

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155763	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2016
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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00201932, IN00201941, and IN00202092.</p> <p>Complaint IN00201932 - Substantiated. Deficiencies related to the allegations are cited at F312, and F465.</p> <p>Complaint IN00201941- Substantiated. Deficiencies related to the allegation are cited at F312, and F465.</p> <p>Complaint IN00202092- Substantiated. Deficiencies related to the allegation are cited at F159, F312, and F465.</p> <p>Survey date: June 6, 2016</p> <p>Facility number: 011296 Provider number: 155763 AIM number: 200827620</p> <p>Census bed type: SNF/NF: 57 Total: 57</p> <p>Census payor type: Medicare: 9 Medicaid: 21 Other: 27</p>	F 0000		

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 0159 SS=E Bldg. 00	<p>Total: 57</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on June 7, 2015 by 17934.</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p>			

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	<p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on interview, and record review, the facility failed to ensure monies due discharged residents were returned in a timely manner for 4 of 4 residents reviewed with outstanding monies owed to them by the facility. (Resident #P, Resident #Q, Resident #R, Resident #S)</p> <p>Findings include:</p> <p>1. Resident #P's financial record was reviewed on 6-6-2016 at 3:26 PM. The</p>	F 0159	<p><i>What corrective action will be accomplished for those residents found to have been affected by the practice? Resident accounts P, Q, R, and S have been refunded. How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken? The current Accounts Receivable balances have been reviewed and all credit balances associated with discharged residents have been identified and refunds processed <i>What</i></i></p>	06/20/2016

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	<p>record indicated Resident #P was admitted with a managed Medicare payor. The facility collected \$6,930.00 up front, due to the insurance not giving a precertification to enter the facility. Resident #P was discharged on 2-2-2016. The financial record indicated the managed insurance had certified the stay on 1-30-2016 and a check had been issued to the corporation for payment of the resident stay on 3-7-2016.</p> <p>In a confidential interview with the resident representative on 6-6-2016 at 2:49 PM, the resident had still not received payment of the monies owed him.</p> <p>In an interview on 6-6-2016 at 3:20 PM, the Business Office Manager indicated the corporation had been made aware of the situation by refund requests and phone calls.</p> <p>2. Resident #Q's financial record was reviewed on 6-6-2016 at 3:32 PM. The record indicated Resident #Q also had monies owed after a stay at the facility. The record indicated Resident #Q had discharged on 11-27-2015 and was still owed \$260.00.</p> <p>3. Resident #R's financial record was reviewed 6-6-2016 at 3:46 PM. The</p>		<p><i>measures will be put into place or what systemic changes will you make to ensure that the practice does not recur?</i> The current monthly Accounts Receivable review between the business office manager and the corporate office will specifically address discharged resident accounts reflecting credit balances. The corporate office will provide the facility Business Office Manager with a current status for those accounts for which written refund requests have been submitted. The responses will be logged into the Business Office Manager's meeting notes. When applicable, additional written refund requests will be submitted by the Business Office Manager to the corporate office immediately following the Accounts Receivable review meeting. <i>How this corrective action will be monitored to ensure the practice will not recur.</i> A current list of outstanding refund requests will be presented to the Administrator by the Business Office Manager at the monthly QA meeting (see attached audit schedule) for six months, and then quarterly thereafter. The schedule will also include all refunds processed since the prior QA meeting. Refund requests that are not resolved within 30 days will be forwarded to the Regional Director of Operations who will follow up on the status with the corporate</p>		

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F 0312 SS=E Bldg. 00	<p>record indicated Resident #R had balance owed them after discharge on 3-28-2016 of \$364.00.</p> <p>4. Resident #S's financial record was reviewed on 6-6-2016 at 3:50 PM. The resident had paid monies to the facility that were never utilized during the stay at the facility. Resident #S had been discharged on 3-6-2016, with a balanced owed them of \$462.00.</p> <p>In an interview on 6-6-2016 at 3:51 PM, the Administrator indicated the Business Office Manager had been in communication with the corporate office to clear all of this up.</p> <p>This Federal tag is related to Complaint IN00202092.</p> <p>3.1-6(b)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review,</p>	F 0312	<p>office. An IDR for this POC is being requested as all of the current credit balances have been refunded</p> <p>What corrective action will be accomplished for those residents found to have been affected by</p>	06/07/2016

