

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155620	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/03/2013
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NAME OF PROVIDER OR SUPPLIER  ZIONSVILLE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 675 S FORD RD ZIONSVILLE, IN 46077
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F000000	<p>This visit was for the Investigation of Complaint IN00128623.</p> <p>Complaint IN00128623 substantiated, federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey date: May 3, 2013</p> <p>Facility number: 000538 Provider number: 155620 AIM number: 100267290</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF: 15 SNF/NF: 148 Residential: 69 Total: 232</p> <p>Census payor type: Medicare: 29 Medicaid: 98 Other: 105 Total: 232</p> <p>Sample: 3</p> <p>This deficiency cited also reflects state findings in accordance with 410 IAC</p>	F000000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered as the letter of credible allegation and request a <b>desk review</b> on or after May 19, 2013.</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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	16.2.  Quality review completed on May 6, 2013 by Randy Fry RN.			

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F000323 SS=D	<p><b>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</b></p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview the facility failed to ensure a resident deemed an elopement risk was provided with supervision to prevent elopement for 1 of 3 residents reviewed for elopement in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on May 3, 2013 at 10:15 A.M.</p> <p>Current diagnoses included, but were not limited to, hypertension, convulsions, hyperlipidemia, asthma, depressive disorder, hemiplegia, and aphasia.</p> <p>An Elopement Risk Assessment, dated 4/9/13, identified the resident as being an elopement risk due to his independent mobility and his increased confusion at certain times of the day. The resident had a Wanderguard device on his ankle which had been placed in March, 2013.</p> <p>Nursing Progress Notes, dated 4/30/13 at 10:19 P.M., indicated the staff had</p>	F000323	<p><b>F 323 Free of Accident Hazards/Supervision/Devices</b></p> <p>This provider ensures that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Resident B was returned safely to the facility at approximately 9:30 PM. Upon his return a complete nursing assessment was conducted indicating no signs or symptoms of injury. Resident B's Wanderguard device was tested and proved to be functioning correctly at the time of his return. Per family request, Resident B is now utilizing his manual wheelchair to propel himself. Resident B was placed on 15 min checks upon his return. Facility obtained orders to check UA/C&amp;S, BMP, CBC. All were within normal</p>	05/19/2013			

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	<p>received a call from Resident B's daughter, at 8:40 P.M., who informed them Resident B was currently at her house. He had a motorized wheel chair he had used to get to her house from the facility. He was returned to the facility at 9:30 P.M.</p> <p>The facility investigation interviews, provided by the ED (Executive Director) on 5/3/13 at 12:00 P.M., indicated the last time the resident had been seen at the facility was in the dining room at 7:30 P.M. The investigation indicated the facility was unable to verify how resident B had eloped from the facility.</p> <p>A current facility policy, titled "Missing Resident/Resident Elopement", dated 4/97 and last revised 3/10, provided by the ED on 5/3/13 at 12:10 P.M., indicated: "It is the policy of this facility that personnel who have residents under their care are responsible for knowing the location of those residents..."</p> <p>This federal tag relates to Complaint IN128623.</p> <p>3.1-45(a)(2)</p>		<p>limits. Resident B is scheduled for a Neurology consult on May 29, 2013. Resident B's Elopement Risk Assessment and Care Plan were updated. Resident B has had no further incidents of exit seeking</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>Elopement Risk Assessments for all residents were reviewed and updated accordingly. Resident's individual care plans were updated to reflect the current assessments. All staff will be reeducated on the facility elopement policy and procedure by May 19, 2013.</p> <p>All doors were checked for proper closure and locking by Executive Director and Maintenance Supervisor on April 30, 2013. Integrated Electronics of Indiana checked all magnetic locks and the Wanderguard system on May 1, 2013. They installed a louder enunciator to the Wanderguard system as well as an additional video camera to the front lobby and entrance areas. They will return to the facility to add a Wanderguard sensor to the back door of the main dining room. The door is currently locked with</p>		

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			<p>a magnetic lock and keypad. Elopement Risk Binders, which contain pictures and detailed descriptions of all residents listed as elopement risks, have been placed at every unit and the main desk. Nurse managers will update binders with changes to elopement risk assessments.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>All doors were checked for proper closure and locking by Executive Director and Maintenance Supervisor on April 30, 2013. Integrated Electronics of Indiana checked all magnetic locks and the Wanderguard system on May 1, 2013. They installed a louder enunciator to the Wanderguard system as well as an additional video camera to the front lobby and entrance areas. They will return to the facility to add a Wanderguard sensor to the back door of the main dining room. The door is currently locked with a magnetic lock and keypad. Elopement Risk Binders, which contain pictures and detailed descriptions of all residents listed as elopement risks, have been placed at every unit and the main desk. Nurse managers will update binders with changes to</p>		

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			<p>elopement risk assessments . Nursing staff is checking for proper placement of all Wanderguard bracelets every shift and recording findings on the residents' treatment administration record. Placement and functioning of bracelets are also checked and logged daily by the Restorative Aids. Maintenance Personnel check and log the proper closure and locking of all doors daily. This will include the newly installed Wanderguard system on the dining room doors. Any noted concerns will be addressed and corrected immediately.</p> <p>All staff will be reeducated on the facility elopement policy and procedure by May 19, 2013.</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>To ensure compliance, the DNS/designee is responsible for completion of an audit of the TAR for placement and function of Wanderguard bracelets weekly times 4 weeks, bi-monthly times 2</p>		

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			<p>months and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>The Maintenance Supervisor/designee will be responsible for auditing all doors for proper closure and locking daily. Any identified concerns will be addressed immediately and corrective action taken.</p>		