

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155679	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2013
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NAME OF PROVIDER OR SUPPLIER BETHLEHEM WOODS NURSING AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 4430 ELSDALE DR FORT WAYNE, IN 46835
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 1, 2, 3, 4 and 5, 2013</p> <p>Facility number: 000260 Provider number: 155679 AIM number: 100267820</p> <p>Survey team: Tim Long, RN-TC Rick Blain, RN Carol Miller, RN Diane Nilson, RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census Payor type: Medicare: 7 Medicaid: 57 Other: 16 Total: 80</p> <p>These deficiencies reflect state findings, cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 8, 2013 by Randy Fry RN.</p>	F000000	<p>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 any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Based on past survey history and no harm identified to any resident; this facility respectfully requests a desk review in lieu of a post survey revisit on or before May 5, 2013.</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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F000159 SS=D	<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. Based on observation, record review, and interview, the facility failed to ensure money taken out of a resident fund account to prevent the resident from exceeding the SSI limit of \$1500.00, was properly distributed per the corporate policy. This affected 1 Resident #53, in a sample of 3 residents reviewed for resident funds.</p> <p>Findings include:</p> <p>Resident Fund Accounts were reviewed with the floating Business Office Manager (BOM)#3, from the Home Office, at 2:24 p.m., on 4/2/13. She indicated the normal BOM #4 was currently on vacation. BOM #3 indicated the resident fund account for Resident #53, who was receiving Medicaid was opened in 2009.</p> <p>Review of the Resident Fund Account for Resident #53 indicated the resident's balance on 1/2/13 was</p>	F000159	<p>It is the practice of this provider to hold, safeguard, manage and account for the personal funds of the resident deposited with the facility and to ensure money taken out of a resident fund account to prevent the resident from exceeding the SSI limit of \$1500.00 is properly distributed per the corporate policy. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice: The Business Office Manager and Business Office Specialist have audited the account of Resident #53 and have identified that a refund will be sent to the State of Indiana. The refund was requested on April 12, 2013. How other residents having the potential to be affected by the alleged deficient practice will be identified and what corrective actions will be taken: All residents with Trust Funds have the potential to be affected by this alleged deficient practice. The Business Office Manager and the Business Office Specialist will audit all Resident</p>	04/26/2013			

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	<p>\$1393.87 and on 1/3/13, a social security check in the amount of \$1694.00 was credited to the account, which made the balance \$3087.87. A Care Cost Auto withdrawal of \$1642.00 was listed as a debit on 1/3/13, which made the balance \$1445.87. A beauty shop charge of \$12.00 was listed as a debit on 1/8/13, which made the balance in the account \$1433.87. On 1/22/13, a debit from the account indicated \$500.00 was removed from the account as a Care Cost Payment, which left a balance of \$933.87. BOM #3 indicated the Care Cost Auto withdrawal of \$1642.00 was the resident's liability paid to the facility.</p> <p>BOM #3 indicated a reconciliation of each account was due by the 15th of each month, and would flag if the amount was within \$200 dollars of the SSI resource limit of \$1500. She indicated the information would be sent to the family, or the social worker would know if the resident needed the money for clothing, or other items. She indicated the \$500.00 was taken out of Resident #53's account on 1/22/13, so the resident would not be over her \$1500.00 SSI limit. BOM #3 indicated BOM#4 took the \$500.00 and credited it to the resident's accounts receivable.</p>		Trust Funds by April 24, 2013 and if any discrepancies are found, accounts will adjusted, including refunds if any are identified, according to Federal and State Regulations. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The Business Office Manager was re-inserviced by the Administrator on April 12, 2013 on the regulations regarding Resident Trust Funds. The Business Office Manager will do monthly Trust Fund Reconciliations of all Trust Fund accounts and the Administrator will review and sign off on those monthly reconciliations. In addition, the Business Office Specialist or designee will audit all of the Trust Fund accounts on a monthly basis x 3, then quarterly thereafter for at least 6 months, to ensure accuracy of following Federal and State regulations and will submit the results, and recommendations, if any found, of the Trust Fund audits to the Business Office Manager and the Administrator. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed: The monthly Trust Fund reconciliations will be				