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	<p>the facility failed to ensure good personal hygiene for 4 of 4 residents reviewed for good personal hygiene in a sample of 4. (Resident #L, Resident #M, Resident #N, and Resident #O)</p> <p>Findings include:</p> <p>1. Resident #L's record was reviewed 6-6-2016 at 3:01 PM. Resident #L's diagnoses included, but were not limited to, diabetes, depression, and high blood pressure.</p> <p>Resident #L was identified as interviewable on 6-6-2016 at 11:10 AM by the Administrator.</p> <p>A review of Resident #L's annual Minimum Data Set (MDS) dated 6-1-2016 indicated Resident #L had a Basic Interview for Mental Status (BIMS) score of 5 out of 15. This indicated Resident #L had cognitive deficits.</p> <p>In an interview on 6-6-2016 at 10:59 AM, Resident #L indicated the water was cold in the facility, but the staff was washing him up everyday. Resident #L further indicated he felt like he stunk.</p> <p>There was no obvious dirt or odor during Resident #L observation on 6-6-2016 at</p>		<p>the practice? The facility's boiler was replaced and tested on Tuesday, June 7th. The boiler is fully functioning and temperatures are being checked daily. <i>How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken?</i> All residents were affected by the lack of hot water. The facility has only one boiler, so replacing the equipment corrected the issue for all residents. <i>What measures will be put into place or what systemic changes will you make to ensure that the practice does not recur?</i> We did not have a Maintenance Director in place during the period prior to the boiler breaking down, so the equipment was not being monitored for performance issues. We have since hired a Maintenance Director whose responsibilities include monitoring and maintaining the hot water system in order to identify and address performance issues in a timely manner. <i>How this corrective action will be monitored to ensure the practice will not recur.</i> With the addition of the new Maintenance Director, we will reinstate the temperature logging policy, which requires water temperatures to be checked for regulatory compliance in four different rooms each day, and the results documented in a temperature log book. A member of the management staff will be</p>				

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	<p>10:59 AM. During the observation, the hot water temp in the bathroom was 69 degrees.</p> <p>2. Resident #M's record was reviewed 6-6-2016 at 3:27 PM. Resident #M's diagnoses included, but were not limited to, osteoarthritis, high blood pressure, and osteoarthritis.</p> <p>Resident #M was identified as interviewable on 6-6-2016 at 11:10 AM by the Administrator.</p> <p>A review of Resident #M's admission MDS dated 4-1-2016 indicated Resident #M had a BIMS score of 8 out of 15. This indicated Resident #M had cognitive deficits.</p> <p>In an interview on 6-6-2016 at 11:04 AM, Resident #M indicated there was no hot water in the facility. Resident #M indicated she always had hot water at home. Further, Resident #M indicated the staff were washing her everyday, but it wasn't like a bath or shower.</p> <p>In an observation on 6-6-2016 at 11:04 AM, Resident #M was clean, dressed appropriately, and had no odor. The hot water temp in Resident #M's room was 69 degrees.</p>		<p>assigned on a rotating basis to accompany the Maintenance Director one random time weekly to participate in the temperature checks. The results will be documented in a QA audit sheet designed for that purpose (see the attached audit form), with the result presented at the monthly QA meeting. This item will remain on the audit schedule as a monthly item for six months, and then quarterly thereafter.</p> <p>An IDR is being requested for this POC as the boiler has been replaced and is functioning as expected.</p>				

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	<p>3. Resident #N's record was reviewed 6-6-2016 at 2:01 PM. Resident #N's diagnoses included, but were not limited to, heart failure, lung disease, and kidney disease.</p> <p>Resident #N was identified by the Administrator as being interviewable on 6-6-2016 at 11:10 AM.</p> <p>A review of Resident #N's quarterly MDS dated 4-20-2016 indicated Resident #N had a BIMS score of 13. This indicated Resident #N was oriented, and able to answer questions appropriately.</p> <p>In an interview on 6-6-2016 at 12:21 PM, Resident #N indicated she was getting washed daily, but was not receiving a complete bath. Resident #N further indicated it was a shame there was not hot water, the hot water was out for about 12 days, but the staff were doing the best they could.</p> <p>In an observation on 6-6-2016 at 12:21 PM, Resident #N was clean, and had no odor. Further, the hot water temp in Resident #N's room was 68 degrees.</p> <p>4. Resident #O's record was reviewed 6-6-2016 at 2:32 PM. Resident #O's diagnoses included, but were not limited</p>			

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	<p>to, high blood pressure, lung disease, and kidney disease.</p> <p>Resident #O was identified by the Administrator as being interviewable on 6-6-2016 at 11:10 AM.</p> <p>A review of Resident #O's quarterly MDS dated 5-31-2016 indicated Resident #O had a BIMS score of 12 out of 15. This indicated Resident #O had cognitive deficits.</p> <p>In an interview on 6-6-2016 at 11:00 AM, Resident #O indicated she was receiving a bath, but would rather have a shower. Further, Resident #O indicated the water had been cold for about 2 weeks, and the facility should fix the water.</p> <p>In an observation on 6-6-2016 at 11:00 AM, Resident #O was clean, and had no odor. Further, the hot water temp in Resident #O's room was 69 degrees.</p> <p>In an interview on 6-6-2016 at 10:42 AM, LPN #1 indicated the facility had been without hot water for about 11 days, further, the staff were carrying hot water from the kitchen so residents could be washed up daily. LPN #1 indicated the water should have been fixed by now, and there was no way to truly get</p>			

