

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155203	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/20/2015
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NAME OF PROVIDER OR SUPPLIER HILLCREST VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPARKS AVE JEFFERSONVILLE, IN 47130
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 16, 17, 18, 19, & 20, 2015</p> <p>Facility number: 000110 Provider number: 155203 AIM number: 100271120</p> <p>Survey team: Josh Emily, RN, TC Trudy Lytle, RN Gloria Reisert, LSW Jennifer Sartell, RN</p> <p>Census bed type: SNF: 14 SNF/NF: 101 Total: 115</p> <p>Census payor type: Medicare: 30 Medicaid: 76 Private: 5 Other: 4 Total: 115</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>Please find the enclosed plan of correction for the survey ending 3/20/15 Submission of this plan of correction does not constitute admission or agreement to the facts alleged or correction set forth on the statement of deficiencies The plan of correction is prepared and submitted because of requirement under state and federal law Please accept this plan of correction as our credible allegation of compliance Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction the documentation serves to confirm the facility's allegation of compliance Thus, the facility respectfully requests the granting of paper compliance</p>	
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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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F 247 SS=A Bldg. 00	<p>Quality Review completed on March 24, 2015, by Brenda Buroker, RN.</p> <p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on record review, and interview, the facility failed to notify the resident when receiving a new roommate prior to the new roommate moving into the room and failed to document this notification, for 1 of 2 residents reviewed for notification of room change or roommate change. (Resident #6)</p> <p>Finding includes:</p> <p>During an interview with Resident #6, at 2:26 p.m., on 3/17/2015, the resident indicated she did not receive a notice before her past roommate was moved into her room.</p> <p>During record review for Resident #6, at 3:00 p.m., on 3/19/2015, documentation concerning a recent roommate being moved into Resident #6's room on 01/14/15 could not be located.</p>	F 247	F247 Requires the facility to provide notice before the resident room or roommate in the facility is changed 1 What corrective action will be accomplished for those resident(s) found to have been affected by the deficient practice Resident #6 was notified of her receiving a roommate, notification documented 2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? An audit was conducted by the Social Services depart of any resident who had a room change or new roommate within the last 30 days to ensure room mate notifications were made. All residents have the potential to be affected by this practice Customer Care Representatives completed QIS room change /roommate interview questions with all interviewable residents with no	04/03/2015

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	<p>During an interview with SS #1 (Social Service), at 3:19 p.m., on 3/19/15, she indicated notification should be given to the resident before the new roommate was moved into the receiving resident's room. The SS #1 indicated Resident #6 was verbally told of the new roommate being moved in, but was unable to provide any documentation at that time.</p> <p>During an interview with SS #1, at 10:50 a.m., on 3/20/2015, she indicated the notification of a new roommate should have been documented in Resident #6's medical record.</p> <p>A policy and procedure with a date of 2/2015 and titled, "Intra facility Transfers", was provided by SS #1 at 10:00 a.m., on 3/20/2015. The policy indicated the receiving roommate and or legal representative will be notified of the new roommate prior to the move. The policy also indicated notification would be documented in the medical record.</p> <p>3.1-3(v)(2)</p>		<p>findings 3 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? When a room mate change is planned or occurs the social services department will discuss roommate changes with the resident and document the communication on the Intra Facility Transfer Notice of Room Change form. The ED in-serviced the social services staff regarding the requirements of the Intra Facility Transfer Notice of Room Change procedure on 3/23/15 4 How the corrective action will be monitored to ensure the deficient practice will be not recur what quality assurance program will be put into place The ED or designee will conduct the social services documentation review weekly for 4 weeks, monthly for 6 months and quarterly ongoing. The audits will be reviewed during the facility's CQI meeting and issues will be addressed and the above plan will be altered accordingly as needed . If 100% compliance is not achieved a action plan will be implemented.</p>				

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F 460 SS=E Bldg. 00	<p>483.70(d)(1)(iv)-(v) BEDROOMS ASSURE FULL VISUAL PRIVACY Bedrooms must be designed or equipped to assure full visual privacy for each resident.</p> <p>In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.</p> <p>Based on observation and interview, the facility failed to ensure residents had bedside curtains which assured full visual privacy when drawn. This deficient practice affected 16 of 40 residents observed for full visual privacy when in room (Residents #137, 26, 79, 143, 76, 27, 25, 51, 110, 135, 13, 74, 147, 78, 59, and 140).</p> <p>Findings include:</p> <p>1. During resident room observations on 3/17/15 between 9:30 a.m. and 2:55 p.m., the following rooms were observed to have privacy curtains that were not wide enough to provide full visual privacy:</p> <p>a. Resident #76 Room 312 A - a 1 foot gap in Bed A curtain when pulled.</p> <p>b. Resident #51 Room 313 A - a 1 foot</p>	F 460	F460 requires the facility to be equipped to ensure full visual privacy for each resident each bed must have ceiling suspended curtains, which extend around the bed to provide a total visual privacy combination with adjacent walls and curtains 1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident # 76- Room 312A, Resident #51 Room 313A, Resident #135-Room 325B, Resident #13-401B, Resident # 27-Room 409A, Resident #78-Room 411A, Resident #137-Room 132B, Resident #110-Room 321, Resident 147-Room 403A, resident #74-Room 403B, Resident #59-Room 413A, Resident #140-Room 414B, Resident #18-Room 416B, Resident #79-Room 416B, Resident #25-Room 419B Privacy curtains were replaced/installed with the appropriate size cubical	04/03/2015

