

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155810	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/26/2016
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NAME OF PROVIDER OR SUPPLIER VERNON MANOR CHILDRENS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1955 S VERNON ST WABASH, IN 46992
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00200940.</p> <p>Complaint IN00200940 - Substantiated. Federal/State deficiencies related to the allegations are cited at F248 and F250.</p> <p>Survey dates: May 24, 25 and 26, 2016</p> <p>Facility number: 000274 Provider number: 155810 AIM number: 100271660</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 1 Medicaid: 71 Other: 1 Total: 73</p> <p>Sample: 8</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on May 31, 2016.</p>	F 0000	<p>This plan of correction constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law.</p> <p>Plan of Compliance is effective: June 25, 2016</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 0248 SS=D Bldg. 00	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to provide an activity program for 1 of 3 cognitively impaired residents reviewed for activities. (Residents E)</p> <p>Findings Include:</p> <p>1. During the Initial Tour on 5/24/16 at 8:25 a.m., Resident E was in her room, seated in her wheelchair, alone.</p> <p>On 5/24/16 at 11:08 a.m., Resident E was in her room alone, the door was closed. There was no music or television on. Resident E was pulling at the door, but was unable to open it.</p> <p>On 5/24/16 at 11:50 a.m., Resident E was observed to exit the main dining room and self-propel to her previous room. Resident E was found in her old room</p>			F 0248	<p>F 248 Activities</p> <p>Corrective action for affected resident: Activity preferences reviewed for Resident #E and careplan updated</p> <p>Identification of others at risk: Activity preferences for all residents reviewed and care plan updated as needed</p> <p>Measures to ensure this deficient practice does not recur: Staff re-educated on honoring all resident choices and activity preferences</p>		06/25/2016

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	<p>with the door shut. Resident E was alone in the room. She was observed through the adjoining bathroom. She had pulled a rug off the chair, as well as, move the chair around. She also had pulled the bolsters off a bed. At 11:55 a.m., a housekeeping staff member came into the room and removed the resident.</p> <p>On 5/24/16 at 12:35 p.m. and 1:40 p.m., Resident E was in her room alone with music playing.</p> <p>On 5/25/16 at 8:10 a.m., Resident E was in her room, seated in her wheelchair. The door was closed and her music was on.</p> <p>On 5/25/16 at 9:25 a.m., Resident E propelled into another resident's room. She was removed by a staff person.</p> <p>At 12:26 p.m. on 5/25/16, Resident E was in her room, seated in her wheelchair. The door was closed and the music was playing.</p> <p>At 1:42 p.m., Resident E was in her room with the door shut.</p> <p>The clinical record of Resident E was reviewed on 5/24/16 at 10:10 a.m. The record indicated the resident's diagnoses included, but were not limited to, cerebral</p>		<p>Monitoring of corrective action: Activity in individual rooms and groups will be monitored during manager rounds by department managers 5 times a week for 8 weeks, then monthly thereafter for 6 months. The audits will be ongoing with the results reported and recommendations made as indicated through the Quality Assurance Committee monthly.</p>	

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	<p>palsy, profound intellectual disability, visual loss, explosive disorder, aphasia and dysphagia. The Quarterly Minimum Data Set Assessment, dated 3/31/16, indicated the resident was severely cognitively impaired.</p> <p>Physician orders signed on 5/17/16 included: "may participate in activities and recreational programs."</p> <p>The care plan, dated 5/4/16, indicated, "I enjoy social and sensory interactions, but can easily become over-stimulated...I want to be included in activity groups/outings as available". The care plan interventions included: "Include me on appropriate outings when I am available."</p> <p>Another care plan, dated 5/4/16, indicated, "...I have intellectual disability and my family makes all of my decisions for me. My family wants me to remain at [name of facility]." Interventions included, but were not limited to, "take me to activity groups I enjoy such as music and dance, exercise, crafts, board games that include shake dice in a cup...."</p> <p>The Activity Director (AD) was interviewed on 5/25/16 at 2:43 p.m. During the interview, the AD indicated she had recently been assigned as AD by</p>			

