

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/12/2012
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NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 SHEFFIELD AVE DYER, IN 46311
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F0000	<p>This visit was for the Investigation of Complaint IN00102315.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00102315 - Substantiated. Federal/State deficiencies related to the allegations are cited at F166.</p> <p>Survey dates: January 3, 4, 5, 6, 7, 8, 9, 10, 11, & 12, 2012.</p> <p>Facility number: 000125 Provider number: 155220 AIM number: 100266740</p> <p>Survey team: Kathleen (Kitty) Vargas, RN-TC (January 3, 4, 5, 6, 9, 10, 11, & 12, 2012) Lara Richards RN (January 3, 4, 5, 6, 9, 10, 11, & 12, 2012) Heather Tuttle, RN (January 3, 4, 5, 6, 7, 9, 10, 11, & 12, 2012) Janet Adams, RN (January 3, 4, 5, 6, 8, 9, 10, 11, & 12, 2012)</p>	F0000	Please accept the following Plan of Correction as the facility's credible allegation of compliance. This Plan does not constitute an admission of guilt or liability by the facility. It is submitted only in response to the regulatory requirements.	

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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	<p>Census bed type: SNF/NF 135 Residential 45 Total 180</p> <p>Census payor type: Medicare 37 Medicaid 62 Other 81 Total 180</p> <p>Stage 2 sample: 41 Residential sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 20, 2012 by Bev Faulkner, RN</p>			
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F0166 SS=D	<p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on record review and interview, the facility failed to ensure grievances were resolved in a timely manner related to missing clothes and a missing blanket for 1 of 3 residents reviewed of the 4 who met the criteria for personal property. (Resident #B)</p> <p>Findings include:</p> <p>Interview with Resident #B on 1/4/12 at 1:32 p.m., indicated that she had recently given a list of missing items to facility staff. The resident indicated that she was missing two queen size sheets and a blanket. She also indicated that she had four dresses missing since November 2011. She indicated that she had reported this to staff and the items were still missing.</p> <p>The record for Resident #B was reviewed on 1/9/12 at 2:53 p.m. There was no documentation in the Social Service Progress Notes related to the resident's missing items.</p> <p>Grievances filed by the resident were provided by the Social Service Director and were reviewed on 1/9/12 at 8:37 a.m.</p>	F0166	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. F166 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The corrective actions for the resident listed are as follows: Resident B was offered \$125 for her missing items. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All facility residents who have filed a grievance have the potential to be affected by the same alleged deficient practice. Current grievances were reviewed to determine timeliness of follow-up. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The Concern Form was updated to include what was done for resolution in regards to the concern filed. Facility staff have been re-educated by Social</p>	02/10/2012			

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	<p>A Resident Council follow-up form, dated 8/24/11, indicated Resident #B was missing a dress for about 3 months. The dress was labeled, and the resident met with laundry one time to discuss the issue. The documented response was "flower, light pink house dress the resident was spoken to and was informed the house dress would be looked for." The form was signed 8/30/11 and there was no further documentation to indicate if the house dress had been found and what kind of investigation was completed.</p> <p>A Resident Council follow-up form, dated 10/26/11, indicated Resident #B was missing her favorite dress, the dress was labeled but never found, and had been missing for at least 6 months. The documented response from the Housekeeping Supervisor indicated, "Note dress missing for almost 1 year. No other resident uses these types of dresses (or size). If found we will definitely return to resident. Apologizes for loss of item." There was no further documentation to indicate if the dress had been found and what kind of investigation was completed.</p> <p>On 12/14/11, the Social Service</p>		<p>Service/designee on the following: · When a resident/family member has a concern the Concern form is to be completed and a copy given to Social Service · Measures that were taken to resolve the grievance are to be documented on the form · Time period for follow-up is within 5 days How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; Social Service/designee will perform audits weekly on the 5 residents who have made a concern to ensure the concern has had follow-up in a timely manner. A summary of the audits will be presented to the Quality Assurance committee monthly by Administration/designee for three months. Thereafter, if determined by the Quality Assurance Committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p>		

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	<p>department received a concern form from the resident related to the resident indicating that she had several missing items. The concern form indicated the Administrator, Unit Supervisor, and Housekeeping were notified. The documented action, dated 12/15/11, indicated to continue to search for missing items and those that staff and I could identify have been brought to administration. The action section was signed by the Housekeeping Director. The Follow up section and resolution section of the form were blank.</p> <p>A Resident Council follow-up form, dated 12/28/11, indicated the resident was missing a green dress and a blanket for 1 month. The blanket was labeled. The documented response by the Housekeeping Supervisor indicated, "Have looked and searched for both items-waiting to speak further with administration." The form was signed on 1/2/12 by the Housekeeping Supervisor.</p> <p>Interview with the resident on 1/10/12 at 8:47 a.m., indicated that she was offered \$50 to replace her missing items a few days ago. The resident feels that is not sufficient and she indicated her missing blanket alone was worth \$30.</p>						

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	<p>Interview with the Social Service Director on 1/11/12 at 12:51 p.m., indicated the resident has had repeated concerns related to missing items. The Social Service Director indicated for the most recent complaints, staff went room to room looking for her items. The resident was offered money for reimbursement and did not take it. She indicated the resident felt her missing items were worth more money. The resident was also educated about marking her items. The Social Service Director indicated a resolution should have been documented for the most recent incident as well as the incidents back in August and October 2011.</p> <p>The Filing Grievances/Complaints policy was provided by the Director of Nursing on 1/10/12 at 9:45 a.m. and identified as current. The policy indicated the following:</p> <p>- "Grievances and/or complaints may be submitted orally or in writing. Written complaints or grievances must be signed by the resident or the person filing the grievance or complaint in behalf of the resident."</p> <p>- "The administrator may delegate investigation of the grievance to the</p>			
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	<p>relevant individual or department head."</p> <p>-"Upon receipt of a written grievance and/or complaint, designated individual will investigate the allegations and submit a written report of such findings to the administrator within 5 working days of receiving the grievance and/or complaint."</p> <p>-"The administrator will review the findings with the person investigating the complaint to determine what corrective actions, if any, need to be taken."</p> <p>-"The resident, or person filing the grievance and/or complaint in behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. Such report will be made orally by the administrator, or his or her designee, within 5 working days of the filing of the grievance or complaint with the facility. A written summary of the report will also be provided to the resident, and a copy will be filed in the business office."</p> <p>This federal tag is related to Complaint IN00102315.</p>			
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