

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155156	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/28/2012
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NAME OF PROVIDER OR SUPPLIER  ARBORS AT MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360
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F0000	<p>This visit was for the Investigation of Complaints IN00101508 and IN00104040.</p> <p>Complaint IN00101508-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00104040-Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F225, and F226.</p> <p>Survey dates: February 23, 24, 27, &amp; 28, 2012.</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Survey team: Janet Adams, RN -TC Janelyn Kulik, RN February 24 &amp; 27, 2012</p> <p>Census bed type: SNF: 30 SNF/NF: 123 Total: 153</p> <p>Census payor type: Medicare: 34</p>	F0000	<p>The submission of this plan of correction does not indicate an admission by The Arbors of Michigan City that the findings and allegations contained here in are accurate and true representations of the quality of care and services provided to the residents of The Arbors of Michigan City. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirement governing the management of this facility. It is submitted as a matter of statue only.</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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	<p>Medicaid: 100 Other: 19 Total: 153</p> <p>Sample: 18</p> <p>These deficiencies reflect state finding cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 1, 2012 by Bev Faulkner, RN</p>				

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify the physician of an allegation of physical abuse for 1 of 1 allegation of abuse reviewed. (Resident #N)</p>	F0157	<p>1. Resident N is no longer a resident of the facility 2. Review of the past 30 days of incident / accidents resulted in no other residents affected by this deficiency. 3. The deficiency was</p>	03/23/2012

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	<p>Findings include:</p> <p>The closed record for Resident #N was reviewed on 2/24/12 at 11:45 a.m. The resident's diagnoses included, but were not limited to, acute respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, diabetes mellitus, and obesity. The resident was seen by Physician #1.</p> <p>The 1/20/12 Minimum Data Set (MDS) admission assessment indicated a BIMS (Brief Interview for Mental Status) was conducted. The results on the BIMS indicated the resident made poor decisions and cues/supervision were required for decision making.</p> <p>A Nursing Note, dated 2/13/12, indicated a late entry was made for 2/11/12 at 4:00 p.m. The entry indicated the resident's daughter ran out of the room screaming that someone had threatened her mother. She screamed that the CNA's had her mother in the Hoyer (mechanical lift used to move a resident) without oxygen and the Hoyer lift stopped and her mother stopped breathing. She also indicated she did not know which CNA it was but one of them told her mother they were going to slam her head into the door. The CNA's reported they kept the oxygen on</p>				<p>evaluated relative to system, education and compliance. Inservicing for licensed staff will be conducted by the DHS / designee on the facility guidelines for following physician notification pertaining to incidents and accidents<sup>4</sup>. The DHS / designee will audit incidents / accidents using the Quality Assurance Tool and verify that the physician has been notified five time per week for two months, then three times per week for two months, then two times per week for two months. The findings will be reported to the QA Committee. The QA Committee will assess findings after the six months with recommendations to resolve issues if all incidents / accidents were notified to the physician according to facility guidelines or continue audit functions for three months until resolved.</p>		

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	<p>the resident the entire time and the Hoyer lift did stop working but that they positioned the lift over the bed and lifted the bed up to the level of the Hoyer. The Unit Manager was called and spoke to the resident's daughter. The resident was in bed and her oxygen level was 96% with 4 liters of oxygen in place. There was no distress noted. When asked who threatened her she could not recall. The resident was assessed and no new areas were noted.</p> <p>Review of an Incident/Accident Investigation reviewed on 2/27/12 at 12:00 p.m., indicated a check mark had been placed by "Physician Notified." Written in the line for "Physician's Name" was "Nurse Practitioner (name of the Director of Nursing) aware."</p> <p>The "Abuse and Neglect Procedural Guideline" policy was reviewed on 2/28/12. The policy was received from the facility Administrator and was identified as current. The policy had a revised date of 9/16/2011. The policy indicated "The Executive Director or designee must notify the resident(s) physician(s) and family/responsible party."</p> <p>Interview with the Executive Director on 2/27/12 at 4:45 p.m., indicated, the Director of Nursing was a Nurse</p>			

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	<p>Practitioner. The Director of Nursing works under the guidance of Physician #2. She does not work under the guidance of Physician #1. He further indicated both Physician #1 and #2 were both Medical Directors at the facility. He indicated the facility had not notified the resident's physician..</p> <p>This Federal tag relates to complaint IN00104040</p> <p>3.1-5(a)2</p>			

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F0225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure an allegation of</p>	F0225	<p>1. Resident N is no longer a resident of the facility.2. Review of 30 days of incidents / accidents</p>	03/23/2012			

