

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/16/2012
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NAME OF PROVIDER OR SUPPLIER EASTLAKE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3109 E BRISTOL ELKHART, IN 46514
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R0000	<p>This visit was for the Investigation of Complaint IN00112570.</p> <p>Complaint IN00112570-Substantiated. State residential finding related to the allegations is cited at R 0090</p> <p>Survey dates: 8/15/12 & 8/16/12.</p> <p>Facility number: 010065 Provider number: 010065 AIM number: N/A</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: Residential: 76 Total: 76</p> <p>Census payor type: Other: 76 Total: 76</p> <p>Sample: 3</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 17, 2012 by Bev Faulkner, RN</p>	R0000	<p>This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</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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R0090	<p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any</p>						

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	<p>subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on observation, interviews and record review, the facility failed to arrange timely therapy evaluations and treatment for 1 of 3 residents who had orders for therapy staff to evaluate and treat, creating a delay of 22 days in therapy evaluation, treatment and obtaining a hospital bed. Resident C</p> <p>Findings include:</p> <p>The closed clinical record of Resident C was reviewed on 8/15/12 at 10:10 a.m., and indicated the resident had lived in the facility since March of 2007. Her diagnoses included, but were not limited to: post cerebrovascular accident, right sided weakness, hypertension and dementia.</p>	R0090	<p>1. Resident C has discharged from community.</p> <p>2. Resident clinical records to be audited by Resident Care Director or designee for timely therapy evaluation and treatments and will complete if deficiency exists.</p> <p>3. Home health agencies to be educated on completing therapy evaluations and treatments in a timely manner by the Resident Care Director. Education to also include contacting Executive Director, or Resident Care Director, if barrier exists for order completion.</p> <p>4. Resident Care Director or designee to audit new therapy evaluation and treatment orders within 72 hours for completion. Results to be reviewed at monthly quality assurance committee. Regional Directors to review during routine site visits.</p> <p>5.8-31-12</p>	08/31/2012

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	<p>The face sheet of the clinical record indicated the son was Power of Attorney (POA) and the grandson was also listed as a POA. No legal POA form was found in the clinical record. The clinical record contained two phone numbers and an e-mail address for the son and two phone numbers for the grandson. The son's address was not in the mainland United States, but the grandson's address was within the continental states.</p> <p>Nurses notes of 4/26/12 at 12:15 p.m., indicated the resident had sustained a fall and had been evaluated at the local hospital and returned with no new orders.</p> <p>Nurses notes, dated 5/30/12 at 3:57 p.m., indicated the resident had been found on the floor. The family was notified and the son agreed to have therapy evaluate the resident. The note indicated a referral had been sent to the therapy company on 5/30/12.</p>						

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	<p>Nurses notes, dated 5/31/12 at 3:40 a.m., indicated the resident had been found partially out of bed, sliding toward the floor.</p> <p>A faxed change of condition form, sent to the physician on 5/31/12, indicated the facility was requesting an order for occupational therapy to evaluate and treat the resident for use of a transfer bar on the bed and for bed mobility and transfers. The faxed order was dated 5/31/12, when returned from the physician's office (the same day as the request).</p> <p>A time line, provided by the occupational therapist, on 8/15/12 at 9:15 a.m., indicated the therapy company had received the request and physician's order on 6/1/12. The time line indicated attempts were made to obtain Medicare information from 6/4/12 to 6/20/12, and on 6/20/12 the therapy company had been informed a home health agency which also provided therapy had been</p>						

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	<p>involved.</p> <p>During an interview with the occupational therapist, on 8/15/12 at 9:15 a.m., she indicated she had been attempting to get a signed consent from the son who lived out of the continental states before doing the evaluation.</p> <p>The time line from the occupational therapist indicated a home health agency had been contacted, on 6/20/12, and the original therapy consult had not been done.</p> <p>The home health agency documentation in the record indicated an evaluation for admission had been done on 6/21/12.</p> <p>Records from the home health agency, obtained on 8/15/12 at 2:10 p.m., by the facility Administrator, indicated the home health therapy staff had completed an evaluation, on 6/22/12, and determined the resident had difficulty with bed</p>			
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	<p>transfers and needed a hospital bed, plus physical therapy. The note indicated a hospital bed had been requested from a local medical supply company.</p> <p>During an interview with the Administrator, on 8/16/12 at 7:40 a.m., he indicated the request for the hospital bed had been sent on Friday, 6/22/12, and the supply company had told him during a phone conversation on 8/15/12, that they had gotten the request on Monday, 6/25/12. The bed was never delivered to the facility.</p> <p>Nurses notes, dated 6/25/12 at 6:30 a.m., indicated Resident C had been found on the floor and 911 had been called to assess her. The note indicated the paramedics had assessed her and returned her to bed. She had denied any acute pain at the time.</p> <p>The next nurses note, dated 6/25/12 at 9:00 a.m., indicated when staff members attempted to help the</p>			

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	<p>resident stand, she complained of left leg pain and was unable to stand. She was sent to the hospital and was diagnosed with a left femur fracture.</p> <p>The resident was observed in her current facility, on 8/15/12 at 1:30 p.m., sitting in a wheel chair and the clinical record from the current facility was reviewed for hospital information. The hospital record, dated 6/25/12, indicated she had sustained a left impacted femoral neck fracture.</p> <p>This state residential finding relates to Complaint IN00112570.</p>				