

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/19/2011	
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE RESIDENTIAL				STREET ADDRESS, CITY, STATE, ZIP CODE 3530 S SHELBY ST INDIANAPOLIS, IN46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
R0000	<p>This visit was for State Residential Licensure Survey.</p> <p>Dates of Survey: October 17, 18, 19, 2011</p> <p>Facility Number: 001121 Provider Number: 001121 AIM Number: N/A</p> <p>Survey Team: Patti Allen BSW TC Marcy Smith RN</p> <p>Census Bed Type: Residential: 99 Total: 99</p> <p>Census Payor Type: Other: 99 Total: 99</p> <p>Sample: 8</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review 10/21/11 by Suzanne Williams, RN</p>	R0000					

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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R0349	<p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure a resident's record was completed and contained a Code Classification Form for 1 of 5 residents reviewed for having a code status in a sample of 8. (Resident #85)</p> <p>Findings included:</p> <p>The record of Resident #85 was reviewed on 10/18/11 at 10:00 a.m.</p> <p>Diagnoses for Resident #85 included, but were not limited to, schizophrenia, bipolar and borderline intellectual functioning.</p> <p>Resident #85 was admitted to the facility from another facility on 9/6/11.</p> <p>A "Code Classification Form," used by the facility and found at the front of residents' records, indicated a resident was either a "FULL CODE to include CPR [cardiopulmonary resuscitation] and potential transfer to hospital with physician order for possible hospital</p>	R0349	Resident #85 Code Status form is completed and located in residents medical chart. The code status form was corrected the same day as noted by surveyors to be incomplete 10/19/2011. All resident code status forms have been audited by the medical records clerk to ensure that they are properly completed and located in the front of each residents medical chart. Medical records clerk to monitor existing resident's medical charts quarterly for proper location and completed code status forms in existing charts. Medical records clerk to monitor new admissions for code status forms within 24 hours of admission to facility.	11/01/2011			

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	<p>admission" or a "NO CODE CPR will not be initiated."</p> <p>There was no "Code Classification Form" in Resident #85's record.</p> <p>There were no physician's orders in Resident #85's record to indicate whether she was a Full Code or a No Code.</p> <p>During an interview with Qualified Medication Aide (QMA) #1 on 10/18/11 at 10:30 a.m. she indicated, after reviewing Resident #85's record, she did not know whether she would start CPR or not for Resident #85 if it became necessary. She indicated the information was not in the record.</p> <p>During an interview with the Social Service Designee (SSD) on 10/18/11 at 10:50 a.m. she indicated Resident #85's guardian had signed the form but would not designate a Code Status because she (the guardian) wanted the resident to decide. The SSD indicated Resident #85 "couldn't make up her mind." She indicated residents would be a full code if no decision had been made. She indicated there should be a Code Classification Form and physician's order in the record of Resident #85 to indicate she was a Full Code.</p>						