

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155816	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/20/2016
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NAME OF PROVIDER OR SUPPLIER ARLINGTON PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00196393, IN00197412, and IN00197622.</p> <p>Complaint IN00196393- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F279.</p> <p>Complaint IN00197412- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00197622- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F279.</p> <p>Survey dates: April 18, 19, and 20, 2016</p> <p>Facility number: 013005 Provider number: 155816 AIM number: 201256400</p> <p>Census bed type: SNF: 57 SNF/NF: 23 Total: 80</p> <p>Census payor type: Medicare: 55 Medicaid: 15 Other: 10</p>	F 0000	<p>March 12, 2016</p> <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a complaint survey on April 20, 2016. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
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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 0157 SS=D Bldg. 00	<p>Total: 80</p> <p>Sample: 5</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on April 27, 2016</p> <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</p>			

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	<p>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 ensure a resident's physician was notified when residents had behaviors of refusing care, treatment, ordered therapy, nutrition, or demonstrated aggression toward others. Residents B and E. 2 resident of 4 reviewed for physician notification in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 4/19/16 at 9:00 A.M. Diagnoses, obtained from the resident's current electronic record, included, but were not limited to, a history of stroke, dementia, clostridium difficile (C-diff, a bacteria in the intestines), hypertension, presence of a gastronomy feeding tube, and muscle atrophy.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 3/18/16</p>	F 0157	<p>F 157 (D) Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident E discharged from the health campus. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all resident's with documented refusal of care and behavior to ensure the physician has been notified and the notification is documented in the clinical record. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Licensed Nurses on the following campus guidelines: Physician Notification How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: DHS or designee will audit a minimum</p>	05/20/2016			

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	<p>indicated Resident B was moderately cognitively impaired, required extensive assistance of staff for all activities of daily living, did not ambulate, and was incontinent of bowel and bladder. Progress notes for Resident B indicated:</p> <p>3/16/16 5:47 A.M., "Resident refused am Peri care and also refused tx (treatment) to gtue (gastrostomy feeding tube) site. Resident yelled No and attempted to hit CRCA (Certified Resident Care Aide)."</p> <p>Resident B's record contained no documentation of physician notification of this behavior of refusing care and aggression toward a staff member.</p> <p>The record of Resident E was reviewed on 4/19/16 at 11:00 A.M. Diagnoses, obtained from the resident's current electronic record, included, but were not limited to, altered mental state, psychotic disorder with delusions, hypertension, anemia, diabetes mellitus, and acute respiratory failure.</p> <p>A 14 day Minimum Data Set assessment dated 4/15/16 indicated Resident E was severely cognitively impaired, had mood disorders including being down or depressed, having sleep difficulties, little energy, and poor appetite, required extensive staff assistance for all activities</p>		<p>of 5 residents per week for 8 weeks then monthly times 2 months to ensure compliance with notification of refusal of care and behavior. The results of the audit observations will be reported, reviewed and trended for compliance through the campus Quality Assurance Committee for a minimum of 4 additional months then randomly thereafter for further recommendation.</p>	

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F 0279 SS=D Bldg. 00	<p>of daily living, and was incontinent of bowel and bladder.</p> <p>Progress Notes for Resident E indicated:</p> <p>3/25/16 10:12 P.M.: "...resident refused care."</p> <p>3/28/16 4:40 P.M.: "Resident refused care and refused to get up for therapy an dinner. No reason, just refused..."</p> <p>3/30/16 11:59 P.M.: "Resident refused to allow staff to do dressing change to foot. Made several attempts and resident refused."</p> <p>Resident E's record contained no documentation of physician notification of the behaviors of refusal of care, therapy, and nutrition of 3/25/16, 3/28/16, and 3/20/16.</p> <p>This Federal tag relates to Complaints IN00196393 and IN00197622.</p> <p>3.5-1(a)(1) 3.5-1(a)(2)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p>			

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	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview the facility failed to develop health care plans for discharge for 3 of 4 residents reviewed for health care plans (Residents B, E, and F,) and failed to develop health care plans for behaviors for 1 of 4 residents reviewed for health care plans (Resident E.) 4 residents reviewed for health care plans in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 4/19/16 at 9:00 A.M. Diagnoses, obtained from the resident's current electronic record, included, but were not limited to, a history of stroke, dementia,</p>	F 0279	<p>F279 (D)</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:</p> <p>Residents B and E discharged from the health campus.</p> <p>Clinical record for resident F reviewed and updated to include health care plans for discharge and health care plans for behaviors as appropriate.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and</p>	05/20/2016

