

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155630	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2012
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NAME OF PROVIDER OR SUPPLIER FLATROCK RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 904 E 11TH ST RUSHVILLE, IN 46173
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 17, 18, 19, 20, 21 and 24, 2012</p> <p>Facility number: 001126 Provider number: 155630 AIM number: 200011300</p> <p>Survey team: Leslie Parrett RN TC Sharon Lasher RN Vallie Cassette RN Barbara Gray RN (September 21 & 24, 2012) Angel Tomlinson RN (September 21 & 24, 2012)</p> <p>Census bed type: SNF: 4 NF: 43 Residential: 7 NCC: 7 Total: 61</p> <p>Census payor type: Medicare: 4 Medicaid: 43 Other: 14 Total: 61</p> <p>Residential Sample: 7</p>	F0000		

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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 9/27/12 by Suzanne Williams, RN</p>			

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F0156 SS=D	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>				

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to give two day notice to a resident who was discharged from skilled serviced for 1 of 3 residents reviewed for liability notice of 3 who met the criteria for liability notice (Resident #56).</p> <p>Finding include:</p> <p>Review of the notice of discharge from skilled services for Resident #56 on 9-24-12 at 11:34 a.m., indicated the resident was discharged from skilled services on 4-6-12 and was given the notice of discharge on 4-6-12.</p> <p>Interview with the Social Service Director (S.S.D.) on 9-24-12 at 11:45 a.m. indicated Resident #56 and her husband were not given two days</p>	F0156	<p>The facility does give two day notice to residents' who are discharged from skilled services and meet the criteria for liability notice. There have been no other late skilled service liability notices. The interdisciplinary team will discuss all Medicare discharges daily in facility morning department meeting. Social Service Designee will provide required notices 48 hours prior to Medicare discharge. The SS designee was provided reeducation and counseling regarding the adherence to notice requirements. The Business Office Manager shall monitor for compliance by conducting daily post discharge reviews of required notices. Any negative finding will be reported to Administrator for further follow up. Administrator will report audits for 6 months to ensure continued compliance. Negative findings</p>	10/21/2012			

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	<p>notice of being discharged from skilled services. The S.S.D. indicated the therapy department gave her the notice on 4-6-12 and that was when it was given to the resident and her husband. The S.S.D. indicated therapy should have given her the notice of discharge 48 hours prior to the discharge. The S.S.D. indicated therapy was aware of the 48 hour discharge notice requirement.</p> <p>3.1-4(a)</p>		<p>will be reported to the QA committee for t he next 6 months. Monitoring to be done by administrator. Completion by 10-21-2012</p>		

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F0242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to allow 1 resident to choose to return to her room in the evening and insisted she attend activities after supper until it was time for her to go to bed and 1 resident the right to choose what time he got up in the morning, for 2 of 3 residents reviewed for choices of 8 who met the criteria for choices. (Resident #37 and #28)</p> <p>Findings include:</p> <p>1. Resident #37's record was reviewed on 9/20/12 at 9:20 a.m.</p> <p>Resident #37's MDS (Minimum Data Set), assessment, dated 7/30/12, indicated the following:</p> <ul style="list-style-type: none"> - BIMS (Brief Interview for Mental Status) 14, with a range of 13-15, cognitively intact - transfer, extensive assistance, with one person - walk in room and corridor, extensive 	F0242	<p>The facility does allow residents to choose to attend evening activities or go to room and choose what time to get up in the morning. Res. #37 and #28 Care Plan / C N A assignment sheet has been updated per the residents assessments. An audit will be completed on all residents' assessments for choice of rising in the morning and going to bed at night. Care Plans / C N A assignment sheets will be updated if needed. All nursing and interdisciplinary staff will be reeducated on allowing and encouraging resident choice in care planning. Resident satisfaction with self direction will be monitored thru monthly resident council meeting and individuals care plan meetings. Negative findings will be brought to QA committee monthly for 6 months. Monitoring to be done by administrator Completion by 10-21-2012</p>	10/21/2012			

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	<p>assistance, with one person - number of falls since prior assessment, 2 with no injury and 1 with injury</p> <p>During an interview on 9/21/12 at 10:56 a.m., Resident #37 stated "they make me go to activities every evening and I want to stay here in my room and watch TV before I go to sleep. Most of the nurses tell me I have to go to activities and I beg them, please don't make me go, but they make me go anyway. The reason they make me go is because they think I am going to fall. I would love to be able to go back to my room and watch TV after supper. The other night one nurse let me go to my room but most of the nurses make me go to activities. It would mean a lot if I had the choice to go back to my room after supper."</p> <p>Interview with confidential staff #1 on 9/24/12 at 9:55 a.m., indicated there was an activity program from 7:00 p.m. to 9:00 p.m., that started last July for the residents who were at high risk for falls, and Resident #37 was in the high risk for falls group. Some of the nurses made Resident #37 go to the activity group but Resident #37 said she didn't want to go, and she would rather go back to</p>			

