

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 9, 10, 11, 12, 13, 2015</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Survey Team: Toni Maley, BSW, TC Karen Lewis, RN Tina Smith-Staats, RN Winter Hyde, RN Amy Miller, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 69 Total: 73</p> <p>Census payor type: Medicare: 4 Medicaid: 61 Other: 8 Total: 73</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.</p>	F000000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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F000221 SS=D	<p>Quality review completed on February 18, 2015 by Randy Fry RN.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. Based on observation, interview and record review, the facility failed to assess a potential restraint to determine the necessity to treat a medical symptom and ensure the device was the least restrictive means available for 1 of 1 resident reviewed for restraints. (Resident #55)</p> <p>Findings include:</p> <p>During an observation on 2/10/15 at 9:39 a.m., Resident #55 was observed sitting in a high back wheelchair with a lap buddy (a trunk/lower body restraint) in place.</p> <p>During an observation on 2/11/15 at 7:21 a. m., Resident #55 was observed sitting in a high back wheelchair with a lap buddy in place.</p> <p>During an observation on 2/11/15 at</p>	F000221	<p>1. Resident #55 did not experience any negative outcome as a result of this alleged deficient practice. The resident has been assessed by the facility and documentation is in place to support the use of the lap buddy with medical symptoms listed and determined it is the least restrictive means available for this resident. 2. All residents utilizing restraints have the potential to be affected. Their clinical record has been reviewed and updated if indicated. 3. The facility's policy for restraint use has been reviewed and no changes are indicated at this time. The nurses and therapists have been re-educated on the policy with special focus on including documentation to support the medical symptoms and least restrictive measures. A Restraint Review form has been implemented (See Attachment A). 4. The DON or designee will be responsible for reviewing</p>	03/10/2015			

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	<p>12:59 p.m., Resident #55 was observed sitting in a high back wheelchair with a lap buddy in place.</p> <p>During an observation on 2/12/15 at 7:18 a.m., Resident #55 was observed sitting in a high back wheelchair with a lap buddy in place.</p> <p>The clinical record for Resident #55 was reviewed on 2/11/15 at 12:06 p.m. Diagnoses for Resident #55 included, but were not limited to, seizures, diabetes, and dementia.</p> <p>Resident #55 had a quarterly Minimum Data Set (MDS) assessment dated 11/26/14. The assessment indicated the resident was severely cognitively impaired.</p> <p>During an interview on 2/13/15 at 8:06 a.m., Occupational Therapy Assistant (OTA) #4 indicated Resident #55 had not had a therapy re-evaluation/screen of her lap buddy since she had been working at the facility. She indicated it had been 9 months since therapy had screened Resident #55 regarding the use of the lap buddy. She indicated there was a form with Resident #55's name on it, dated August 2014, but the rest of the form was blank. OTA #18 indicated the form was blank so she did not know what was</p>		<p>restraints on scheduled work days as follows: weekly for one month, monthly for two months, then quarterly thereafter to ensure appropriate assessment and documentation is present. Should a concern be found, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be reviewed during the facility's QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>				

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	<p>completed for Resident #55 at that time. She further indicated residents with restraints are to be re-evaluated/screened by therapy quarterly.</p> <p>Resident #55's clinical record lacked a current assessment for the use of the lap buddy, the medical justification for the use of the lap buddy and an indication that the lap buddy was the least restrictive means to treat the medical symptom(s).</p> <p>Review of the current facility policy, dated 10/2014, titled "RESTRAINT USE [PHYSICAL], provided by the Administrator on 2/13/15 at 1:30 p.m., included, but was not limited to, the following:</p> <p>"PURPOSE: To enhance resident quality of life by attempting to protect the resident and/or assist the resident in attaining or maintaining his/her highest practicable level of physical and psychosocial well-being.</p> <p>POLICY:...Restraint use will be limited to circumstances in which the resident has a medical symptom that warrants the use of restraint[s]...."</p> <p>3.1-3(w)</p>						