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	<p>gap in Bed A curtain when pulled.</p> <p>c. Resident #135 Room 325 B - an 18 inch gap in Bed A curtain when pulled - curtain able to extend to full width as it was observed folded over on itself.</p> <p>d. Resident #13 Room 401 B - a 1 foot gap in Bed B curtain due to being folded over on itself; a 1 foot gap in the curtains between the beds.</p> <p>e. Resident #27 Room 409 A - an 8 inch gap in Bed A's curtain and the curtain between the beds when pulled.</p> <p>f. Resident #78 Room 411 A - an 18 inch gap in Bed A curtain due to curtain being folded over on itself, no hooks were available to allow the curtain to extend; a 1 foot gap in the curtain between the bed which also had a hook which became hung up on a screw in the rail.</p> <p>g. Resident # 137 Room 132 B - a 2 foot gap in the Bed B curtain which was folded over on itself; a hook was also broken which did not allow the center curtain to freely move and caused the curtain to become stuck when the Housekeeping Director attempted to pull the curtain closed.</p> <p>2. During resident room observations on</p>		<p>curtain to provide a total visual privacy for each resident identified on 3/20. Cubical tracks and hooks were removed replaced as identified 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected by this practice A cubical curtain audit will be conducted on 3/30/15 by the Housekeeping Supervisor. Any areas of non compliance identified will be corrected by removing and installing the appropriate size cubical curtain. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Deep Cleaning schedule will be revised to include visual check of cubical curtain and will include proper size, cleanliness, hook/track secure and total visual privacy for each resident. The housekeepers will complete 4 deep clean rooms per day. The Housekeeping Supervisor or designee will inspect each deep clean room daily and or more often as needed for the appropriate size of cubical to ensure total visual privacy for each resident. If a cubical curtain is removed for any reason the Housekeeping Supervisor will be notified and inspect replacement for appropriate sizing . The ED</p>		

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	<p>3/18/15 between 9:45 a.m. and 2:45 p.m., the following rooms were observed to have privacy curtains that were either missing or not wide enough to provide full visual privacy:</p> <p>a. Resident #110 Room 321 A- a one foot gap in Bed A curtain when pulled; and the curtain between the beds had empty hooks which prevented closure of the curtain and left a 3 inch gap.</p> <p>b. Resident #147 Room 403 A - an 8 inch gap in the curtain between the beds.</p> <p>c. Resident #74 Room 403 B - missing a curtain for Bed B's use; 8 inch gap in the curtain between the beds.</p> <p>d. Resident #59 Room 413 A - a 1 foot gap in Bed A's curtain and the curtain between the beds.</p> <p>e. Resident #140 Room 414 B - Bed B missing a curtain; a 1 foot gap in the curtain between the beds.</p> <p>f. Resident #18 Room 416 A - a 1 foot gap in Bed A's curtain and the curtain between the beds; Bed A's curtain also became stuck and was not able to be closed all the way.</p> <p>g. Resident #79 Room 416 B - missing a</p>		<p>conducted an in-service with housekeeping and laundry staff and included the revised cleaning schedule on 3/30/15. 4. 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. The Housekeeping Supervisor will complete the environmental services CQI audit tool weekly times 4 weeks, monthly times 6 months/quarterly ongoing. The audits will be reviewed during the facility's CQI meeting and issues will be addressed and the above plan will be altered accordingly as needed. If 100% compliance is not achieved a action plan will be implemented .</p>				

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	<p>privacy curtain.</p> <p>h. Resident #25 Room 419 B - missing a privacy curtain; curtain between the beds was folded over on itself which created a 1 foot gap.</p> <p>3. During the environmental tour accompanied by the Administrator and the Directors of Housekeeping and Maintenance on 3/20/15 between 9:30 a.m. and 10:15 a.m., the same rooms previously identified on 3/17 and 3/18/15, were again identified to have privacy curtains that were either missing or not wide enough. The only exception was Room 312 A which had been corrected.</p> <p>During an interview with the Administrator at the beginning of the environmental tour on 3/20/15 at 9:30 a.m., she indicated the privacy curtains were changed out every 6 months and on an as-needed basis.</p> <p>The Director of Housekeeping indicated at the end of the tour a housekeeper was the one who would change out the curtains.</p> <p>3.1-19(1)(6) 3.1-19(1)(7)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/20/2015

FORM APPROVED

OMB NO. 0938-0391

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