STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARCOURT TERRACE NURSING AND REHABILITATION	8181 HARCOURT RD INDIANAPOLIS, IN 46260

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F000000	This visit was for the Investigation of Complaint IN00126808. Complaint: IN00126808: Substantiated. Federal/State deficiencies related to the allegation are cited at F157 & F250. Survey dates: April 11 & 12, 2012 Facility Number: 000070 Provider Number: 155149 AIM Number: 100266190 Survey Team: Mary Jane G. Fischer RN Census Bed Type: SNF: 7 SNF/NF: 90 Total: 97 Census Payor Type: Medicare: 18 Medicaid: 73 Other: 6 Total: 97 Sample: 6 These deficiencies reflect state findings cited in accordance with 410	F000000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests paper compliance review in lieu of a post survey review on or after May 3, 2013.We respectfully request an IDR for the state to consider the following deficiencies F157 and F250 to be considered to be deleted. We are requesting a paper IDR.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	IAC 16.2. Quality Review completed by Tammy Alley RN on April 15, 2013.			

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F000157 SS=D	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). 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. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on record review and interview the facility failed to ensure a family member was notified of a resident's condition, in that when a resident had a change in condition which included	F000157	**The facility is requesting a IDR-paper review for F157.** **F157 Notify of changes** (injury/decline/room, etc) It is the practice of this provider to immediately inform the resident, consult with the resident's	05/03/2013

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	a change in treatment, medications, recommendations and therapy evaluations, the nursing staff failed to notify the appropriate family member for 1 of 3 residents reviewed for notification in a sample of 6 (Resident "A"). Findings include: The record for Resident "A" was reviewed on 04-11-13 at 10:18 a.m. Diagnoses included but were not limited to, hypertension, respiratory failure, epilepsy, dysphagia, altered mental status, and aneurysm. These diagnoses remained current at the time of the record review. At the time the resident was admitted to the facility on 11-13-12, the face sheet, dated 11-12-13 at 3:38 p.m., indicated the resident's sister was the first contact for the resident, followed by a niece as the second contact, and a brother as the POA [power of attorney] as the third contact. The progress notes, dated 11-19-12 at 4:58 p.m.,indicated the Social Service Director clarified with the resident the order of family member contact, and the resident "shook head yes." The Social Service Director reiterated her question "Would you		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; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** · Resident A no longer resides at the facility **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · Residents with a change of condition have the potential to be affected by the alleged deficient practice. · When there is a change of condition the Charge Nurse will notify the resident's legal representative or interested family member, immediately or upon family's instructions/preference · Residents Changes are reviewed for change of condition in the morning interdisciplinary	

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	like your sister [name documented] to be your contact person and the person we give information to? Resident shook head yes. Resident face sheet updated to reflect Resident request." On 04-11-13 at 12:00 p.m., the Social Service Director provided an additional "face sheet" for the resident, which was dated 11-21-12 at 8:27 a.m., in which the Social Service Director indicated the resident's niece was contact number one, shared with the original request by the resident for the sister to be a first contact. Further review of the face sheet, identified two different family members that had not been identified on the original face sheet or during the conversation conducted with the resident on 11-19-13. During an interview on 04-12-13 at 2:25 p.m., a concerned family member indicated that she was the first contact, and did not have problems with other family members receiving information, but was emphatic with being the "first contact" person. "No one called to tell me about [name of resident] pressure ulcers in March, their status or if there was a change to the medicine."		team meeting Monday through Friday (excluding holidays) to review for resident change of condition and physician notification and to ensure family was notified. · Social Services/designee will review all charts for accurate family/responsible party notification. · DNS/designee reviews the physician orders and The Facility Activity Report, Monday through Friday (excluding Holidays) for documentation to support that physician/family have been notified. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** · When there is a change of condition the Charge Nurse will notify the resident's legal representative or interested family member, immediately or upon family's instructions/preference · Residents Change of condition is reviewed in the morning interdisciplinary team meeting Monday through Friday (excluding holidays) to reviewfor resident change of condition (including vital signs out of range) and Physician and family/responsible party notified. · DNS/designee reviews the physician orders and Facility Activity Report Monday through Friday (excluding Holidays) for	