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F000241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to provide care and services to cognitively impaired dependent residents in a manner that promoted resident dignity regarding lengthy meal waits and meaningful leisure time pursuits for 6 of 6 residents reviewed for dignity (Resident #47, #14, #2, #27, #24 and #38)</p> <p>Findings include:</p> <p>1. During a 2/9/15, 11:00 a.m. to 12:10 p.m., Rosewood Dining Room lunch observation the following occurred: cognitively impaired, dependent residents were escorted into the dining room by staff. Residents were assisted to sit facing the table as if ready to dine. No residents were seated facing the TV. Sensory music was playing loudly. The TV could not be heard over the music. Residents</p>	F000241	<p>1. and 2. Resident # 47, #14, #2, #27, #24, and #38 did not experience any negative outcome from this alleged deficient practice. All cognitively impaired residents have the potential to be affected. The residents are taken to the dining room for meals at a time no greater than 30 minutes prior to the meal service time unless an activity is taking place involving the residents or the resident chooses to be in the dining room. If taken to an activity prior to dining, the residents will not be placed at the dining tables but rather placed so they are facing the activity occurring at the time. Magazines, books, puzzles, busy boxes, etc. have been placed in the dining room and lounges and offered periodically to the residents. Residents who are observed to be sleeping in the lounges will be asked if they would like to lay down for a nap in</p>	03/10/2015
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	<p>did not converse with each other. The area did not contain diversionary materials such as books, magazines, games or puzzles. During this 1 hour and 10 minute period the activity staff provided an individual sensory activity to each resident. The individualized activity lasted 1 to 3 minutes per resident. With the exception of the sensory activity, no staff interacted with residents until meal time. The residents sat facing the table, slept, worked their hands, touched the table and manipulated their clothing. None of the residents appeared to attend to the sensory music by taping a finger or toe, smiling or moving their body to the rhythm. The music had no words so residents did not sing along. Thirteen dependent resident were in this group. Residents #38, #47, #24, #27 and #2 were included in the group of thirteen.</p> <p>Resident #38 was escorted in to the Rosewood dining room at 11:15 a.m. and received his meal at 12:09 p.m. (a period of 54 minutes). Resident #38 did not self initiate any leisure activity during this 54 minute period. He received 1 to 3 minutes of sensory activity during his pre-meal wait.</p> <p>Resident #47 was escorted in to the Rosewood dining room at 11:12 a.m. and received her meal at 12:12 p.m. (a period</p>		<p>which the facility will honor their wishes. 3. The nursing and activity staff have been re-educated on providing care and services to cognitively impaired dependent residents in a manner that promotes dignity with a special focus on not allowing the residents to wait an extended length of time for meals and to provide meaningful activities to the cognitively impaired residents. A Dignity Monitoring form has been implemented (See Attachment B).</p> <p>4. The Administrator or designee will be responsible for completing the Dignity Monitoring form on scheduled work days as follows: Daily for two weeks, weekly for four weeks, then monthly thereafter to ensure residents are receiving care and services to promote dignity and meaningful leisure pursuits. If a concern is noted, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be discussed during the facility's QA meetings on an ongoing basis for a minimum of six months and the plan adjusted if indicated.</p>				

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	<p>of one hour). Resident #47 did not self initiate any leisure activity during this hour period. Resident #47 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>Resident #24 was escorted in to the Rosewood dining room at 11:19 a.m. and received her meal at 12:13 p.m. (a period of 54 minutes). Resident #24 did not self initiate any leisure activity during this 54 minute period. Resident #24 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>Resident #27 was escorted in to the Rosewood dining room at 11:13 a.m. and received her meal at 12:09 p.m. (a period of 56 minutes). Resident #27 did not self initiate any leisure activity during this 56 minute period. Resident #27 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>Resident #2 was escorted in to the Rosewood dining room at 11:09 a.m. and received her meal at 12:14 p.m. (a period of 1 hour and 5 minutes). Resident #2 did not self initiate any leisure activity during this 1 hour and 5 minute period. Resident #2 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>2. During a 2/10/15, 8:45 a.m. to 10:15</p>			