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	<p>the Administrator. She stated she has only been doing this job for one week and prior to this she was the receptionist. She indicated she was certified as an AD, but had worked in previous positions. She indicated residents should receive at least 2 activities per week. She indicated she was in the process of hiring more people to work in the activity department.</p> <p>Activity Aide #1 was interviewed on 5/26/16 at 8:36 a.m. During the interview, Activity Aide #1 indicated she felt like the program could be improved with activities more beneficial to their disabilities. She indicated the Activity Department had been staffed by only 2 people and the previous AD left about 10 days ago. The staffing schedule was provided from 5/7/16 through 5/16/16. The schedule indicated Activity Aide #1 was working as a CNA on the following days in May: 5/7, 5/8, 5/10, 5/12 and 5/13/16. Activity Aide #1 was provided the schedule and indicated she had been pulled recently to work as a CNA on the floor.</p> <p>During an interview on 5/26/16 at 9:35 a.m., the Director of Nursing (DON) was interviewed. She indicated Activity Aide #1 had been pulled from the Activity Department to work as a CNA, but she had since fixed the staffing problem.</p>			
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F 0250 SS=D Bldg. 00	<p>During review of the in-house Activity Log for May 2016, Resident E attended karaoke on 5/4/16 and morning stretch on 5/17/16. The April log indicated, Resident E attended morning stretch on 4/1/16 and 4/9/16, story book on 4/1/16, karaoke on 4/15/16 and indoor walk on 4/21/16.</p> <p>This Federal tag relates to Complaint IN00200940.</p> <p>3.1-33(a) 3.1-33(b)(1)</p> <p>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 residents on anti-psychotic and psychopharmacological medications had a monitoring and management program with specific target behaviors and effective interventions in place for 2 of 4 residents reviewed for behaviors. (Resident C and G)</p> <p>Findings include:</p>	F 0250	<p>F 250 Social Services Corrective action for affected resident: Behavior tracking logs and effective interventions implemented for Residents #C and #G Care plans updated as needed Identification of others at risk: Behavior tracking logs and</p>	06/25/2016

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	<p>1. Resident C's record was reviewed on 5/24/16 at 9:25 a.m. Diagnoses included, but were not limited to, depression with behavioral disturbance, delusional disorder, depression and chronic pain.</p> <p>Resident C had current physician's orders for the following psychoactive medications:</p> <p>a. 2/25/15, Depakote 500 mg (mood-stabilizer medication) - 2 capsules twice daily.</p> <p>b. 9/21/15, Cymbalta 60 mg (an anti-depressant medication) - 1 tablet daily</p> <p>c. 4/13/16, Seroquel 25 mg and 150 mg (an anti-psychotic medication) - 25 mg in the morning and 150 mg in the evening.</p> <p>Resident C had a current, 4/14/16, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was moderately cognitively impaired and no maladaptive behaviors had been observed during the assessment period.</p> <p>A Verbal Aggression Behavior Tracking Form for 4/16, indicated on 4/16/16, 4/19/16 and 4/23/16, Resident C was heard yelling and swearing at her roommate. The interventions listed included:</p>		<p>intervention strategies reviewed and updated for residents requiring behavior monitoring. Care plans updated as needed</p> <p>Measures to ensure this deficient practice does not recur:</p> <p>The interdisciplinary team members were re-educated on behavior management, including but not limited to utilization/management/monitoring of behavior tracking sheets and evaluation of intervention effectiveness.</p> <p>Monitoring of corrective action:</p> <p>Social Services will audit 2 residents behavior management programs that includes behavior tracking logs and intervention strategies 5 times weekly for 2 months 3 times a week for 8 weeks, then monthly thereafter for 6 months. The audits will be ongoing with the results reported and recommendations made as indicated through the Quality Assurance</p>	

