

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155762	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/27/2011
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NAME OF PROVIDER OR SUPPLIER FOREST PARK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTH L STREET RICHMOND, IN47374
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F0000	<p>This visit was for the Investigation of Complaint #IN00097108.</p> <p>Complaint #IN00097108- Substantiated - Federal/state deficiencies cited at F406.</p> <p>Survey date: September 27, 2011</p> <p>Facility number: 011387 Provider number: 155762 AIM number: 200853180</p> <p>Survey team: Diana Sidell, RN, TC Cheryl Fielden, RN</p> <p>Census bed type: SNF/NF: 23 SNF: 30 Residential: 21 Total: 74</p> <p>Census payor type: Medicare: 24 Medicaid: 16 Other: 34 Total: 74</p> <p>Sample: 3</p> <p>These deficiencies also reflect state</p>	F0000		

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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F0406 SS=D	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 29, 2011 by Bev Faulkner, RN</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on record review, observation, and interview, the facility failed to ensure a resident received the physician's ordered speech therapy evaluation and treatment. This affected 1 of 1 resident reviewed for specialized rehabilitative services. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 09/27/2011 at 11:05 a.m. The record indicated Resident #B was admitted with diagnoses that included, but were not limited to, GERD (gastroesophageal</p>	F0406	<p>1. Resident B was admitted to the Geropsych unit at Reid Hospital 9-28-11 and will be screened upon return for Therapy services by PT/OT/ST.2. An audit was completed 9-30-11 on all residents to ensure residents with orders for specialized therapy services were receiving ordered therapies done per DHS.3. All physician orders will be reviewed every day at clinical meeting and therapy will review charts every day for any orders.4. Facility will audit residents physician orders weekly for any therapy orders to ensure residents are receiving services as ordered x1 a month, then monthly x3 months, thru the QA process until deficient practice corrected per DHS or</p>	10/10/2011	

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	<p>reflux disease-stomach problems), dementia, delirium with altered mental status, and Alzheimer's disease.</p> <p>A quarterly Minimum Data Set Assessment (MDS), dated 07/25/2011, indicated Resident #B was severely impaired-never/rarely made decisions in cognitive skills for daily decision making, required supervision of one person/physical assist for eating, had no signs and symptoms of a possible swallowing disorder, required mechanically altered diet-change in texture of food or liquids for example pureed food, thickened liquids.</p> <p>A "Change in Condition Form," dated 07/26/2011, with a notation the physician was notified 07/26/2011 indicated: "Resident having period [s] of [decreased] cognition, requires prompting and assistance with eating [and] drinking. Episodes similar to this has occurred in the past but resident didn't require assistance eating, Resident also spit out pills. VS (vital signs) WNL (within normal limits) may we have ST (speech therapy) eval[uation]?"</p> <p>A telephone order, dated 07/26/2011, indicated a physicians order for "Speech Therapy to eval (evaluate) & Tx" (treat).</p>		designee.5.The DHS or designee will be responsible for the on-going monitoring of all physicians orders.	

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	<p>A care plan, last reviewed on 08/01/2011, indicated: "Problems: Resident at nutritional risk: AEB (as evidenced by) abnormal labs, leaves 25% or more food uneaten at most meals, Other: Potential for poor appetite." "R/T (related to), Disease process/condition (list): GERD, Dementia, Other: wears dentures as wishes." The care plan also indicated: "Goals: Resident weight range will remain +/- 5 lbs of current wt (weight) by maintaining current dietary interventions." "Interventions: Monitor and report to the physician: Signs and symptoms of malnutrition, Significant weight loss, Chewing/swallowing problems. Refer for screen as needed: OT (occupational therapy), SLP (speech language pathology), Mental Health, Registered Dietician. Administer nutritional support as ordered...Mechanically altered diet. Provide dining room/meal accommodations. Report to nurse any S/S (signs/symptoms) chewing/swallowing or other problems consuming meals: Choking, Coughing during meal &/or substitute, Nose dripping or eyes tearing while eating, Pocketing of food, Eats less than 50% of meal."</p> <p>On 9/27/11 at 12:10 p.m., Resident #B was observed seated in the main dining room as she fed herself with minimal assist from Certified Resident Care</p>				

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	<p>Assistant #1.</p> <p>During an interview on 09/27/2011 at 3:25 p.m., the Director of Health Services (DHS) indicated the reason the order was not completed was because "It fell through the cracks." The DHS further indicated that Resident #B has not aspirated nor had choking episodes.</p> <p>During an interview on 09/27/2011 at 5:15 p.m., the Risk/Compliance Manager indicated that the facility had no policy and procedure related to providing speech therapy.</p> <p>This Federal tag relates to Complaint #IN00097108.</p> <p>3.1-23(a)(1) 3.1-23(a)(2)</p>				