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	<p>p.m., observation of the 100 Hall Lounge, cognitively impaired, physically dependent residents, some of which had vision and or hearing impairment, sat in the lounge facing the TV. The TV programs varied in content. The residents did not appear to watch the TV for periods of greater than 5 minute intervals. They did not smile, laugh, comment or track the action on the TV with their eyes. They sat with their eyes closed, manipulated blankets or clothing, sat chin to chest, reached toward items that were not there and/or talked to people who were not present. The area lacked any form of diversionary materials.</p> <p>Resident #38 sat in front of the TV in the lounge from 8:20 a.m. to 11:40 p.m. (a period of 1 hour and 28 minutes). Resident #38 sat with his eyes closed the majority of this 1 and 1/2 hour period.</p> <p>Resident #27 sat in front of the TV in the lounge from 8:20 a.m. to 11:40 p.m. (a period of 1 hour and 28 minutes). Vision and hearing impaired, Resident #27 sat with her eyes closed in a semi-fetal position in her broda chair the majority of this 1 and 1/2 hour period. Resident #27 was never seen with her eyes open during this period.</p> <p>Resident #47 sat in front of the TV in the</p>			

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	<p>lounge from 8:20 a.m. to 11:40 p.m. (a period of 1 hour and 28 minutes). Resident #47 sat with her eyes closed the majority of this 1 and 1/2 hour period.</p> <p>3. During a 2/10/5, 12:42. to 1:35 p.m., observation of the 100 Hall Lounge, Resident #47 sat in front of the TV in the lounge facing the TV (a period 53 minutes). Resident #47 sat with her eyes closed the majority of this 53 minute period.</p> <p>4. During a 2/11/5, 8:20 a.m. to 11:40 a.m. observation of the 100 Hall Lounge, cognitively impaired, physically dependent residents, some of whom had vision and or hearing impairment, sat in the lounge facing the TV. The TV programs varied in content from news, which discussed bombings and terror attacks, to "Maury Povich", which discussed one night stands, phone sex and paternity testing. The residents did not appear to watch the TV for periods of greater than 5 minute intervals. They did not smile, laugh, comment or track the action on the TV with their eyes. They sat with their eyes closed, manipulated blankets or clothing, sat chin to chest, reach toward items that were not there and/or talked to people who were not present. During this period an individualized ball toss which lasted 1 to</p>			

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	<p>3 minutes per resident was provided. The area lacked any form of diversionary materials</p> <p>Resident #38 sat in front of the TV in the lounge from 8:20 a.m. to 11:40 p.m. (a period of 2 hours and 20 minutes). Resident #38 sat with his eyes closed the majority of this 2 hour period.</p> <p>Resident #24 sat in front of the TV in the lounge from 8:20 a.m. to 11:28 p.m. (a period of 2 hours and 2 minutes). Resident #24 slept with her chin to her chest, worked her hands, reached out to unseen items and talked to people who were not there during this 2 hour period.</p> <p>Resident #47 sat in front of the TV in the lounge from 8:20 a.m. to 9:08 a.m. (a period of 48 minutes). During the 48 minute period, she sat with her eyes closed the majority of the time. At 9:18 a.m. a staff member approached her, spoke to her, and wheeled her away. At 9:29 a.m. a staff member escorted Resident #47 to the aviary to watch the birds. At 9:33 a.m. a staff member entered the aviary area and informed Resident #47 that he needed to scrub a spill on the carpet. He then moved Resident #47's wheelchair away from the bird aviary and placed the resident facing the TV in the 200 Lounge. Vision and</p>			

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	<p>hearing impaired Resident #47 was then seated over 25 feet from the TV with the TV volume on low.</p> <p>Resident #27 sat in front of the TV in the lounge from 8:20 a.m. to 9:08 p.m. (a period of 48 minutes). Hearing impaired and vision impaired, Resident #27 sat the majority of the time in a semi-fetal position asleep in her broda chair. She was never observed with her eyes open.</p> <p>Resident #14 sat in front of the TV in the lounge from 9:08 a.m. to 10:40 p.m. (a period of 1 hour and 32 minutes). Resident #14 appeared to watch the TV for periods of 3 minutes or less. The majority of the time she dozed on and off with her chin down. When awake she would lift her head and look around. Resident #14 was not wearing her eye glasses during this time.</p> <p>5. During a 2/11/15, 11:00 am to 12:10 p.m., Rosewood Dining Room lunch observation the following occurred: cognitively impaired, dependent residents were escorted into the dining room by staff. Residents were assisted to sit facing the table as if ready to dine. No residents were seated facing the TV. Sensory music was playing loudly. The TV could not be heard over the music. Residents did not converse with each</p>						