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	<p>She also indicated Resident #53 had a credit on Accounts receivable of \$1878.94. She indicated the \$1878.94 in accounts receivable did not draw interest, but was in a holding account for the resident for funeral expenses while the facility was seeking guardianship for the resident.</p> <p>The Social Service Director was interviewed, at 2:45 p.m., on 4/2/13, and indicated Resident #53 had no guardian, and the burial account could not be set up without a guardian. She indicated the resident had family members but they were not interested in guardianship so a hearing had been scheduled in November 2012, for guardianship, and at that time one of the daughters expressed interest in guardianship, so the hearing was put on hold.</p> <p>The record for Resident #53 was reviewed, at 11:15 a.m., on 4/4/13, and indicated the primary payor was Medicaid.</p> <p>Social service progress notes, dated 10/26/12, indicated the guardianship hearing was scheduled for 11/8/12 and paperwork was mailed to the family.</p> <p>Social service progress notes, dated 11/2/12, indicated the daughter was the responsible party, and a</p>		<p>submitted and reviewed at the monthly CQI team meetings. The Business Office Specialist's "Trust Fund" CQI audits of the Trust Fund accounts will be submitted for review monthly x 3, then quarterly thereafter for at least 6 months at the monthly Quality Assurance Committee meetings. If the 100% threshold is not achieved, an Action Plan will be developed and implemented.</p>				

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	<p>guardianship hearing was set for 11/8/12.</p> <p>A social service progress note, dated 12/6/12, indicated the resident guardianship hearing had been postponed until further notice, and resident's daughter would continue as primary contact for the resident.</p> <p>A social service note, dated 1/24/13, indicated the daughter was the responsible party, and staff was unable to assess short term or long term memory as evidenced by inaccurate responses when the resident was interviewed.</p> <p>BOM #3, Social Service Director (SSD), and the Administrator were interviewed, at 1:40 p.m., on 4/4/13. The SSD indicated one of the resident's daughters was listed as the resident's responsible party, but indicated her mom needed someone with a more active role.</p> <p>BOM #3 and the Administrator were interviewed at 3:03 a.m., in 4/4/13. The BOM indicated there was no written policy regarding the resident funds for Medicaid residents, however she had spoken to someone at the home office regarding the policy and the Administrator had written up a document today. The BOM indicated she found out the facility had applied</p>			

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	<p>to be payee for the resident and became payee in 2009 because family was not paying liability and not looking out for her best interest. The BOM indicated as payee the facility received the resident's social security checks and could pay the liability from the checks and other charges such as the beauty shop. She indicated the only money that came from the resident trust account was the \$500.00 taken out on 1/22/13, and she did not know where the remainder of the \$1878.94 came from, but indicated it was not taken from the resident trust account.</p> <p>Review of a document, dated 4/4/13, signed by the Administrator, and provided and reviewed at 3:15 p.m., on 4/4/13, indicated, "Our normal practice on Medicaid Resident Funds that have exceeded \$1300.00 is to notify a POA (Power of Attorney) or Guardian so that they could spend it on the needs of the resident. If there are no needs then the money is reimbursed to the State so that the resident would not be over resourced. However, in (Resident #53's)case, she does not have a legal guardian or a POA. (Name of facility) is her Representative Payee. The overage money went to (Resident #53's) AR (accounts receivable) account to hold</p>			

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	<p>until there is a guardian appointed, which is still ongoing. "</p> <p>BOM #4 was interviewed, on the telephone, at 3:50 p.m., on 4/4/13, and indicated every resident had a ledger and Resident #53 had a credit on her ledger. She indicated the only contact from the resident's family who was helpful was a brother who visited every 4-6 months. She indicated she had talked to the resident's brother about funeral plans in the past. She indicated the brother did not want guardianship or POA. She indicated the facility had been pursuing for guardianship over 1 year because one daughter lives out of state and does not want guardianship and another daughter lives locally, but had been spending the resident's money before resident came to the facility. She indicated a hearing was set up, and the second daughter showed up so the hearing for guardianship was postponed, even though the facility had a volunteer set up for guardianship. She indicated the \$1878.94 was not set up in a separate account but was just a ledger, and it was a credit for the resident. She indicated the \$500 she took out of the resident's account was credited to the ledger, so the resident would not be over the \$1500 limit,</p>			

