

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2015
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NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10TH ST MIDDLETOWN, IN 47356
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 10, 11, 12,13, & 14, 2015</p> <p>Facility number: 000343 Provider number: 155486 AIM number: 100289600</p> <p>Census bed type: SNF/NF: 27 Total: 27</p> <p>Census payor type: Medicare: 6 Medicaid: 19 Other: 2 Total: 27</p> <p>Middletown Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Recertification and State Licensure Survey.</p>	F 0000	<p>This Plan of Correction is submitted to serve as a Credible Allegation of compliance in association with stated completion dates Preparation and/or execution of this plan of correction does not constitute an admission of agreement the provider of conclusion set facts on the statement of deficiencies The Plan of Correction is prepared an/or executed solely because it is required by State and Federal laws</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 0159 SS=A Bldg. 00	<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> <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</p>			

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	<p>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 one resident's guardian received quarterly statements of the resident's personal funds account. This affected 1 of 16 residents who met the criteria for personal funds. (Resident #17)</p> <p>Findings include:</p> <p>During an interview, on 8/11/15 at 11:01 a.m., Resident #17's family member indicated she was the resident's representative for financial decisions and the facility managed the resident's personal funds. The family member indicated the facility has not given her a statement of how much money is in the resident's account.</p> <p>On 8/14/15 at 11:24 a.m., Business Office Personal #1 provided statements dated 12/31/14, 3/31/15, and 6/30/15, and copies of the letter she had mailed to the family member/guardian with the statements. The letter had an address on</p>	F 0159	<p>WHAT CORRECTIVE ACTIONS WILL ACCOMPLISHED FOR THOSE RESIDENT FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE Resident #17 financial representative are been emailed a financial statement. HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN All residents financial representative are being mailed letters with a self-addressed stamped return envelope requesting to update current information. If facility has not received response in 10 business days Social Service director will attempt to contact by phone All face sheets will be audited and updated if necessary and copies given to Business Office WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR All residents representatives are also being asked in the letter to</p>	09/13/2015

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	<p>the upper left side, where the Business Office Manager indicated the statement had been mailed. Review of the resident's face sheet indicated a different address hand printed in the upper left margin.</p> <p>On 8/14/2015 at 12:43 p.m. the Social Service Director (SSD) indicated she had just spoken to the family member/POA and the SSD is going to start e-mailing everything to her. She said the sister had recently moved and changed her address and the address written on the face sheet margin is the new address. She also indicated she made sure it was updated everywhere it needed to be updated.</p> <p>During an interview, on 8/14/15 at 1:40 p.m., the Director of Nurses (DoN) indicated the SSD was responsible to keep the emergency contact information up to date in resident's records and communicate contact information updates to other departments like the business office.</p> <p>On 8/14/15, at 3:25 p.m., the DoN provided a policy for "Quarterly Accounting of Resident Funds, with a last review date of 12/31/15. The policy indicated, but was not limited to, "Our facility provides each resident who has funds managed by the facility on his/her</p>		<p>please notify Social Service director of any changes of address or contact information as it occurs. These letter will also be sent annually in January. Social Service director will also contact family representative by phone with each quarterly MDS assessment and document in Social Service note that contact was made. If changes have occurred facesheet will be updated and copies give to Business Office. HOW THE CORRECTIVE ACTIONS WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE, AND All changes in contact information will be discussed and facesheet on medical record will be reconciled with information in business office for accuracy at quarterly QA meeting BY WHAT DATE THE SYSTEMIC CHANGES WILL BE COMPLETED All changes will be completed by September 13, 2015 Respectfully requesting paper compliance for F159 Middletown Nursing & Rehabilitation Center request for Informal Dispute Resolution, paper review Effective Date 9/8/2015 We respectfully request deletion of F159 as the evidence cited on the 2567L is partially inaccurate and does not constitute potential for harm. Please see Attachment</p>	

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	<p>Based on record review and interview, the facility failed to ensure one resident's record was complete and accurately documented. This affected 1 resident in a sample of 16. (Resident #50)</p> <p>Findings include:</p> <p>On 8/11/15, at 10:04 a.m., Resident #50 was observed in her room, sitting on the side of her bed. Resident #50 indicated she was missing a tooth on both sides of her lower teeth and said she had a full upper denture, a partial lower denture, and the rest were her own teeth.</p> <p>Resident #50's record was reviewed on 8/12/2015 at 9:53 a.m. Physician's orders, dated 6/30/15, indicated Resident #50 was admitted with diagnoses that included, but were not limited to, developmental delay and high blood fats.</p> <p>An admission nursing assessment, dated 6/30/15, indicated Resident #50's height was 5'9", and the area for "Oral Assessment" had not been completed for the dental part.</p> <p>A nutrition risk data collection and assessment dated 7/7/15, included, but was not limited to; the resident was underweight, her BMI (Body Mass Index) was 18.9 upon admission, she had</p>		<p>WILL ACCOMPLISHED FOR THOSE RESIDENT FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE Resident #50 oral assessment has been completed. She has been re-measured and new calculated BMI recorded in her record. HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN All other residents will be re-measured and if necessary new BMI recalculated. Oral and dental assessments have been audited on all residents and are complete and accurate. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR All residents will be measured upon admission and height recorded on nurses admission record. Dietician will re-measure for accuracy when doing initial dietary assessment All nurses have been reeducated on completion of medical record including oral and dental assessment during the admission process. HOW THE CORRECTIVE ACTIONS WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE</p>	

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	<p>been admitted for respite care, and it was hard for her to chew corn on the cob and fresh apples, due to dentures.</p> <p>Nursing weekly summaries, dated 7/14/15, 7/21/15, 7/28/15, and 8/4/15 indicated, under oral hygiene, the resident had her own teeth.</p> <p>During an interview, on 8/13/2015 at 10:08 a.m., the Director of Nurses (DoN) indicated they obtained a new height and the resident is 5'5". The DoN also indicated the initial oral assessment for teeth/dentures is documented on the nurse's admission record and that the admission oral assessment section had not been completed.</p> <p>On 8/13/2015 at 10:13 a.m., the DoN indicated Resident #50 had a full upper denture and a partial lower denture.</p> <p>A new BMI was calculated for Resident #50, on 8/13/15 at 3:55 p.m., by the Registered Dietician and the BMI was 21.96.</p> <p>A policy for "Admission Notes" was provided by the DoN on 8/14/15 at 3:20 p.m. The policy included, but was not limited to, "...1. When a resident is admitted to the nursing unit, the admitting Nurse must document the</p>		<p>PROGRAM WILL BE PUT INTO PLACE, AND DON will monitor by checking medical record within the first 24 hours of admission for admission record completion including oral and dental assessment. Any discrepancies or problems will be brought before QA committee for discussion and action. BY WHAT DATE THE SYSTEMIC CHANGES WILL BE COMPLETED All corrections will be completed by September 13, 2015. Respectfully requesting paper compliance for F514 Middletown Nursing & Rehabilitation Center request for Informal Dispute Resolution, paper review Effective Date 9/8/2015 We respectfully request deletion of F514 as the evidence cited on the 2567L is inaccurate and does not constitute potential for harm. Please see Attachment F514.</p>				

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	<p>following information (as each may apply) in the nurses' notes, admission form, or other appropriate place, as designated by facility protocol...o. Prosthesis required (i.e., glasses, dentures...); p. The height and weight of the resident...."</p> <p>A policy for "Charting and Documentation" was provided by the DoN on 8/14/15 at 3:30 p.m. The policy included, but was not limited to, "...1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records...."</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				