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	Review of the physician orders, dated 03-08-13, indicated a need to change the treatment to the resident's pressure ulcers. Although the first contact person was the family member first identified as a contact person and on admission, and during subsequent interview on 11-19-13, was notified of the change to the resident's treatment, the other family member identified as a niece, had not been notified of the change to the resident's treatment. Further review of physician orders indicated the following: 11-23-12 at 8:00 a.m., the family members identified as the "first" contact persons had not been notified of the change to the gastrostomy flush orders or the need to "recheck the resident's BMP [basic metabolic profile]." The family member identified as the POA had been notified of the physician order. 11-30-12 at 1:00 p.m., the resident had a clarification order for a treatment to the left ear. The family members identified as the "first" contact persons had not been notified of the clarification order. 12-04-12 (time not documented) indicated the need for a "Dietary		documentation to support that physician and family/responsible party have been notified. · Licensed staff will be re-educated to physician and family/responsible party notification related to resident change of condition, by May 3, 2013 by the Staff Development Coordinator/designee. · If the family/responsible party wants to change who should be contacted a care plan meeting will be held with Social Services/designee to verify family preferences. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** · A Change of Condition CQI tool will be utilized monthly x 3, then quarterly thereafter for at least 6 months. · If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. · Data will be submitted to the CQI Committee for review and follow up. **Compliance date:** May 3, 2013	

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	Consultation." The family members identified as the "first" contact persons had not been notified of the need for a consultation. 12-07-12 (time not documented) indicated to discontinue a specific treatment order and new physician order related to the treatment of the resident's wound. The family members identified as the "first" contact persons had not been notified of the change to the treatment orders. 12-10-12 (no time documented) indicated physician orders for occupational therapy to evaluate and treat the resident as indicated. The family members identified as the "first" contact persons had not been notified of the need for the evaluation and treatment as indicated in regard to occupational therapy. 12-10-12 at 12:05 p.m., a physician order indicated the need for a "prealbumin [blood test] with next lab draw." The family members identified as the "first" contact persons had not been notified of the need for the specific laboratory blood work. 01-18-13 (no time documented) a physician order indicated "resident to have heels up cushion placed in bed			

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	to float heels to decrease pressure and prevent wounds." The family members identified as the "first" contact persons had not been notified of the recent physician orders. 01-18-13 (no time documented) a physician order indicated, "Resident to have soft bolsters placed on bed at all times to prevent injury during seizures or falls." The family members identified as the "first" contact persons had not been notified of the implementation of soft bolsters to protect the resident. 01-31-13 at 2:00 p.m., a physician order indicated a "clarification" to the medication Lexapro (an antidepressant) 5/5ml (milliliters) liq. (liquid) 5 mg (milligrams) times two weeks 01-23-13 thru 02-07-13 then Lexapro 5/5ml liq. 10 mg starting 02-08-13. The family members identified as the "first" contact persons had not been notified of the clarification to the medication. 03-22-13 at 2:50 p.m., a physician order indicated a change in the treatment orders for the resident's pressure ulcers. Although the first contact person was the family member first identified as a contact person and on admission, and during			

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	subsequent interview on 11-19-13, was notified of the change to the resident's treatment, the other family member identified as a niece and also a shared "first" contact person had not been notified of the change to the resident's treatment. Review of facility policy on 04-11-13 at 10:33 a.m., titled "Resident Change of Condition," and dated as revised on "03-10," indicated the following: "POLICY [BOLD TYPE] It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely and effective intervention occurs." This Federal tag relates to Complaint IN00126808. 3.1-5(a)			

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F000250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview the facility failed to ensure a family member was notified of a resident's condition, in that when a resident had a change in condition which included a change in treatment, the nursing staff failed to notify the appropriate family member for 1 of 3 residents reviewed for notification in a sample of 6 (Resident "A"). Findings include: The record for Resident "A" was reviewed on 04-11-13 at 10:18 a.m. Diagnoses included but were not limited to, hypertension, respiratory failure, epilepsy, dysphagia, altered mental status, and aneurysm. These diagnoses remained current at the time of the record review. At the time the resident was admitted to the facility on 11-13-12, the face sheet, dated 11-12-13 at 3:38 p.m., indicated the residents sister was the first contact for the resident, followed by a niece as the second contact, the a brother as the POA [power of	F000250	**The facility is requesting an IDR-paper review for F250. F250 Provision of medically related social service** It is the practice of this provider to ensure a family member was notified of a resident's condition, in that when a resident had a change of condition which included a change in the treatment, the nursing staff failed to notify the appropriate family member. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** · Resident A no longer resides at the facility **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · Residents with a change of condition have the potential to be affected by the alleged deficient practice. · When there is a change of condition the Charge Nurse will notify the resident's legal representative or interested family member, immediately or upon family's instructions/preference · Residents Changes are reviewed	05/03/2013