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	and would not lose her medicaid eligibility. 3.1-6(b) 3.1-6(e)			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a physician order was transcribed to the Medication Administration Record for 1 Resident #39, in a sample of 10 residents reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>The record for Resident #39 was reviewed, at 10:42 a.m., on 4/3/13.</p> <p>Physician orders, dated 4/2/13, indicated Zoloft 50 milligrams was to be discontinued, and Paxil 20 milligrams, by mouth, was to start today (4/2/13), and Paxil 10 milligrams was to be discontinued. The physician order was signed by LPN #1 at 10:00 a.m., on 4/2/13.</p> <p>Review of the Medication Administration Record (MAR), at 10:45 a.m., on 4/3/13, indicated the Zoloft 50 milligrams was initialed as given on 4/3/13 at 6:00 a.m., the Paxil 10 milligrams daily had a "hold"</p>	F000282	<p>It is the practice of this provider to provide or arrange services by qualified persons in accordance with each resident's written plan of care. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice: This alleged deficient practice was immediately corrected by updating medication administration record to correctly reflect physician's orders. Resident was not adversely affected by this alleged deficient practice. Nurse responsible for alleged deficient practice was immediately re-educated on facility policy of transcribing physician's orders. 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 resident's have the potential to be affected by this alleged deficient practice. Licensed nurses will accurately transcribe all physician's orders to the medication administration record. All current orders for all residents were audited for accuracy on April 3, 2013. Re-education to all nurses was completed by 4/11/2013 by the</p>	04/26/2013			

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	<p>written across the area on the MAR which was used for staff initials, and the Paxil 20 milligrams daily, also had a "hold" written across the area where the staff was to initial the medication as being given.</p> <p>The Director of Nursing Services (DNS), was interviewed, at 11:00 a.m., on 4/3/13, and indicated pharmacy had recommended the Zoloft and the Paxil should not be given together, and suggested the Nurse Practitioner(NP) further clarify before the medications were given. The DNS indicated the Paxil had been on hold until the NP evaluated the medications. She indicated the NP visited on 4/2/13 and evaluated the medications.</p> <p>LPN #1 was interviewed at 11:10 a.m., on 4/3/13, and indicated she had noted the new orders from the NP on 4/2/13, but did not transfer the new orders to the MAR. She indicated she had given the Paxil 20 milligrams at 6:00 a.m., today (4/3/13) although the MAR had not been changed to reflect the new orders. She indicated she had not given the Zoloft 50 milligrams today (4/3/13), but she had initialed this in error. LPN #1 provided the bubblepack of Paxil, dated 4/2/13, at this time, and 1</p>		<p>Director of Nursing and the Assistant Director of Nursing. Re-education included proper transcription of all physician orders. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The nurse receiving the physician order is responsible for noting it accurately on the medication administration record. All licensed nurses will audit all new orders for transcription accuracy for orders received on the previous shift. All nurses checking the orders are to initial that the order was checked and transcribed accurately. Unit manager will also be responsible for ensuring all new orders have been transcribed correctly daily. Education to all nurses on the new facility policy for ensuring accuracy for physician's orders was completed on 4/11/13. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed: Education to all nurses on the new facility policy for ensuring accuracy for physician's orders was completed on 4/11/13. All new nursing hires will be educated during orientation on this policy. Daily audits will be conducted by the unit manager to ensure all orders have been transcribed accurately</p>		

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	<p>paxil was missing from the 30 pack of Paxil.</p> <p>The DNS was interviewed, at 11:20 a.m., on 4/3/13, and indicated the medications arrived from the pharmacy on the night of 4/2/13 and the paxil was delivered the night of 4/2/13. She indicated she checked the medication cart and the Zoloft 50 milligrams was not in the cart. She indicated LPN #1 did not transcribe the new orders for Resident #39 on 4/2/13, however, the facility had a double check policy in place and the Unit Manager checked all new orders daily and would have caught the error.</p> <p>At 2:20 p.m., on 4/4/13, the Director of Nursing Services (DNS), indicated there was no facility policy for transcribing medications, but she had written up a policy which she provided at 2:20 p.m., on 4/4/13. Review of the policy indicated, "the charge nurse on each hall is responsible for reading the physician orders and transcribing the orders onto Medication and Treatment Administration Records. As a second check, every morning, the unit manager is responsible for double checking that all physician orders have been reviewed and transcribed</p>		<p>from the previous day. Any discrepancies will be communicated to the Director of Nursing immediately. Weekly "Transcription of Physician's Orders" CQI audits will be completed by nurse management weekly x 4, monthly x 3, then quarterly thereafter for at least 6 months and all data will be submitted and reviewed at the monthly CQI team meetings. If the 100% threshold is not met, an action plan will be developed. Quarterly refresher in-services will be conducted on the policy for ensuring accuracy for physician's order transcription.</p>		

