

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155455	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/27/2015
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NAME OF PROVIDER OR SUPPLIER WESLEYAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 729 W 35TH ST MARION, IN 46953
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F 000 Bldg. 00	<p>This visit was for the investigation of complaint IN00172546.</p> <p>Complaint IN00172546 - Substantiated-Federal/State deficiency related to the allegations is cited at F250.</p> <p>Survey Dates: May 26 & 27, 2015</p> <p>Facility Number: 000557 Provider Number: 155455 Aim Number: 100291240</p> <p>Census Bed Type: SNF: 13 SNF/NF: 111 Residential: 8 Total: 132</p> <p>Census by Payor Type: Medicare: 13 Medicaid: 89 Other: 30 Total: 132</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
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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 250 SS=D Bldg. 00	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>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 track maladaptive behaviors and to establish or revise interventions to deal with maladaptive behaviors for 1 of 4 residents exhibiting behaviors in a sample of 6. (Resident # C)</p> <p>Findings include:</p> <p>The closed clinical record for Resident C was reviewed on 5/26/15 at 12:30 p.m. The resident had diagnoses which included, but were not limited to: weakness, atrial fibrillation (heart irregularity), Depression with delusions, morbid obesity, and diabetes.</p> <p>The resident was discharged from the facility to another facility of her choice on 2/25/15 because of behaviors. The resident was receiving Seroquel, Depakote, and Sertraline for her depression with delusions.</p>	F 250	In lieu of facility survey results, the facility respectfully request a paper review of the plan of correction. Resident # C was discharged from the facility on 2/25/15. All residents exhibiting behaviors have the potential to be affected. All behavior sheets completed in the last 30 days were reviewed with interventions updated on resident's care plan as necessary. All residents on behavior management program were reviewed and interventions updated on resident's care plan as necessary. Social service staff in-serviced on behavior management policy and procedure, documenting/ tracking behaviors, and establishing and/or revising interventions as necessary. All staff in-serviced over behavior management program, documentation of behaviors and utilization of resident specific interventions. Behavior sheets will be reviewed during the daily clinical meeting with the Interdisciplinary Team. Social services will document any changes made to the resident's	06/26/2015	

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	<p>The quarterly Minimum Data Set, dated 2/15/15, indicated the resident required extensive assistance with bed mobility, transfers, dressing, hygiene, and toileting.</p> <p>The current care plan, created on 4/7/14, indicated the resident had a problem of "...feelings of sadness, anxiety, uneasiness [sic], depression and bad mood which is characterized by; ineffective coping-yells out loudly, blames others, talks rudely to others and has a negative attitude related to: relocation, rejection by her children. I have a dx [diagnosis] of major depressive disorder."</p> <p>Interventions for this problem included: "Administer medications as ordered. [Initiated on 8/25/11] Convey acceptance of resident and provide repeated honest appraisals of resident's strengths to resident. [Initiated on 5/6/11] Discuss feelings about placement with resident. [Initiated 5/6/11] Discuss feelings of anger and options of appropriate channeling of these feelings with resident. [Initiated on 5/6/11] Educate [name of resident] on what is a proper way to interact with others and remind her to watch her tone of voice. [Initiated on 7/5/11] Staff should give [resident's name] space when talking to her she does not like you to be close to her face she</p>		care plan. Social Service Director or Designee will review three residents with reported behaviors weekly for twelve weeks, then three residents monthly for three months to ensure behavior interventions were recorded and updated as necessary. All findings will be reviewed in Quality Assurance meeting.				

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	<p>feels threatens [sic] and will lash out. [Initiated on 8/15/11] Talk with resident when moving her wheel chair, she would like to be told by staff when they are moving her for any reason. [Initiated on 12/10/12]" No other interventions were listed or updated with new interventions.</p> <p>Another problem listed in the care plan, revised on 11/19/14, indicated "I have delusional and depressive disorder and require anti-depressant and anti-psychotic medications daily." The goal for this problem was "My behaviors will be managed by my careplan interventions." [Initiated on 9/3/11 and revised on 11/19/14]</p> <p>The interventions for this problem were "I will have lab work as ordered by physician [Initiated on 11/19/14] I will report and you will observe for possible side effects of medications. [Initiated on 11/19/14] I will take and you will give prescribed medications. [Initiated on 11/19/14] You will continue to attempt to redirect me when I have behaviors, such as blocking hall way. [Initiated on 11/19/14]" None of the interventions reflected a date of revision for the interventions.</p> <p>Review of the behavior sheets for January, 2015 and February, 2015, used</p>			

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	<p>to record maladaptive behaviors with interventions tried, indicated the following:</p> <p>There were 31 behaviors recorded - 16 of the ones recorded had to do with yelling at staff, 2 were for refusing to have her blood sugar checked in the afternoons, 22 of the behaviors had to do with staff interactions. Only one did the resident actually try to hurt the staff, when she hit a CNA with her grabber. Six of the behaviors had to do with yelling at other residents. During one reported behavior, the resident made a face at other residents. During one behavior, she pushed her wheel chair into other residents. One behavior had to do with the resident wanting the room colder than her roommate.</p> <p>Only two interventions were found to be effective causing the behavior to be "improved". These included "calling the resident by name, and removing the resident from the situation." These occurred during the behaviors involving other residents. There were 30 different possibilities for interventions to be tried on the behavior sheet. Only the first four were utilized consistently and most of these caused the behavior to be "unchanged."</p>			

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	<p>Review of the Social Service progress notes indicated, on 2/17/15, the resident's daughter had been notified of "the possibility of moving" the resident "to a facility that will better meet her needs." The previous entry, dated 1/9/15, was concerning the resident and her interaction with a CNA. There were only five entries during the month of January concerning the resident's behaviors. None of the entries indicated any revision to the care plan or any effective interventions that had been used to address the resident's behaviors.</p> <p>The Director of Nursing was interviewed on 5/26/15 at 2:20 p.m. She indicated Resident C had been discharged to another facility because this facility was unable to change the resident's behaviors.</p> <p>The Social Services Assistant was interviewed on 5/26/15 at 3:00 p.m. She indicated the facility had tried "all kinds of things" to address the resident's interactions with others. She indicated nothing had worked. She indicated the resident was just "mean." She indicated the staff "did a lot of things, but they are just not all in there."</p> <p>The Administrator was interviewed on 5/27/15 at 9:30 a.m. He indicated Resident C had been discussed in many</p>			

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	<p>of the morning meetings. He indicated he was sorry to see her leave, but felt the facility just couldn't meet her needs. He also indicated he was worried about the other residents, not just the staff.</p> <p>This deficiency relates to Complaint # IN00172546.</p> <p>3.1-34(a)</p>				