

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/27/2016
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NAME OF PROVIDER OR SUPPLIER APERION ESTATES PERU, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 KITTYHAWK DRIVE PERU, IN 46970
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00189933 and IN00190478.</p> <p>Complaint IN00189933 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Complaint IN00190478 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: January 27, 2016</p> <p>Facility number: 013327 Provider number: 013327 AIM number: N/A</p> <p>Residential census: 27</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed by 14454 on January 29, 2016.</p>	R 0000		
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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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R 0035 Bldg. 00	<p>410 IAC 16.2-5-1.2(j)(1-7) Residents' Rights - Deficiency (j) Residents have the right to the following:</p> <p>(1) Participate in the development of his or her service plan and in any updates of that service plan.</p> <p>(2) Choose the attending physician and other providers of services, including arranging for on-site health care services unless contrary to facility policy. Any limitation on the resident ' s right to choose the attending physician or service provider, or both, shall be clearly stated in the admission agreement. Other providers of services, within the content of this subsection, may include home health care agencies, hospice care services, or hired individuals.</p> <p>(3) Have a pet of his or her choice, so long as the pet does not pose a health or safety risk to residents, staff, or visitors or a risk to property unless prohibited by facility policy. Any limitation on the resident ' s right to have a pet of his or her choice shall be clearly stated in the admission agreement.</p> <p>(4) Refuse any treatment or service, including medication.</p> <p>(5) Be informed of the medical consequences of a refusal under subdivision (4) and have such data recorded in his or her clinical record if treatment or medication is administered by the facility.</p> <p>(6) Be afforded confidentiality of treatment.</p> <p>(7) Participate or refuse to participate in experimental research. There must be written acknowledgement of informed consent prior to participation in research activities.</p> <p>Based on record review and interview, the facility failed to ensure a service plan was updated for 1 of 3 residents reviewed</p>	R 0035		02/08/2016			

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	<p>for service plans. (Resident B)</p> <p>Finding includes:</p> <p>On 1/27/16 at 11:30 A.M., the clinical record for Resident B was reviewed. Resident B was admitted to the facility on 5/3/14. The diagnoses included, but were not limited to, unspecified glaucoma, secondary kyphosis, muscle weakness generalized, difficulty in walking, and non displaced fracture of cervical vertebrae.</p> <p>A service plan (a tool the facility uses to indicate what types of assistance a resident may need), initiated on 5/13/14, indicated it was reviewed and updated on 11/9/15. The service plan lacked documentation to indicate it had been reviewed and agreed upon with Resident B or her Power of Attorney.</p> <p>During an interview conducted on 1/27/16 at 1:15 P.M., the Director of Nurses indicated she had done the review and update of the services for Resident B but that she had not reviewed it with the Power of Attorney. She further indicated the service plan dated 4/10/15 was the most current service plan.</p> <p>On 1/27/16 at 2:10 P.M., the Administrator provided a policy titled</p>		<p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident B no longer resides in this facility.</p> <p>2) How the facility identified other residents:</p> <p>All current resident charts have been audited. Service plans were reviewed and all resident and or POA signatures have been</p>				

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	"Evaluation of Resident's Needs." The policy did not have a date that it was initiated; however, during an interview conducted at that time, the Regional Nurse Consultant indicated it was the most current policy. The policy indicated "...Policy: An evaluation of the Resident's needs will be completed at admission and at least every six (6) months thereafter....A service plan will be developed based on the evaluation and will be reviewed at a minimum of every six months and updated as needed...Procedure: A service plan will be developed based on the evaluation of the resident's needs...The service plan shall be reviewed and revised as appropriate and discussed with the resident and facility as needs or desires change...The agreed upon service plan will be signed and dated by the resident/responsible party and a copy will be furnished to the resident upon request...."		<p>validated.</p> <p>3) Measures put into place/ System changes:</p> <p>The director of nursing was educated on policy for developing and completing service plans.</p> <p>A schedule has been developed for updating service plans quarterly for Medicaid waiver residents and biannually for private pay. A copy of service plan will be placed in the resident record, the original will be kept in a soft file until signed. A service plan will be developed on the first business day after admission and then will be added to the scheduled rotation.</p> <p>An audit tool requiring 3 chart reviews per week to ensure service plans are current and a signature present.</p> <p>4) How the corrective actions will be monitored:</p> <p>The director of nursing will complete the audits and submit findings to the administrator weekly.</p>				

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			<p>The results of these audits will be reviewed in Quality Assurance Meeting monthly until 100% compliance is achieved x3 consecutive months.</p> <p>5) Date of compliance: February 8, 2016</p> <p>R0035 Quality Assurance Audit Tool</p> <p>Resident Initials and Number</p> <p>Service Plan Updated, Current and Signed by Resident or POA</p>	

