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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155443 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/24/2013 |
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| NAME OF PROVIDER OR SUPPLIER WATERS OF MUNCIE THE | STREET ADDRESS, CITY, STATE, ZIP CODE 2400 CHATEAU DR MUNCIE, IN 47303 |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00122295.</p> <p>Complaint IN00122295 substantiated, federal/state deficiencies related to the allegations cited at F159 and F203,</p> <p>Survey date: January 24, 2013</p> <p>Facility number: 000310 Provider number: 155443 AIM number: 100288970</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF/NF: 43 Total: 43</p> <p>Census payor type: Medicare: 3 Medicaid: 39 Other: 1 Total: 43</p> <p>Sample: 11</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review was completed by</p> | F0000 | The creation and submission of the 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. This provider respectfully requests that the 2567 Plan of Correction be considered the letter of Credible Allegation and request a Desk Review or Post Survey Review on or after 2/1/2013. | |

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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| | Debora Barth, RN. | | | | |

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| F0159 SS=E | <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that</p> | | | |

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| | <p>receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on review of resident funds and interview, the facility failed to ensure funds were safe guarded, accounted for, and managed according to accepted accounting principles, with a full, complete, and separate accounting, for 10 of 11 (A, B, C, D, E, F, G, H, I, and J) residents in the sample of 11.</p> <p>Findings include:</p> <p>Resident funds were reviewed with Business Office Manager #1 at 3:45 P.M., 1/24/13.</p> <p>Business Office Manager #1 indicated 10 (A, B, C, D, E, F, G, H, I, and J) of the 11 residents who transferred to a sister facility on 1/8/13 and 1/9/13, had funds with the facility. Business Office Manager #1 indicated all of the accounts had been combined into one account and sent to the sister facility.</p> <p>Business Office Manager #1 indicated</p> | F0159 | <p>What corrective actions will be accomplished for thos residents found to have been effected by the deficient practice An audit was conducted of the residents funds for an accurate accounting on 01/25/2013. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken *All residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur? The business office department was reeducatod on proper accounting practices and given a copy of the federal regulations to ensure funds are safe guarded, accounted for, and managed according to accepted accounting principles on 02/01/2013. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place The Executive Director or designee will observe the resident trust disbursement and</p> | 02/01/2013 |

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| | <p>she had hand delivered the check to the sister facility, where all the residents had transferred, on 1/14/13.</p> <p>Business Office Manager #1 indicated all funds were deposited with a local bank and held in one account. Business Office Manager #1 indicated it would be the responsibility of the sister facility to contact the bank to obtain a break down of the amount of money in each resident account.</p> <p>Business Office Manager #1 indicated she used to keep spread sheets of each account. Business Office Manager #1 indicated all transactions were scanned to the corporate office and she no longer had individual spread sheets. Business Office Manager #1 indicated she had no way to verify the facility's balance with that of Corporate.</p> <p>Business Office Manager #1 provided a copy of the check containing the funds of the 10 residents, according to her. The check was made out to the sister facility in the amount of \$1822.69.</p> <p>Business Office Manager #1 indicated she had not had enough checks on hand to make individual amounts for each resident's funds on transfer and had decided to lump them all under</p> | | <p>periodically review the records of compliance. A resident trust quality assurance audit tool will be utilized weekly x 4, monthly x 2 and quarterly thereafter. The Quality assurance Committee will review the data. If threshold is not achieved, an action plan will be developed. One on One re-education and or other disciplinary action may occur for noncompliance. Compliance Date 02/01/2013</p> | | | | |

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| | <p>one.</p> <p>Business Office Manager #1 indicated she had never been given a copy of the federal regulations for managing resident funds.</p> <p>The Administrator was interviewed 1/24/13, at 4:35 P.M., and indicated the facility was to follow the federal regulations regarding the management of resident funds.</p> <p>This federal tag relates to Complaint IN00122295.</p> <p>3.1-6(e)</p> | | | | |

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| F0203 SS=E | <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a) (6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone</p> | | | |

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| | <p>number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to ensure a 30 day notice of transfer for 11 of 11 (A,B, C, D, E, F, G, H, I, J, K) residents in the sample of 11, who were reviewed for transfer/discharge rights.</p> <p>Findings include:</p> <p>During the 1/24/13, 1:35 P.M. entrance conference, the Administrator indicated 11 residents had been sent to a sister facility in a near by community due to closure of a unit. The Administrator indicated each of the residents or their responsible party had been notified of the transfer and were in agreement. The Administrator indicated staffing was another reason for closure of the unit. The Administrator indicated</p> | F0203 | <p>F203 Notice Requirements Before Transfer/Discharge Prior to transfer discharge, the facility shall provide a 30 day notice to the resident and if known, family member or legal representative of the resident of the transfer or discharge and the reason for the move in writing and in language and manner they understand; record the reasons in the residents clinical record; and include proper notification to the ombudsman office, state department and/ or appropriate agencies before the resident is transferred or discharged. What corrective actions will be accomplished for those residents found to have been effected by the deficient practice. *The social services director contacted the resident and/or family members/legal guardians to discuss the transfer to ensure their psychosocial needs are being met at the current facility.</p> | 02/01/2013 |

