

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155741	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/19/2012
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NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203
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F0000	<p>This visit was for the Investigation of Complaints IN00121040, IN00120133 and IN00120539.</p> <p>Complaint IN00121040 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00120133 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00120539 - Unsubstantiated due to lack of evidence</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: December 18 and 19, 2012</p> <p>Facility Number: 004700 Provider Number: 155741 AIM Number: 100266630</p> <p>Survey team: Dinah Jones, RN-TC Leia Alley, RN</p> <p>Census bed type:</p>	F0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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>SNF/NF: 42 Total: 42</p> <p>Census payor type: Medicare: 2 Medicaid: 38 Other: 2 Total: 42</p> <p>Sample: 9</p> <p>Friendship Healthcare was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the Investigating of Complaints IN00121040, IN00120133 and IN00120539. These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on December 21, 2012; by Kimberly Perigo, RN</p>			

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F9999	<p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but not limited to the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice with twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:</p> <p>(D) major accidents</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report an</p>	F9999	<p>The incident on 12/11/12 was reported 6 days later than the twenty-four (24) hour period established by the State as it was submitted on 12/18/12 as an initial and follow-up investigation as stated. All residents have the potential to be affected by this deficient practice. In the event of an unusual occurrence, the Administrator will immediately inform the division by telephone and or follow-up by written notice within twenty-four (24) hours of the incident. If the department cannot be reached, a call shall be made to the emergency telephone number (317) 383-6144 of the division. The initial report will be submitted with or without the investigation within the twenty-four (24) hour period and when necessary; followed-up with an investigative report within five days of the initial report. A record of all reported unusual occurrences will be entered on a time log stating when the incident actually occurred, when the initial report was submitted to the State, and if necessary; when a follow-up investigation was submitted. Compliance will be reviewed at the monthly quality assurance meeting for one quarter to ensure that the plan of correction is followed and if necessary; monthly thereafter. Corrections will be completed by January 18,</p>	01/18/2013	

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	<p>unusual occurrence to the state department of health as required. This involved residents #H and #I.</p> <p>During an interview on 12/18/12 at 2:30 p.m., with the facility Administrator, he indicated he was made aware of the altercation between the two residents on 12/11/12 at 4:45 p.m. The Administrator indicated he wanted to conduct an investigation of the incident, so he understood what had happened, before he reported the incident to the state department of health.</p> <p>A review of a Facility Incident Reporting Form on 12/18/12 at 2:40 p.m., indicated the Administrator notified the state board of health on 12/18/12. The report indicated Resident #H was found on the floor in the dining room after an altercation with Resident #I. Resident #H and Resident #I were engaged in a verbal altercation when Resident #H stood up from her chair and crossed the room toward Resident #I. Resident #I pushed Resident #H away from her</p>		2013.		

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	<p>resulting in Resident #H falling and striking her head on another resident's wheelchair. Resident #H sustained a laceration to the posterior side of her head. She was sent to the emergency room where she received three (3) staples to her head.</p> <p>Resident #I was evaluated and sent to a geriatric psychiatric hospital for management of delusions. Resident #H remains in the facility as a resident.</p> <p>The Facility Incident Reporting Form reviewed on 12/18/12 at 2:40 p.m., indicated Resident #H had diagnoses included but not limited to: Bipolar, anxiety, COPD (Chronic Obstructive Pulmonary Disease), depression, osteoarthritis, and personality disorder. Resident #I's diagnoses included but not limited to: Schizophrenia and seizure disorder.</p> <p>A review on 12/18/12 at 3:00 p.m., of the facility's abuse policy entitled, "Abuse Prohibition Policy/Procedure, dated 8/2/2005, Revised 6/5/2010, 3/18/2011, and 2/14/2012, indicated the purpose was to protect residents</p>				

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	<p>from abuse. Point #6 (six) indicated, "The Administrator or designee will report the incident to the Indiana State Department of Health within 24 hours of the incident."  3.1-13(g)(1)(D)</p>			