

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/29/2016
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F 0000  Bldg. 00	<p>Smith-Staats, Tina This visit was for the Investigation of Complaint IN00198484 .</p> <p>Complaint IN00198484 - Substantiated. Federal/State deficiency related to the allegations is cited at F252.</p> <p>Survey dates: April 28 and 29, 2016.</p> <p>Facility number: 000134 Provider number: 155229 AIM number: 100275430</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 7 Medicaid: 61 Other: 4 Total: 72</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on May 4, 2016 by 11474.</p>	F 0000	The creation and submission of this plan of correction does not constitute an admission of or by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request for a desk review for certification of compliance on or after May 17, 2016	

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 0252 SS=D Bldg. 00	<p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. Based on observation, record review, and interview, the facility failed to ensure the residents maintained the right to reside in a homelike environment by prohibiting the use of personal items within the resident's living space for all new admission residents. This deficient practice had the potential to effect all new residents admitted to the facility. The facility also failed to provide a homelike environment by restricting residents from the skilled unit from using the rehab unit dining room and closing the fire doors to divide the unit. (Resident B, Resident C and Resident D)</p> <p>Findings include:</p> <p>1. During an interview on 4/28/2016 at 12:00 p.m., Employee #9 indicated the facility staff had been instructed to prohibit new admissions from bringing in personal furniture into the facility.</p> <p>Review of the admission packet, on</p>	F 0252	<p>1 The doors were reopened to the Rehabilitation Unit on 4/30/16 to encourage residents B,C,D to feel safe (no other residents were affected), the letter that stated furniture not be brought in due to limited space, was removed from the admissions packet on 4/30/16, no new admissions residents were affected or have the potential to be affected</p> <p>2 Upon audit of the rest of the Hickory Hall on 5/9/16, no other residents were found to be affected the doors were open, and the residents feel safe and that their rooms are homelike</p> <p>3 Audit tools for residents B,C,D and other new admission residents will be done 3x's weekly to ensure that residents feel safe and their environment feels homelike These will be done by ED,DON,SSD, or designee. Any findings will result in the facility following policy and procedure to ensure that resident concerns are addressed. Staff will be inserviced on 5/12/2016 on the reopening of the doors to the Rehab Unit, personal items for</p>	05/17/2016

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	<p>4/28/2016 at 12:51 p.m., indicated a letter was included informing potential new admission residents that personal furniture would not be permitted in the facility. The letter read as follows: "Due to infection control issues, resident safety and limited space, the facility cannot allow furniture to be brought from home. Motorized wheelchairs will not be allowed due to ISDH Fire Codes and our limited space in resident rooms, the inability to store them so as not to be a fire hazard..."</p> <p>During an interview on 4/28/2016 at 2:05 p.m., Employee #9 indicated the letter had also been posted at the nursing stations until recently, but could not give a specific date the letters had been removed.</p> <p>During an interview on 4/28/2016 at 2:33 p.m., the Administrator indicated this directive had been approved by their corporate office. The Administrator also indicated the facility had not had any infestations of bed bugs and the directive was intended for a preventative measure.</p> <p>During an interview on 4/28/2016 at 2:05 p.m., Employee #6 indicated the following: "The new residents can't bring personal items from home because of bed bugs. They can bring in new items, just</p>		<p>new residents, at the all staff meeting, (see attached inservice sheet)</p> <p>4 The audits will be brought to the monthly PI meetings and any resident findings will be discussed, with Pi committee to ensure facility is compliant, Audits will be done 3x's weekly for the first 30 days then 2x's wkly for 30 days, then weekly thereafter for 4 months or until PI committee determines continued compliance is achieved ( see attached audit tool of Hickory Hall residents) See attached audit tool for residents B,C,D and new admit residents</p>	

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	<p>not anything from home."</p> <p>During an interview on 4/28/2016 at 1:52 p.m., Employee #5 indicated the following: "Residents are no longer allowed to bring furniture from home. They can buy brand new leather or leather like fabric furniture to bring in." Employee #5 indicated the reason for the new directive was to reduce the chance of new residents bringing in bed bugs.</p> <p>During an interview on 4/29/2016 at 8:46 a.m., Employee #10 indicated she was told to stop a resident's family from bringing in personal items from home such as bedding. Employee #10 refused. Employee #10 indicated the Administrator instructed her to type the previously mentioned admission packet letter. Employee #10 indicated, when she questioned the letter, she was told it was to prevent residents from bringing termites and bed bugs into the facility. Employee #10 indicated the letter was dated 1/19/2016.</p> <p>2. During an observation on 4/28/2016 at 9:30 a.m., the Southern Pines unit was observed to be "L" shaped. The unit was divided by closed fire doors to separate the section from the skilled section. The nursing station for both the rehabilitation and the skilled care was located on the</p>			

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	<p>rehabilitation section of the unit.</p> <p>During an interview on 4/28/2016 at 2:33 p.m., the Administrator indicated the rehabilitation unit was new and the facility was in the process of securing contracts with local hospitals. "We are moving the facility forward and need to keep that unit designated for the rehab to home residents." The Administrator indicated the fire doors were closed to keep the rehab separated from the skilled section of the unit. The ISDH Fire Code referenced in the admission letter was requested. No information was provided.</p> <p>During an interview on 4/28/2016 at 3:24 p.m., Employee #2 indicated the rehab unit had 10 residents in January, 2016 but currently only had 3 residents who did not use the dining room. "We like them (residents) to stay in their own wing."</p> <p>During an interview on 4/28/2016 at 2:05 p.m., Employee #6 indicated the following: "I feel like this is the residents' home. The rehab unit residents don't use that dining room."</p> <p>During an interview on 4/28/2016 at 1:38 p.m., Employee #8 indicated residents had verbalized concern related to the closing of the fire doors on the Southern Pine unit. "(Name of resident) doesn't</p>			

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	<p>like the door shut. Feels like a decrease in freedom and not safe. (Name of resident) concerned about door being shut, feels nurse is too far away."</p> <p>During an interview on 4/28/2016 at 12:03 p.m., Resident D indicated the facility said the fire doors were closed so the facility was in compliance with the State law. "They said it was a State Law to keep that door shut. But I don't like it because I can't open that door. I would fall and I like to walk down that hallway."</p> <p>During an interview on 4/28/2016 at 1:30 p.m., Resident C stated "It doesn't feel like home anymore. We were told we couldn't eat in the rehab dining room anymore. We were down there at night, no one else was there. We were decorating doors. When we left we made sure we cleaned up everything. The next day we got up and the doors were closed. I go greet the new residents. I got the impression she (Administrator) didn't like it so I stopped, especially after the doors were closed."</p> <p>During an interview on 4/28/2016 at 1:00 p.m., Resident B indicated the following: "The Administrator said I couldn't go down to the rehab dining room." Resident B stated, "Can't go to the main</p>			

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	dinning room because I can't tolerate the yelling. They take care of the people but I just don't want to eat in there. I don't feel like it's my home right now."  This federal tag relates to Complaint IN00198484.  3.1-9(a)				