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	<p>abuse was reported to the Indiana State Department of Health officials in accordance with the State requirements for 1 of 1 staff to resident allegations of abuse reviewed . (Resident #N)</p> <p>Finding include:</p> <p>The closed record for Resident #N was reviewed on 2/24/12 at 11:45 a.m. The resident's diagnoses included, but were not limited to, acute respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, diabetes mellitus, and obesity. The resident was seen by Physician #1.</p> <p>The 1/20/12 Minimum Data Set (MDS) admission assessment indicated a BIMS (Brief Interview for Mental Status) was conducted. The results on the BIMS indicated the resident made poor decisions and cues/supervision were required for decision making.</p> <p>A Nursing Note, dated 2/13/12, indicated</p>		<p>resulted in no other residents affected by this deficiency.3. An Agency Notification Audit tool will be used to monitor incidents / accidents for the facility guidelines for notification to the Indiana State Department of Health.4. ED / designee will review Agency notification audit tool and verify ISDH has notified for five time per week for two months, then three times per week for two months, then two times per week for two months. The findings will be reported to the QA Committee. The QA Committee will assess findings with recommendations to resolve issues or continue audit functions.</p>		

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	<p>a late entry was made for 2/11/12 at 4:00 p.m. The entry indicated the resident's daughter ran out of the room screaming that someone had threatened her mother. She screamed that the CNA's had her mother in the Hoyer (mechanical lift used to move a resident) without oxygen and the Hoyer lift stopped and her mother stopped breathing. She indicated she did not know which CNA it was but one of them told her mother they were going to slam her head into the door. The CNA's reported they kept the oxygen on the resident the entire time and the Hoyer lift did stop working but that they positioned the lift over the bed and lifted the bed up to the level of the Hoyer. The Unit Manager was called and spoke to the resident's daughter. The resident was in bed and her oxygen level was 96% with 4 liters of oxygen in place. There was no distress noted. When asked who threatened her she could not recall. She was assessed and no new areas were noted.</p> <p>A statement written on 2/11/12 at "approx 5pm" LPN #1 indicated the resident's daughter came to the Nurse Station yelling and stated that the CNA's threatened her mother saying that they were "gonna slam her head into the door."</p> <p>Review of a list of reported allegations of</p>			

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	<p>abuse provided by the Executive Director on 2/24/12 and reviewed at 2:00 p.m., indicated there had been no reported allegations of abuse in the past 90 days.</p> <p>Interview with the Executive Director on 2/27/12 at 4:45 p.m., indicated, the incident regarding the threat to Resident #N had not been reported to the Indiana State Department of Health.</p> <p>This Federal tag relates to Complaint IN00104040.</p> <p>3.1-28(c)</p>			

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F0226 SS=E	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>A. Based on record review and interview, the facility failed to ensure their Abuse Policy identified a procedure to assure all employees were trained on their obligation, role, and rights when reporting suspected crimes against elders. The facility also failed to ensure the training was provided to 13 of 20 employees hired in the last 120 days. (Employees #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13).</p> <p>B. Based on record review and interview, the facility failed to follow their policy related to reporting an allegation of abuse to the State Agency for 1 of 1 allegations of abuse reviewed. (Resident #N)</p> <p>Findings include:</p> <p>A. 1. The files of 20 of 20 employees who had began employment at the facility in the last 120 days were reviewed for verification of training related to reporting a reasonable suspicion of a crime against residents for the following employees on</p>	F0226	<p>1 A) Inservicing for all staff and during orientation upon hire will be conducted by the DHS / desgree on the facilities Abuse guidelines and Elder Justice Act. B) Resident N is no longer a resident of the facility.2.A) No residnets were effected by this difficiency. A review of all the staff will be completed to ensure all staff were inserviced. B) Review of 30 days of incidents / accidents resulted in no other residents affected by this deficiency.3. A) Inservicing will be part of the orientation on boarding and all staff will be completed according to the annual inservie calendar B) An Agency Notification Audit tool will be used to monitor incidents / accidents for the facility guidelines for notification to the Indiana State Department of Health.4. A) Human Resources / designee will keep a record of all employees who require inservice on the facility Abuse guidelines and Elder Justice Act and monitored for compliance. Results of the monitoring will be reviewed by the QA Committee after six months. The QA Committee will make</p>	03/23/2012