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	<p>bed. Some of the nurses stated "you are coming in here and sitting down."</p> <p>2. On 9/17/2012 at 2:35 p.m., during interview, Resident # 28 indicated he didn't choose what time he got up in the morning. He indicated staff "get us up anywhere from 6:00 to 6:30 a.m. It's the rule, I guess. I just do what they tell me." He indicated it's always been that way.</p> <p>On 9/24/12 at 2:25 p.m. Resident # 28 again indicated he does not get up when he wants. He indicated he does not want to get up until 7:00 a.m. on non shower days, because that is when breakfast starts. On shower days, he wants to get up at 6:00 a.m. so he can get to breakfast on time.</p> <p>During interview on 9/24/12 at 2:23 p.m. the DON indicated Resident # 28 is on the light requesting to arise early, and she would get the nurse aide assignment sheets and other documentation to support this.</p> <p>On 9/24/2012 at 2:34 p.m. the DON indicated the facility had no documentation of the resident requesting staff to get him up early.</p> <p>Review of the Quarterly Minimum Data Set assessment (MDS) dated as completed on 08/31/2012, provided</p>				

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	<p>by the DON on 9/24/2012, indicated Resident # 28 had a BIMS (Brief Interview for Mental Status) score of 14 meaning the resident was oriented and his cognitive status was intact. The Quarterly MDS indicated Resident # 28 needed the extensive assistance of one person for bathing and personal hygiene. His active diagnoses included, but were not limited to, chronic lung disease. He also had an additional active diagnosis of difficulty walking.</p> <p>Review of an activity assessment dated 03/09/2012, indicated as current and submitted by the Activity Director on 9/24/2012 at 2:15 p.m., indicated Resident # 28 preferred waking and arising between 7:00 a.m. and 8:00 a.m.</p> <p>Physician's orders dated 09/04/12 indicated Resident # 28 was to be up as wanted with a walker and the assistance of one staff.</p> <p>On 9/24/12 the Director of Nurses submitted a care plan for Resident # 28, implemented on 3/12/12 with a goal date of 12/04/12, that did not include the resident's preference for when to arise. Staff did not submit documentation indicating a plan to ensure Resident #</p>			

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	<p>28's preference for arising was honored.</p> <p>Review of the facility's Resident Rights document, provided by the Office Manager on 9/24/12, indicated under the Quality of Life, Self-determination and Participation section, the resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care.</p> <p>3.1-3(u)(1)</p>			

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F0248 SS=D	<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 interview and record review, the facility failed to provide community based activities for a resident who enjoyed outings outside of the facility for 1 of 3 residents reviewed for choices in a sample of 8 residents who met the criteria for choices (Resident #33).</p> <p>Finding include:</p> <p>Interview with Resident #33 on 9-19-12 at 3:43 p.m. indicated she did not feel like she was able to make decisions about her daily care because she would like to go out of the facility, and had no one to take her. The resident indicated she was not able to drive anymore.</p> <p>Review of the record of Resident #33 on 9-21-12 at 11:48 a.m. indicated the resident's diagnoses included, but were not limited to, history of falls, Parkinson disease, depression, arthritis, osteoporosis, dementia and edema.</p>	F0248	<p>The facility does provide community based activities for residents. Resident #33 has been provided the opportunity to go on outings and facility shopping trips. A group shopping trip is scheduled routinely for residents that would like to go out into the community and shop. A sign-up sheet has been placed in the Activity room for residents. Staff will assist residents to sign up Resident satisfaction will be monitored thru monthly resident council meeting and resident care plan meetings. Negative findings will be brought to QA committee monthly for 6 months. Monitoring to be done by Administrator. Completion by 10-21-2012</p>	10/21/2012	

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	<p>The activity assessment for Resident #33, dated 10-18-10 and with a review date of 11-28-11, indicated the resident's activity preferences included, but were not limited to, dining out, outings and dancing.</p> <p>The Minimum Data Set (MDS) assessment for Resident #33, dated 9-10-12, indicated the following: it was very important to her to do her favorite activities and very important to get fresh air when the weather was good. The resident required limited assistance off the unit and used a wheelchair and walker for mobility. A BIMS (Brief Interview for Mental Status) score was 14, with a range of 13-15 indicating the resident was cognitively intact.</p> <p>Interview with the Social Service Director (S.S.D.) on 9-21-12 at 11:15 a.m., indicated when Resident #33 first came to the facility, her sister would take her to dances on Fridays. The S.S.D. indicated the sister did not take the resident to the dances anymore, due to the assistance the resident requires with toileting needs. The S.S.D. indicated the resident "loves to shop and so forth" and the resident's son does come on the weekend and take her. The S.S.D.</p>			