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	<p>accurately to the MARs (Medication Administration Record) and TARs (Treatment Administration Record). "</p> <p>The policy indicated any discrepancy would be communicated to the DNS immediately for review.</p> <p>3.1-35(g)(2)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155679		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/05/2013	
NAME OF PROVIDER OR SUPPLIER BETHLEHEM WOODS NURSING AND REHABILITATION CENTE				STREET ADDRESS, CITY, STATE, ZIP CODE 4430 ELSDALE DR FORT WAYNE, IN 46835			
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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure the grab bars in 2 of the resident bathrooms on 1 of 3 halls were secure. This potentially affected 1 of the 3 residents currently residing in these rooms.</p> <p>Findings include:</p> <p>During observation of Room 310, on 4/1/13, at 11:00 a.m., the grab bar between the toilet and sink in the bathroom, was loose and wobbly.</p> <p>During the environmental tour of the facility, at 9:30 a.m., on 4/4/13, and accompanied by the Housekeeping and Laundry Supervisor, and the Maintenance Supervisor, the following were observed:</p> <p>In resident room 310, the grab bar between the toilet and the sink in the bathroom was loose and wobbly. In resident room 315, the grab bar between the toilet and sink was loose and wobbly.</p>	F000323	It is the practice of this provider to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice: The grab bars between the toilet and sink in the bathrooms of Room 310 and Room 315 were tightened by the Maintenance Supervisor on April 4, 2013. 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' bathrooms with grab bars have the potential to be affected by the same alleged deficient practice. The Maintenance Supervisor checked all grab bars in all resident bathrooms in the entire facility on April 4, 2013 and found no other loose grab bars. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: During	04/26/2013			

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	<p>The Maintenance Supervisor indicated staff were supposed to fill out a maintenance request form when things needed to be fixed, but he had not received one for the grab bars. He indicated he checked handrails and grab bars on a quarterly basis.</p> <p>CNA #2 was interviewed, at 10:44 a.m., on 4/4/13 and indicated the resident in 310a required a 2 person assist for toileting, but did not hold the grab bar in the bathroom. She indicated the resident in 310b was independent, used a walker, and did not require assist for toileting. CNA #2 indicated the resident in 315a was currently in the hospital, but normally was a 1 person assist for toileting and could stand and hold onto the grab bar for support. She indicated the resident in 315b did not use the bathroom.</p> <p>The Maintenance Supervisor provided a February quarterly tasks document, on the afternoon of 4/4/13, which indicated the handrails and grab bars had last been checked on 2/13/13.</p> <p>3.1-45(a)(1)</p>		<p>daily rounds by Department Heads and Weekend Nurse Manager and/or Weekend Department Head Manager, grab bars will be checked in all rooms to ensure none are loose and all are tight. If any are found to be loose, the person who finds it will contact the Maintenance Supervisor immediately so that the grab bars can be tightened. All staff will be re-insrvediced on the system of using Maintenance Repair Requests to notify the Maintenance Supervisor of anything found (like loose grab bars) that needs to be fixed. All staff will also be re-insrvediced by April 21, 2013 on the importance of checking for potential environmental hazards at all times and reporting them immediately in order to prevent accidents from occurring. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes will be completed: A daily rounds sheet will be utilized that will include the checking of grab bars and the daily rounds sheets will be turned into the Administrator and/or designee on a daily basis. The Maintenance Supervisor will perform documented "safety equipment" checks (which includes grab bars) once per month for at least 6 months</p>		

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			and will submit this report to the monthly CQI meeting for review. The threshold for equipment safety rounds is 100% and anything less will be fixed immediately.	