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F 0465 SS=F Bldg. 00	<p>residents clean with just a wash up. They needed a bath or shower.</p> <p>In an interview on 6-6-2016 at 3:15 PM, the Administrator indicated the facility was doing the best it could in the face of the boiler outage to keep the residents clean.</p> <p>This Federal Tag is related to Complaints IN00201932, IN00201941, and IN00202092.</p> <p>3.1-38(a)(3)(A)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure comfortable water temperatures for handwashing and showers. This had the potential to affect all residents residing in the facility.</p>	F 0465	<p><i>What corrective action will be accomplished for those residents found to have been affected by the practice? The facility's boiler was replaced and tested on Tuesday, June 7th. The boiler is fully functioning and temperatures are being checked daily. How will you identify other residents having potential to be affected by</i></p>	06/07/2016	

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	<p>Findings include:</p> <p>During an environmental tour on 6-6-2016 at 10:45 Am, the following hot water temperatures were observed:</p> <p>In room 302, 69 degrees In room 303, 69 degrees In room 304, 69 degrees In room 305, 68 degrees In room 306, 69 degrees In room 307, 68 degrees In room 309, 69 degrees In room 316, 71 degrees In room 317, 69 degrees In room 318, 69 degrees In room 319, 69 degrees In room 320, 68 degrees In room 321, 71 degrees In room 322, 69 degrees In room 323, 69 degrees In room 324, 69 degrees In room 325, 71 degrees In room 326, 68 degrees In room 327, 68 degrees In room 403, 71 degrees In room 404, 68 degrees In room 405, 69 degrees In room 406, 68 degrees In room 407, 69 degrees In room 409, 68 degrees In room 416, 68 degrees In room 417, 69 degrees In room 418, 71 degrees</p>		<p><i>the same practice and what corrective action will be taken?</i> All residents, staff, and public were affected by the lack of hot water. The facility has only one boiler, so replacing the equipment corrected the issue for all residents. <i>What measures will be put into place or what systemic changes will you make to ensure that the practice does not recur?</i> We did not have a Maintenance Director in place during the period prior to the boiler breaking down, so the equipment was not being monitored for performance issues. We have since hired a Maintenance Director whose responsibilities include monitoring and maintaining the hot water system in order to identify and address performance issues in a timely manner. <i>How this corrective action will be monitored to ensure the practice will not recur.</i> With the addition of the new Maintenance Director, we will reinstate the temperature logging policy, which requires water temperatures to be checked for regulatory compliance in four different rooms each day, and the results documented in a temperature log book. A member of the management staff will be assigned on a rotating basis to accompany the Maintenance Director one random time weekly to participate in the temperature checks. The results will be documented in a QA audit sheet designed for that purpose (see</p>	

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	<p>In room 419, 69 degrees In room 420, 68 degrees In room 421, 69 degrees In room 422, 71 degrees In room 423, 69 degrees In room 424, 68 degrees In room 425, 69 degrees In room 426, 71 degrees In room 427, 71 degrees</p> <p>In an interview on 6-6-2016 at 9:24 AM, the Administrator indicated the boiler had began malfunctioning on or about 5-5-2016, but the boiler was doing OK until 5-27, when a leak had been discovered, and the boiler tank had to be shut down. Since then, he further indicated the facility had been working with the corporation and the vendor to obtain parts or a whole new boiler to get hot water back up and running. The Administrator further indicated the parts were on the way and would be installed on 6-7-2016. Additionally, the Administrator indicated the facility was doing the best it could by heating water in the kitchen for resident use.</p> <p>In an interview on 6-6-2016 at 10:45 AM, RN #2 indicated the hot water had been out for about 11 days because the boiler had malfunctioned.</p> <p>A request to review water temperature</p>		<p>the attached audit form), with the result presented at the monthly QA meeting. An IDR is being requested for this POC as the boiler has been replaced and is functioning as expected.</p>				

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	<p>logs was made on 6-6-2016 at 11:10 AM. At that time, the Administrator indicated no logs of water temperatures had been kept since the boiler was not operational.</p> <p>This Federal Tag is related to IN00201932, IN00201941, and IN202092.</p> <p>3.1-19(f)</p>			