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| | <p>staffing had been spread out between the 2 units. The Administrator indicated with the closure of 1 unit the staffing level had been increased for those residents remaining in the facility.</p> <p>The Administrator indicated each of the 11 residents transferred required continual 24 hour care.</p> <p>The Administrator also indicated non-payment was not an issue with the transfers.</p> <p>The Director of Nursing (DoN) was interviewed at 2 P.M., 1/24/13, and indicated the facility had been told by Corporate on Monday, 1/7/13, 1 unit was to be closed. The DoN indicated all 11 residents had been moved to the sister facility within 2 days.</p> <p>The area Ombudsman was interviewed by telephone at 2:38 P.M., 1/24/13. The Ombudsman indicated she had not received a transfer or discharge notice on any of the 11 residents who had been discharged to the sister facility on 1/8/13 and 1/9/13.</p> <p>The records of eleven Residents A, B, C, D, E, F, G, H, I, J, and K were reviewed between 3:05 to 3:45 P.M., 1/24/13. Each had an admission date of at least 30 days prior to 1/8/13, the</p> | | <p>*The resident have adjusted well and no psychosocial issues are noted. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents who are to be transferred or discharged from this facility have the potential to be affected by the alleged deficient practice. The Facility's transfer/discharge guidelines will be followed for potential future transfers or discharges from the facility. What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not recur. *The Interdisciplinary Team was reeducated on the procedures of an appropriate transfer or discharge including notification on 01/25/2013. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be putj into place. *All potential transfers/discharges from the facility will be reviewed by the IDT for an appropriate discharge and proper notification. *The IDT will review the transfers and discharges from the facility weekly x 4, monthly x 2 and quartly thereafter. *The Quality Assurance committee will review the data. If the threshold is not achieved, an action plan will be developed. *One on One re-education and or disciplinary</p> | | |

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| | <p>date of transfer.</p> <p>Residents A, B, C, F, and H had a 1/8/13 notice of transfer/discharge which contained appeal rights. Residents D, G, J, K, and I had a 1/9/13 notice of transfer/discharge which contained appeal rights. Resident E had a transfer form, however, did not have a notice of transfer or discharge. Each notice indicated the resident was being transferred to another facility. Each notice indicated the reason for transfer was the closing of a wing due to renovations.</p> <p>The appeal rights indicated if the resident thought he/she should not leave the facility, a written request could be filed with the Indiana State Department of Health within 10 days after receipt of the notice. If a request for a hearing was filed, it would be held within 23 days of receipt of the notice. The resident would not be transferred from the facility earlier than 34 days after receipt of the notice of discharge unless the facility was authorized to transfer the resident as an emergency transfer.</p> <p>The notice of transfer/discharge for residents A, B, C, D, F, H, I, J, and</p> | | <p>action may occur for noncompliance. Compliance date: 02/01/2013</p> | | |

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| | <p>K, did not indicate endangerment or emergency transfer documentation.</p> <p>The facility's 2/1/10 Transfer/Discharge of Resident Guidelines was provided by the Administrator on 1/24/13. Procedure #2 indicated residents would receive a 30 day written notice for non-emergency transfers or discharges outside of the facility. Notice was to be given to the resident/responsible party. Procedure #5 indicated the facility would permit a resident to remain in the facility, and not transfer or discharge the resident from the facility unless:</p> <p>"a. The transfer or discharge was necessary for the resident's welfare and the needs could not be met in the facility.</p> <p>b. The transfer or discharge was appropriate because the resident's health had improved sufficiently so the resident no longer needed the services provided by the facility.</p> <p>c. The safety of individuals in the facility was endangered.</p> <p>d. The health of individuals in the facility would otherwise be endangered.</p> <p>e. The resident had failed, after reasonable and appropriate notice, to pay for (or to have paid under</p> | | | | | | |

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| | <p>Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid.</p> <p>f. The facility ceases to operate."</p> <p>This federal tag relates to Complaint IN00122295.</p> <p>3.1-12(a) (6) (A) 3.1-12(a)(7)</p> | | | | |