well being in accordance with State and Federal law.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>·Resident Bno longer resides in the facility.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be</p>	10/16/2015			

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	<p>occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:</p> <p>(D) major accidents</p> <p>If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number (317) 383-6144) of the division.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report a major accident for 1 of 3 residents reviewed for falls. A resident had a fall which resulted in a fractured eye orbit, a right radial fracture, and a subdural hematoma. (Resident B)</p> <p>Findings include:</p> <p>During an observation on 9/23/15 at 11:26 a.m., Resident B was observed to be lying in bed. Resident B was observed to be asleep and difficult to arouse.</p> <p>The clinical record for Resident B was reviewed on 9/24/15 at 1:12 p.m. Resident B had clinical diagnoses including, but not limited to, dementia with behavioral disturbances, insomnia, anxiety, depressive disorder, and senile</p>		<p>taken</p> <ul style="list-style-type: none"> ·Allresidents have the potential to be affected by the alleged deficient practice. <p>3: Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur.</p> <ul style="list-style-type: none"> ·ED/designeewill in-service IDT over ISDH reportable incidents by October 16, 2015. ·DNS/designeewill audit falls with injuries within the last 12 months to ensure allincidents that need reported to ISDH have been reported appropriately byOctober 16, 2015. <p>4: Howthe corrective action will be monitored to ensure the deficient practice willnot recur i.e. what quality assurance program will be put into place</p> <ul style="list-style-type: none"> ·DNS/designee will be responsible for thecompletion of Fall Program CQI tool weekly times 4 weeks, bi-monthly times 2months, monthly times 4 and then quarterly to encompass all shifts untilcontinued compliance is maintained for 2 consecutive quarters. The results ofthese audits will be reviewed by the CQI committee overseen by the ED. Ifthreshold of 95% is not achieved, anaction plan will be developed. <p>5. Datecompletion: October16, 2015</p>	

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	<p>psychosis.</p> <p>A progress note, dated 8/1/15 at 8:24 a.m., indicated Resident B had a fall on 8/1/15 at 8:24 a.m. The progress note indicated Resident B had attempted to stand without assistance and fell on the left side of the face. The progress note indicated Resident B had a laceration to the left side of the face which measured 3 inches and a 4 inch bruise to the cheek. The progress note further indicated Resident B had been sent to the emergency room. The progress note indicated Resident B had sustained a fractured eye orbit, a right radial fracture, a laceration to the left side of the head, and a subdural hematoma.</p> <p>During review of the facility's reportable incidents, obtained from the Administrator on 9/24/15 at 2:00 p.m., the fall with injuries report to Resident B was not included.</p> <p>During an interview with the Administrator on 9/30/15 at 2:15 p.m., the Administrator indicated the reportable incidents for the last 6 (six) months were accurate and complete.</p> <p>This State deficiency relates to Complaint IN00182476.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2015
FORM APPROVED
OMB NO. 0938-0391

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