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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 04/01/2016 |
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| NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS | STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86TH ST INDIANAPOLIS, IN 46260 |
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|------------------------|--|---------------|---|----------------------|
| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00195842 and IN00196008.</p> <p>Complaint IN00195842 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00196008 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: March 31 & April 1, 2016</p> <p>Facility number: 000074 Provider number: 155154 AIM number: 100290050</p> <p>Census bed type: SNF/NF: 86 SNF: 7 Total: 93</p> <p>Census payor type: Medicare: 11 Medicaid: 66 Other: 16 Total: 93</p> <p>Sample: 10</p> | F 0000 | The following Plan of Correction constitutes our written allegation of compliance for the deficiency cited Submission of this Plan of Correction is not an admission that the deficiency exists or that one was cited correctly This Plan of Correction is submitted to meet the requirements established by State and Federal law This facility requests paper compliance for the deficiency cited | |

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 0323 SS=D Bldg. 00 | <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on April 6, 2016.</p> <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 interview and record review, the facility failed to ensure a resident's safety during transportation on the facility bus for 1 of 3 residents reviewed for accidents (Resident B).</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 3/31/16 at 10:30 a.m. Diagnoses included, but were not limited to, age related physical debility and dementia.</p> <p>A 14-day MDS (Minimum Data Set) Assessment, dated 3/09/16, indicated Resident B required extensive assistance with 2 or more person physical assistance for bed mobility and transfers.</p> <p>A Fall Circumstance Form, dated 3/14/16, indicated Resident B slid out of</p> | F 0323 | <p>(1) Resident no longer resides in the facility (2) All residents who are transported via facility wheelchair bus have the potential to be affected by this alleged deficient practice (3) All wheelchair drivers have been inserviced on proper wheelchair positioning and functionality of wheelchairs by therapy services An outside ambulance company is also scheduled to train drivers on 4/21/16 Inservicing will continue annually for all wheelchair drivers (4) A check-off tool will be implemented for each transport and will be completed by the wheelchair driver Concerns will be reported to the ED and/or DNS immediately Results will be reviewed in QA monthly times twelve months and quarterly thereafter</p> | 05/01/2016 |

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| | <p>her wheelchair while being transported back to the facility from a medical appointment. It indicated the driver stated the resident slid out of the wheelchair and the wheelchair folded up while the resident was in the chair.</p> <p>An Interdisciplinary Team Fall Review, dated 3/15/16, indicated Resident B was witnessed sliding from her wheelchair. The driver pulled the bus over, released the seatbelt that was in place and assisted the resident to the floor of the bus. Two staff members drove to the location of the bus and assisted Resident B back into the wheelchair.</p> <p>During an interview on 3/31/16 at 4:05 p.m., the Executive Director indicated the bus driver should adjust a resident, or get assistance to adjust them, before leaving the facility if they do not look positioned correctly in a wheelchair. She indicated Resident B preferred to have many blankets on top of her, therefore the driver may not have been able to see that she needed to be adjusted in the chair.</p> <p>During an interview on 3/31/16 at 4:17 p.m., the bus driver indicated Resident B's chair was not put together correctly and was folding in on itself. She indicated the bus hit some bumps as she was driving. She saw Resident B in the</p> | | | |

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| | <p>mirror and it looked as if the seatbelt had her up in the air. The bus driver indicated she pulled the bus over and released the seatbelt, thinking she could get Resident B back in the chair, but was unable to do so once the seatbelt was released. Resident B went to the ground on top of the bus driver. The driver scooted out from under Resident B and sat her against the wheelchair until help arrived. The bus driver indicated she did not generally assess residents or their equipment before departure, as she had not been trained on positioning residents in wheelchairs. However, if something stood out and looked wrong to her, she would ask for help. The driver indicated Resident B was covered in blankets and she could not tell that anything looked wrong as far as the way the resident was sitting.</p> <p>During an interview on 3/31/16 at 4:35 p.m., the Rehab Service Manager indicated she had assessed the wheelchair belonging to Resident B after the incident. The wheelchair was a high back wheelchair with a support bar that extended across the back of the wheelchair to keep the back straight. She indicated if the support bar was not latched correctly and the resident did not have their weight against the back of the wheelchair, it could fold. The Rehab</p> | | | |

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| | <p>Service Manager indicated the bar on Resident B's chair was not attached correctly.</p> <p>A Bus Driver Position Description, provided by the Executive Director on 4/1/16 at 9:05 a.m., given to the bus driver on 12/05/12, indicated "...Transports residents to and from activities in a timely and safe manner so appointments are kept, while ensuring safety of residents transported...."</p> <p>This Federal tag relates to complaint IN00196008.</p> <p>3.1-45(a)(1)</p> | | | | |