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	attorney] as the third contact. Review of the progress notes, dated 11-19-12 at 4:58 p.m., the Social Service Director clarified with the resident the order of family member contact, and the resident "shook head 'yes.' The Social Service Director reiterated her question "Would you like your sister [name documented] to be your contact person and the person we give information to? Resident shook head yes. Resident face sheet updated to reflect Resident request." On 04-11-13 at 12:00 p.m., the Social Service Director provided an additional "face sheet" for the resident which was dated 11-21-12 at 8:27 a.m., in which the Social Service Director indicated the resident's niece was contact number one, along with the original request by the resident for the sister to be a first contact. Further review of the face sheet, identified two different family members that had not been identified on the original face sheet or during the conversation conducted with the resident on 11-19-13. During an interview on 04-12-13 at 2:25 p.m., a concerned family member indicated that she was the		for change of condition in the morning interdisciplinary team meeting Monday through Friday (excluding holidays) to review for resident change of condition and physician notification and to ensure family was notified immediately or upon family's instructions/preference. · Social Services/designee will review all charts for accurate family/responsible party notification. · DNS/designee reviews the physician orders and The Facility Activity Report, Monday through Friday (excluding Holidays) for documentation to support that physician/family have been notified. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** · When there is a change of condition the Charge Nurse will notify the resident's legal representative or interested family member, immediately or upon family's instructions/preference · Residents Change of condition is reviewed in the morning interdisciplinary team meeting Monday through Friday (excluding holidays) to review for resident change of condition (including vital signs out of range) and Physician and family/responsible party notified. · DNS/designee reviews the physician orders and Facility Activity Report Monday through Friday (excluding Holidays) for documentation to	

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	first contact, and did not have problems with other family members receiving information, but was emphatic with being the "first contact" person. "No one called to tell me about [name of resident] pressure ulcers in March, their status or if there was a change to the medicine." During an interview on 04-11-13, the Social Service Director indicated that within the resident's family were a lot of "dynamics." The Social Service Director indicated that "face sheet" provided on 04-11-13 at 12:00 p.m., were her notes to contact the other family member in addition to the family member requested by the resident on 11-19-12. "Anyone can change the notification/contact information in the computer, so there's no way to tell who to contact." "We had a family meeting on 03-26-13." The Social Service Director indicated that during the meeting the contact information had changed to reflect the first contact person was the resident's niece, the second contact person was identified as a "significant other," with no person as the third contact, but the name of another family member, not		support that physician and family/responsible party have been notified. · When there is a change of condition the Charge Nurse will notify the resident's legal representative or interested family member · Social Services/designee will verify family/responsible paperwork is on the chart. · Licensed staff will be re-educated to physician and family/responsible party notification related to resident change of condition, by May 3, 2013 by the Staff Development Coordinator/designee. · If the family/responsible party wants to change who should be contacted a care plan meeting will be held with Social Services/designee to verify family preferences. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** · A Change of Condition CQI tool will be utilized monthly x 3, then quarterly thereafter for at least 6 months. · If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. · Data will be submitted to the CQI Committee for review and follow up. **Compliance date:** May 3, 2013	

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	previously identified, as the fourth contact person. "The resident's immediate family members did not like [name of significant other]." When interviewed about the family member who had been identified as the POA (power of attorney) and had not been included on the most recent "face sheet and contact information," the Social Service Director indicated the facility never had received paperwork to verify the family member was indeed, a person requested by the resident, to be the power of attorney. Review of the Social Service job description indicated the following "Essential Position Functions." "Provides assistance to residents in adjusting to the facility, exercising rights as residents, and promoting the continuance of relationships with the family and community. Mediates issues that arise among residents and families." This Federal tag relates to Complaint IN00126808. 3.1-34(a)			

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