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	<p>A. Redirect me to say please and thank you.</p> <p>B. Encourage me to express myself in a positive manner.</p> <p>C. Praise me for being polite and communicating myself in a positive manner.</p> <p>No documentation was noted for any intervention having been attempted.</p> <p>Behaviors on the following dates indicated the interventions had been attempted, but failed to be effective for verbal aggression towards staff: 4/2, 4/3, 4/4/, 4/5, 4/6 and 4/15/16.</p> <p>A May, 2016 Behavior Tracking Form identified a behavior as yelling and screaming for assistance. The interventions included, but were not limited to, "remind me to use bell/wait...assist me as soon as possible...praise me...."</p> <p>Interventions were documented as not effective on 5/7, 5/8, 5/13 and 5/19/16. No additional information was provided as to different interventions being attempted or changed to prevent on-going behavior.</p> <p>2. Resident G's record was reviewed on 5/25/16 at 9:40 a.m. Diagnoses included, but were not limited</p>		Committee monthly.				

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	<p>to, dementia with behavioral disturbances, depression, chronic obstructive pulmonary disease and coronary artery disease.</p> <p>Resident G had current physician's orders for the following psychoactive medications:</p> <p>a. 1/7/16, Depakote 125 mg (mood-stabilizer medication) - 4 capsules twice daily.</p> <p>b. 12/30/15, Lexapro 20 mg (an anti-depressant medication) - 1 tablet daily</p> <p>c. 3/23/16, risperidone 0.5 mg (an anti-psychotic medication) - 1 tablet daily.</p> <p>Resident G had a current, 3/21/16, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was cognitively impaired and displayed delusional behaviors during the assessment period.</p> <p>A current care plan, dated 5/2/16, indicated "I have been diagnosed with depression and take an antidepressant medication." The only intervention listed indicated, "I will be given my medication as [sic] prescribed by my physician."</p> <p>Resident G's record did not identify the specific behavioral symptoms or target</p>			

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	<p>behaviors being treated by the use of an anti-depressant medication.</p> <p>Resident G did not have a care plan to address the specific behavioral symptoms or targeted behaviors being treated by the use of an anti-depressant medication.</p> <p>Review of Resident G's Nurses Notes, from 4/1/16 to 5/26/16, indicated she displayed more than 21 episodes of crying or tearful behaviors.</p> <p>A Social Service note, dated 4/20/16 at 3:43 p.m., indicated Resident G was "tearful." The note indicated the Social Service Director (SSD) would speak to psychiatric services about symptoms of "sun downing."</p> <p>Resident G was seen by psychiatric services on 4/13/16. On 5/23/16, a new order was received from the psychiatric nurse practitioner to stop the Lexapro and start Zoloft 100 mg daily (an anti-depressant medication) for agitation and depression was received.</p> <p>During an interview on 5/25/16 at 2:08 p.m., the Social Service Director indicated Resident G did not have a Behavior Tracking Form for depression and/or tearfulness. She indicated she had written it down, but had not yet completed the form. She indicated staff</p>			

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	<p>were educated to document if an intervention was not working for Resident C. She indicated they were to document what had worked to stop the behavior.</p> <p>Review of the current facility policy, dated 4/15/13, titled "Behavior Assessment and Management ", provided by the Administrator on 5/26/16 at 8:40 a.m., included, but was not limited to, the following:</p> <p>"It is important to understand causes of behavior problems in our residents. Examples of behavior problems can include a depressed resident withdrawing from other people, an agitated resident shouting repeatedly, an agitated resident hitting someone, or a confused resident wandering from his or her unit.</p> <p>...The behavior monitoring form assists in identifying the types of behaviors, time of day behavior occurred, how many times behavior occurs and can be utilized in determining potential dose reduction or discontinuation of antipsychotic, or other psychoactive medications.</p> <p><u>Care planning of resident behaviors:</u> ...Once behaviors have been assessed, the next step is to develop a resident-specific care plan....</p>			

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	<p>...goal is to identify what is causing behaviors and address that cause."</p> <p>This Federal tag relates to Complaint IN00200940.</p> <p>3.1-34(a)</p>				