

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155412	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/18/2012
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NAME OF PROVIDER OR SUPPLIER GREENWOOD HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 937 FRY RD GREENWOOD, IN 46142
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F0000	<p>This visit was for the Investigation of Complaint IN00118158.</p> <p>Complaint IN00118158- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F282.</p> <p>Survey dates: October 17 and 18, 2012</p> <p>Facility number: 000509 Provider number: 155412 AIM number: 100266620</p> <p>Survey team: Leia Alley, RN, TC Patty Allen, BSW Marcy Smith, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 100 Total: 104</p> <p>Census payor type: Medicaid: 71 Medicare: 21 Other: 11 Total: 104</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings</p>	F0000	<p>This plan of correction is to serve as Greenwood Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Greenwood Health and Living Community or their management companies that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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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	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/23/12 Cathy Emswiller RN</p>			

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F0157 SS=D	<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 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 notify a residents Power of Attorney (POA) when a change in the residents condition occurred. This involved 1 of 3 residents reviewed for</p>	F0157	F 157 483.10(b)(11) NOTIFY OF CHANGES 1. Resident "A's" Power of Attorney has been notified of the	11/05/2012			

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	<p>change of condition in a sample of 3 residents. Resident #A.</p> <p>Findings Include:</p> <p>During a review of Resident A's clinical record on 10/17/12 at 1:30 p.m., the record indicated Resident A had "slid out of bed onto her bottom" on 10/11/12. A "progress note" dated 10/13/12 indicated the resident had a fall on 10/11/12 and the "MD" (physician) was notified, but did not indicate the residents responsible party had been notified of the fall. Resident A's diagnoses include but were not limited to, congestive heart failure, difficulty walking, muscle weakness, chronic pain, and dysphagia (difficulty speaking).</p> <p>During an interview with the Director of Nursing on 10/17/12 at 4:25 p.m., she indicated the nurse had not followed facility procedure and document properly, and no further information was available to show that the nurse notified the responsible party for Resident #A.</p> <p>This Federal tag relates to Complaint IN00118158.</p> <p>3.1-5(a)(1)</p>		<p>fall.</p> <p>2. All current residents identified as having a significant change in the past 30 days have been identified and a review will be completed for notification of responsible party/POA. Any identified concerns will be addressed.</p> <p>3. The systemic change will include:</p> <p>a. The "Facility Activity Report" will be reviewed daily, Monday through Friday, prior to the clinical meeting for discussion. This is a computerized generation list of all documentation over the last 24 hours or other period of time as specified by the user. The clinical team will review the documentation for evidence of responsibility notification. Any concerns will be addressed</p> <p>b. All falls that occur during non-business hours will be called to the on-call nurse and a verbal review will be completed to include notification of responsible party</p> <p>Education will be provided to licensed nursing staff on the systemic change mentioned above.</p> <p>4. The Director of Nursing and/or designee will review:</p>		

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			<p>a. Resident's with significant changes for notification of their Power of Attorney or responsible party 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then weekly for 4 weeks, then monthly for a total of 12 months of monitoring. Any concerns will be addressed.</p> <p>5. Completion date: November 5 th , 2012</p>	

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F0282 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 record review and interview the facility failed to provide medications to a resident as ordered by their physician while on a leave of absence from the facility for the dates of 10/5/12 and 10/6/12. This involved 1 of 3 residents reviewed for medications given during a leave of absence in a sample of 3 residents. Resident #A.</p> <p>Findings Include:</p> <p>During a review of Resident A's clinical record on 10/17/12, the record indicated Resident A was on a leave of absence from the facility on 10/5/12 and 10/6/12. The record did not show what medications were given to Resident A's responsible party prior to the leave of absence. Resident A's diagnoses include but were not limited to, congestive heart failure, difficulty walking, muscle weakness, chronic pain, and dysphagia (difficulty speaking).</p> <p>During an interview on 10/18/12 at 11:00 a.m., more information was requested</p>	F0282	<p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <ol style="list-style-type: none"> 1. Resident "A" is receiving medications with any leave of absence. 2. Any residents going on a leave of absence will be identified at that time and instructions will be given regarding medications. 3. The systemic change will include: <ol style="list-style-type: none"> a. Resident medications and instructions for usage will be provided to resident's responsible party at the time of a leave of absence. This will include the number of medications sent with the resident as well as a signature to acknowledge receipt of the medications and instructions. <p>Education will be provided to licensed nursing staff on the systemic change.</p> <ol style="list-style-type: none"> 4. The Director of Nursing and/or designee will review: 	11/05/2012			

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	<p>from the Director of Nursing (DON) in regards to what medications were dispensed for the leave of absence. The DON provided information on a "24 hour report" sheet that indicated "5 p and 9 p meds are put together on Friday and Saturday LOA [leave of absence] in Narc Box". No further information was available in regards to which medications were sent with the Resident A's responsible party.</p> <p>This Federal tag relates to Complaint IN00118158.</p> <p>3.1-35(g)(2)</p>		<p>a. Residents who have been on therapeutic leave of absence for documentation of medications and instructions given to responsible party 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then weekly for 4 weeks, then monthly for a total of 12 months of monitoring. Any concerns will be addressed.</p> <p>5. Completion date: November 5 th , 2012</p>		