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	<p>2/28/12 at 9:05 a.m. There was no record of the following employees receiving this training.</p> <p>Employee #1- RN hired on 1/4/12 Employee #2- CNA hired on 1/4/12 Employee #3- CNA hired on 1/10/12 Employee #4- Dietary staff hired on 2/1/12 Employee #5- Dietary staff hired on 2/8/12 Employee #6- RN hired on 2/14/12 Employee #7- LPN hired on 2/14/12 Employee #8- LPN hired on 2/14/12 Employee #9- Activity staff hired on 2/20/12 Employee #10- LPN hired on 11/9/11 Employee #11- CNA hired on 11/9/11 Employee #12- LPN hired on 12/13/11 Employee #13- CNA hired on 12/13/11</p> <p>When interviewed on 2/28/12 at 9:45 a.m., the Executive Director indicated the facility received new February 2012 Employee Handbooks and staff were to sign a form to verify they received and reviewed the information in the new Employee Handbook. The Executive Director indicated new information on the employees obligations of reporting suspicion of crimes against elders, their rights when reporting, and the Elder Justice act was printed in the new 2/2012 Employee Handbook.</p>		<p>recommendations to resolve issues if all inservicing is completed according to the facility guidelines. B) Executive Director / designee will review all incident / accidents and record on an Agency notification audit tool if the incident / accident requires notification or not to ISDH. The findings of the audit will be reported to the QA Committee. The QA Committee will assess findings after six months with recommendations to resolve issues if all notifications were completed according to the facility guidelines or continue audit functions until resolved.</p>				

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	<p>When interviewed on 2/28/12 at 10:35 a.m., the Executive Director indicated the above recently hired employee should have received training on the above.</p> <p>When interviewed on 2/28/12 at 10:20 a.m., Human Resource Staff #1 indicated the facility received new handbooks a few weeks ago and her corporate office instructed her to have each employee sign for verification of receipt of the handbook by 3/1/2011. The Human Resource staff verified the above 13 employees had not received then new February 2012 handbook.</p> <p>When interviewed on 2/28/12 at 10:45 a.m., the Executive Director indicated the Abuse Policy was revised on 9/16/11. The Executive Director indicated an addition was made under the "Reporting"(section g.v.) of the policy at this time.</p> <p>The facility policy titled "Abuse and Neglect Procedural Guidelines" was received from the Executive Director on 2/28/12 at 10:35 a.m. The policy was last revised on 9/16/2011. The Executive Director indicated the policy was current. There was no documentation in the policy indicating how each staff member was to be trained in the requirements of Reporting Reasonable Suspicion of a</p>			

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	<p>Crime(Section 1150B of the Social Security Act) and the prohibition of retaliation.</p> <p>The added updated of the Reporting section (section g.v.) indicated "The Elder Justice Act requires that if the event that caused the suspected abuse/neglect resulted in serious bodily injury, the Executive Director or designee is required to report the suspicion to the police department immediately, but no later than 2 hours. If the event does not result in bodily injury, it must be reported no later than 24 hours."</p> <p>2. The closed record for Resident #N was reviewed on 2/24/12 at 11:45 a.m. The resident's diagnoses included, but were not limited to, acute respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, diabetes mellitus, and obesity.</p> <p>The 1/20/12 Minimum Data Set (MDS) admission assessment indicated a BIMS (Brief Interview for Mental Status) was conducted. The results on the BIMS indicated the resident made poor decisions and cues/supervision were required for decision making.</p> <p>A Nursing Note, dated 2/13/12, indicated a late entry was made for 2/11/12 at 4:00</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>p.m. The entry indicated the resident's daughter ran out of the room screaming that someone had threatened her mother. She screamed that the CNA's had her mother in the Hoyer (mechanical lift used to move a resident) without oxygen and the Hoyer lift stopped and her mother stopped breathing. She also indicated she did not know which CNA it was but one of them told her mother they were going to slam her head into the door. The CNA's reported they kept the oxygen on the resident the entire time and the Hoyer lift did stop working but that they positioned the lift over the bed and lifted the bed up to the level of the Hoyer. The Unit Manager was called and spoke to the resident's daughter. The resident was in bed and her oxygen level was 96% with 4 liters of oxygen in place. There was no distress noted. When asked who threatened her she could not recall. The resident was assessed and no new areas were noted.</p> <p>A statement written on 2/11/12 at "approx 5pm" LPN #1 indicated the resident's daughter came to the Nurse Station yelling and stated that the CNA's threatened her mother saying that they were "gonna slam her head into the door."</p> <p>The "Abuse and Neglect Procedural Guideline" policy was reviewed on</p>				

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	<p>2/28/12. The policy was received from the Executive Director and was identified as current. The policy had a revised date of 9/16/2011. The policy indicated Reporting was to include: "24 hour initial reporting to applicable state agencies."</p> <p>Interview with the Executive Director on 2/27/12 at 4:45 p.m. indicated, the incident regarding the threat to Resident #N had not been reported to the Indiana State Department of Health.</p> <p>This Federal tag relates to Complaint IN00104040.</p> <p>3.1-28(a)</p>						