

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155775	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2013
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NAME OF PROVIDER OR SUPPLIER CUMBERLAND POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1051 CUMBERLAND AVE WEST LAFAYETTE, IN 47906
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00128841.</p> <p>Complaint IN00128841 - unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 8, 9, 10, 11, 12 and 15, 2013</p> <p>Facility number: 000547 Provider number: 155775 AIM number: 100267440</p> <p>Survey team: Rita Mullen, RN, TC Michelle Carter, RN Bobette Messman, RN (July 8, 9, 10 and 11, 2013) Maria Pantaleo, RN (July 8, 9, 10, 11 and 12, 2013)</p> <p>Census bed Type: SNF/NF: 28 SNF: 39 Residential: 60 Total: 127</p> <p>Census payor type: Medicare: 15 Medicaid: 19</p>	F000000	<p>Survey Event ID: KKSH11The submission of this POC does not indicate an admission by Cumberland Pointe Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Cumberland Pointe Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for licensed residential care facilities in the State of Indiana. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</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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	<p>Other: 93 Total: 127</p> <p>Residential sample: 7</p> <p>These deficiencies reflect State finding cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on July 18, 2013.</p>				

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F000156 SS=D	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on record review and interview, the facility failed to ensure Liability and Benefit Coverage End Notices were completely documented to reflect the resident/family was properly notified of the ending of benefit coverage, for 1 of 3 residents reviewed for Medicare Non-Coverage Notices (Resident #42).</p> <p>Findings include:</p> <p>Notice of Medicare Non-Coverage letters were reviewed on 7/10/13 at 9:00 a.m.</p> <p>Resident #42's notice of Medicare benefit coverage for skilled nursing services ending, dated 5/23/13, indicated Resident #42's Medicare coverage would end on 5/26/13. Handwritten documentation on the notice indicated the following, "Spoke with (name of representative) via telephone on 5/23/13. stated she understood...."</p> <p>CMS form 10123-NOMNC (Notice of Medicare Non-Coverage) instructions were provided by the Executive Director on 7/9/13 at 3:40 p.m. The instructions indicated: "...providers are required to develop procedures to</p>	F000156	<p>CORRECTIVE ACTION: Resident #42 had discharged from the campus and therefore no corrective action could be accomplished for the Notice of Medicare Non-Coverage document. IDENTIFY OTHER RESIDENTS: All other residents who have discharged from Medicare with a Notice of Medicare Non-Coverage had the potential to be affected. As those residents have previously been discharged and no corrective action could be accomplished for those residents. SYSTEMIC CHANGES: An informal education session was completed with the Social Service staff on 7-15-13 regarding the need to document both the relationship and full name of the representative contacted by phone as well as the need to have proof of mailing the Notice of Medicare Non-Coverage document if unable to have the resident or representative sign the document in person. A formal educational session was held on 7-30-13 with all staff involved in providing the Notice of Medicare Non-Coverage document. Additionally, a facility policy was updated with clear steps for compliance when the resident is incapable or incompetent to sign the Notice of Medicare Non-Coverage and a representative must sign the</p>	07/31/2013	

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	<p>use when the beneficiary is incapable or incompetent, and the provider cannot obtain the signature of the beneficiary's representative through direct personal contact...If the provider is unable to personally deliver a notice of noncoverage to a person legally acting on behalf of a beneficiary, the the provider should telephone the representative to advise him or her when the beneficiary's services are no longer covered...The beneficiary's appeal rights must be explained to the representative, and the name and telephone number of the appropriate quality improvement organization (QIO) should be provided...."</p> <p>The representative for Resident #42 did not sign the Notice of Medicare Non-Coverage letter and the telephone contact was not confirmed by mailed written notice and the notice did not indicate what information was provided to the representative.</p> <p>During an interview with the Executive Director on 7/10/13 at 10:50 a.m., she indicated Resident # 42's representative did not sign the form.</p> <p>3.1-4(a) 3.1-4(f)(3)</p>		<p>document on their behalf. MONITORING CORRECTIVE ACTION: A monthly audit of Notice of Medicare Non-Coverage documents will be completed for the next 3 months to ensure proper completion including signature of the representative, if applicable, and proof of mailing if the resident or representative cannot sign in person. If audit results are less than 100% the monthly audits will continue for another 3 months to ensure compliance. All audit results will be reported to the QA Committee monthly.</p>				

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R000000	The following residential findings were cited in accordance with 410 IAC 16.2-5.	R000000	Survey Event ID: KKSH11The submission of this POC does not indicate an admission by Cumberland Pointe Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Cumberland Pointe Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for licensed residential care facilities in the State of Indiana. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.		

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure the resident and/or the resident's representative signed the service plan for 3 of 7 resident's reviewed for service plans (Resident's #134, 131, and 136).</p>	R000217	CORRECTIVE ACTION: The resident representative for resident #134, 131 and 136 have been contacted and requested to sign the service plan for his/her respective resident. IDENTIFY OTHER RESIDENTS: All other assisted living residents have the potential to be affected. An audit was completed for all assisted	08/14/2013			

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	<p>Findings include:</p> <p>1. Resident #134's clinical record was reviewed on 7/15/13 at 9:45 a.m. Resident #134 was admitted to the facility on 9/28/12.</p> <p>A Service Plan, dated 4/5/13 and 6/12/13, was not signed by the resident or the resident's responsible party.</p>		<p>living residents to determine if his/her service plan was signed by the resident or resident representative. If a service plan was found not signed the Social Service Director has contacted the resident or resident representative and is obtaining a signature on the current service plan. SYSTEMIC CHANGES: A new service plan form titled Service Plan and Treatment Authorization form was created and implemented on 7-12-13. The Service Plan and Treatment Authorization form notes the current service plan for the resident and requires the signature of the resident or resident representative. A policy was also created that guides the use of the Service Plan and Treatment Authorization form and was reviewed with Social Services staff. For each current resident a Service Plan and Treatment Authorization form has been completed and those documents are being signed by the resident or resident representative. The Service Plan and Treatment Authorization form is now utilized at the time of admission/move-in for all assisted living residents as well.</p> <p>MONITORING CORRECTIVE ACTION: A monthly audit of assisted living resident service plans will be completed for the next 3 months to ensure service plans are signed for each resident. After that a quarterly</p>		

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	<p>2. The clinical record of Resident #131 was reviewed on 7/15/13 at 10:40 a.m. The resident was admitted to the facility on 11/28/11.</p> <p>The Service Plan, dated 5/16/13, did not have the signature of the resident or the signature of the resident's representative.</p> <p>3. The clinical record of Resident #136 was reviewed on 7/15/13 at 9:30 a.m. The resident was admitted to the facility on 11/28/11.</p> <p>The Service Plan, dated 4/16/13, did not have the signature of the resident or the signature of the resident's representative.</p> <p>During an interview, on 7/15/13 at 1:00 p.m., with the Social Services Director, she indicated the service plan for Resident #134 was not signed by the resident or the resident's responsible party.</p>		audit will be completed for the next 2 quarters to ensure service plans are signed for each resident. All audit results will be reported to the QA Committee.		

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