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	<p>clostridium difficile (C-diff, a bacteria in the intestines), hypertension, presence of a gastronomy feeding tube, and muscle atrophy.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 3/18/16 indicated Resident B was moderately cognitively impaired, required extensive assistance of staff for all activities of daily living, did not ambulate, and was incontinent of bowel and bladder.</p> <p>Resident B and his wife were interviewed in private on 4/19/16 at 4:15 P.M. Resident B indicated he was pleased with the therapy he was getting, and was looking forward to going home. His wife indicated she believed he was making progress in strengthening and function, and it was her hope he would be able to return home when he was able to ambulate with a walker, as he had in the past. She indicated she has hopeful he could return home by Mother's Day. She indicated the facility had talked to her about discharge "in a general way" but had not provided any specific plan or information.</p> <p>At the time of review, Resident B's record did not contain any health care plan addressing discharge issues, including, but not limited to, physical</p>		<p>corrective actions taken: The SSD or designee will review all residents for health care plans related to discharge and behaviors and will updated their clinical record accordingly.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Social Services Support will re-educate the Social Services Staff, Nurse Leaders and MDS Coordinator regarding the following campus guideline: Interdisciplinary Team Care Plan How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: SSD or designee will audit a minimum of 5 residents per week for 8 weeks then monthly times 2 months to ensure compliance with health care plans related to discharge and behaviors. The results of the audit observations will be reported, reviewed and trended for compliance through the campus Quality Assurance Committee for a minimum of 4 additional months then randomly thereafter for further recommendation.</p>		

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	<p>function necessary for safe discharge, the need for a home evaluation, necessary durable medical equipment, or appropriate home health services.</p> <p>The record of Resident E was reviewed on 4/19/16 at 11:00 A.M. Diagnoses, obtained from the resident's current electronic record, included, but were not limited to, altered mental state, psychotic disorder with delusions, hypertension, anemia, diabetes mellitus, and acute respiratory failure.</p> <p>A 14 day Minimum Data Set assessment dated 4/15/16 indicated Resident E was severely cognitively impaired, had mood disorders including being down or depresses, having sleep difficulties, little energy, and poor appetite, required extensive staff assistance for all activities of daily living, and was incontinent of bowel and bladder.</p> <p>Progress Notes for Resident E indicated:</p> <p>3/25/16 10:12 P.M.: "...resident refused care."</p> <p>3/28/16 4:40 P.M.: "Resident refused care and refused to get up for therapy an dinner. No reason, just refused..."</p> <p>3/29/16 8:37 A.M.: "Res (resident) refuse</p>			

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	<p>to get up in the morning, states he does not want to go to dialysis...res refuses to have care done by CRCA (Certified Resident Care Aide)..."</p> <p>3/30/16 11:59 P.M.: "Resident refused to allow staff to do dressing change to foot. Made several attempts and resident refused."</p> <p>At the time of review, Resident E's record did not contain any health care plan addressing discharge issues, including, but not limited to, the potential need for extended long term care, physical function necessary for safe discharge, the need for a home evaluation, necessary durable medical equipment, or appropriate home health services, and did not contain a health care plan addressing the behaviors of refusing care, therapy, and nutrition.</p> <p>The record of Resident F was reviewed on 4/20/16 at 2:00 P.M. Diagnoses, obtained from the resident's current electronic record, included, but were not limited to, acute cystitis, altered mental state, dementia, hypertension, and muscle weakness.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 4/01/16 indicated Resident F could not complete</p>			

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	<p>the Brief Interview for Mental Status, was determined to be moderately cognitively impaired by staff interview, had mood disorders including being tired and having little appetite, Required staff assistance for all activities of daily living, ambulated only occasionally, and was incontinent of bowel and bladder.</p> <p>At the time of review, Resident F's record did not contain any health care plan addressing discharge issues, including, but not limited to, the potential need for extended long term care, physical function necessary for safe discharge, the need for a home evaluation, necessary durable medical equipment, or appropriate home health services.</p> <p>During an interview on 4/18/16 at 3:30 P.M., Social Services Provider #1 indicated it was her practice to evaluate and follow resident's progress, and to initiate discharge planning when the resident's status and condition indicate a clear direction. She indicated she did not initiate discharge planning at admission. She indicated she had entered no discharge planning information in Resident B's record.</p> <p>During an interview on 4/19/16, the Administrator indicated that discharge planning should start at admission, and</p>			

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	<p>should address anticipated discharge needs, required therapies, and potential family needs. She indicated discharge planning should be an ongoing process with regular updates based on resident progress and condition and should be documented regularly.</p> <p>A facility document titled "Interdisciplinary Team Care Plan Guideline" Dated 06/15, received from the Administrator on 4/20/16 at 10:30 A.M., indicated:</p> <p>"Purpose: To ensure appropriateness of services and communication occur that will meet the resident's needs, severity/stability of conditions, impairment, disability, or disease in accordance with state and federal guidelines.</p> <p>Procedure: The initial plan of care...will be initiated within 24 hours and completed within 72 hours...Discipline specific admission assessments will be completed within 72 hours...a comprehensive care plan will be developed within 7 days..."</p> <p>This Federal tag relates to complaints IN00195393 and IN00197622.</p> <p>3.1-35(a)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2016

FORM APPROVED

OMB NO. 0938-0391

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