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	<p>indicated she went and purchased the resident's make up and items for her.</p> <p>Interview with Resident #33 on 9-21-12 at 1:40 p.m. indicated she did not go out in the community anymore. Resident #33 indicated she used to drive, but her physician did not want her to drive anymore. Resident #33 indicated her sister used to take her out but was unable to anymore. Resident #33 indicated the last time she went out anywhere was in December of 2011. Resident #33 indicated she would like like to go to the local store, thrift shop and out to eat. Resident #33 indicated she did not know if she could go anywhere because she used a wheelchair, but would appreciate if she could go somewhere. Resident #33 indicated she gave a list of items she needed to the S.S.D., but would like to go to the store and pick out her own items.</p> <p>Interview with the Activity Director on 9-21-12 at 2:07 p.m. indicated the facility did not have transportation for the residents to attend community activities. The Activity Director indicated the facility had a van, but it had been broke down for over a year. The Activity Director indicated the facility had to find transportation for outings. The Activity Director</p>			

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	<p>indicated the facility residents were supposed to attend the senior picnic, but the transportation the facility had set up was full from people in the community and the facility residents did not get to attend.</p> <p>Interview with the Director of Nursing on 9-21-12 at 2:18 p.m. indicated the last time Resident #33 was out of the facility was on 12-24-11 with the resident's family.</p> <p>Interview with the Activity Director on 9-21-12 at 3:30 p.m. indicated the facility had not set up any transportation for Resident #33 to go out of the facility.</p> <p>Interview with the Activity Director on 9-24-12 at 9:35 a.m. indicated the Administrator was aware of the lack of transportation for residents to go to community activities and was trying to find somebody for transportation. The Activity Director indicated the facility had two community based activities in the year 2012. The Activity Director indicated the facility had to cancel two community based activities in 2012 for the residents due to lack of transportation.</p> <p>3.1-33(a) 3.1-33(b)(3)</p>						

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NAME OF PROVIDER OR SUPPLIER FLATROCK RIVER LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 904 E 11TH ST RUSHVILLE, IN 46173		
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R0000	3.1-33(b)(9) The following state residential finding is cited in accordance with 410 IAC 16.2-5.	R0000			

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R0327	<p>410 IAC 16.2-5-7.1(b) Activities Programs - Nonconformance (b) The facility shall provide and/or coordinate scheduled transportation to community-based activities. Based on interview and record review, the facility failed to provide transportation to community-based activities for 1 of 7 residential residents reviewed. (Resident #7)</p> <p>Findings include:</p> <p>Resident #7's record was reviewed on 9/21/12 at 12:01 P.M.</p> <p>Resident #7's Residential Needs Evaluation dated 7/26/12, indicated Resident #7 was alert, oriented, and independent for decision making.</p> <p>An Activity Care Plan for Resident #7 dated 1/17/12, indicated Resident #7 participated in group activities that included special events, dining out, and outings.</p> <p>A Social Service Progress note for Resident #7 dated 7/12/12, indicated Resident #7 was alert, oriented, and made reasonable decisions. Resident #7 attended most activities, used his computer, took photos, read, and went outside.</p> <p>An Activity Progress note for Resident</p>	R0327	<p>The facility does provide and/or coordinate scheduled transportation to community-based activities. Resident #7 has been provided the oppourtunity to go on outings and facility shopping trips. Resident #7 drives his own car, has and continues to refuse outings. A group shopping trip is scheduled routinely for residents that would like to go out into the community and shop. A sign-up sheet has been placed in the Activity room for residents. Resident satisfaction will be monitored thru monthly resident council meeting and resident care plan meetings. Negative findings will be brought to QA committee monthly for 6 months. Monitoring to be done by Administrator Completion by 10-21-2012</p>	10/21/2012			

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	<p>#7 dated 7/16/12, indicated Resident #7 attended activities of his choice. He attended church services, Bible study, musical entertainment, special parties, bingo, and special outings. Resident #7 enjoyed using his computer, taking pictures, socializing with others, and being outside.</p> <p>Resident #7 was interviewed on 9/21/12 at 9:56 A.M. Resident #7 indicated he would like more community-based activities. Resident #7 indicated he had brought this to the facility's attention, and the facility's response was they had transportation problems.</p> <p>An interview with the Activity Director on 9/24/12 at 9:35 A.M., indicated Resident #7 participated in community-based activities. The Activity Director indicated the facility relied on outside services to transport residents to community-based activities, because the facility did not have their own transportation. The Activity Director indicated the facility had to plan their community-based activities around the outside service's ability to transport the residents. The Activity Director indicated the facility had two community-based activities in May 2012. The Activity Director indicated the facility had to cancel</p>				

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	one community-based activity in June 2012, and one in August 2012, due to the unavailability of transportation. The Activity Director indicated transportation had been discussed in Resident Council and Resident #7 has been made aware of the transportation problems.				