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	<p>other. The area did not contain diversionary materials such as books, magazines, games or puzzles. During this 1 hour and 10 minute period the activity staff provided an individual sensory activity to each resident. The individualized activity lasted 1 to 3 minutes per resident. With the exception of the sensory event no staff interacted with the residents until meal time. The residents sat facing the table, slept, worked their hands, touched the table and manipulated their clothing. None of the residents appeared to attend to the sensory music by taping a finger or toe, smiling or moving their body to the rhythm. The music had no words so residents did not sing along. Eleven dependent residents were in this group. Residents #38, #47, #14, and #24 were included in the group of ten.</p> <p>Resident #38 was escorted in to the Rosewood dining room at 11:05 a.m. and received his meal at 12:05 p.m. (a period of one hour). Resident #38 did not self initiate any leisure activity during this hour period. He received 1 to 3 minutes of sensory activity during his pre-meal wait.</p> <p>Resident #47 was escorted in to the Rosewood dining room at 11:06 a.m. and received her meal at 12:09 p.m. (a period</p>						

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	<p>of one hour and 3 minutes). Resident #47 did not self initiate any leisure activity during this hour and 3 minute period. Resident #47 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>Resident #14 was escorted in to the Rosewood dining room at 11:08 a.m. and received her meal at 12:06 p.m. (58 minutes later). Resident #14 did not self initiate any leisure activity during this 58 minute period. Resident #14 received 1 to 3 minutes of sensory activity during her pre-meal wait. Resident #14 was not wearing her eye glasses during this time.</p> <p>Resident #24 was escorted in to the Rosewood dining room at 11:10 a.m. and received her meal at 12:08 p.m. (a period of 56 minutes). Resident #24 did not self initiate any leisure activity during this 56 minute period. Resident #24 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>6. During a 2/11/15, 2:24 p.m., interview, the Social Services Director indicated cognitively impaired residents can generally not attend to activities or events for long periods of time. They often need assistance to initiate activities or leisure time pursuits. When in common areas, cognitively impaired</p>			

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	<p>residents would benefit from diversionary materials such as a "busy box" with tactile activities and other sensory stimulating items. When waiting for meals, it was reasonable to expect a cognitively impaired resident to wait no longer than the average person would be willing to wait for his/her meal at a restaurant. The facility should follow cultural standards for cognitively impaired residents as they would other residents.</p> <p>7. During a 2/11/15, 2:34 p.m., interview, the Activity Director indicated activities for cognitively impaired residents should be short and primarily focus on sensory stimulation. The activity scheduled in the Rosewood Dining Room prior to lunch was scheduled to begin at 11:45 a.m. She had not asked staff to bring residents to the dining area earlier than 11:45 a.m. for any scheduled activity or event. Her activity director training indicated cognitively impaired residents would not have activities that lasted 1 hour.</p> <p>8. During a 2/12/15, 10:07 a.m., interview, CNA #15 indicated if he was covering his unit alone, he had to take dependent residents to the Rosewood Dining Room earlier than 30 minutes before a meal. He indicated 30 minutes</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>before a meal was the time he should begin to escort residents to the dining area.</p> <p>9. A current, undated, facility form titled "Meal Times", provided by the Administrator on 2/9/15 at 10:00 a.m., indicated lunch in Rosewood Dining Room was served at 11:50 a.m.</p> <p>10. Resident #14's clinical record was reviewed on 2/13/2015 at 11:16:55 a.m. Resident #14's current diagnoses included, but were not limited to, macular degeneration, delirium, congestive heart failure and osteoarthritis.</p> <p>Resident #14 had a current, 1/23/15, Activity assessment which indicated the resident was cognitively impaired, needed encouragement in activities and should wear glasses.</p> <p>Resident #14 had a current, 1/24/15, significant change, Minimum Data Set assessment (MDS) which indicated she had cognitive impairment and needed assistance for decision making, required staff assistance for mobility and required glasses at all times for adequate vision.</p> <p>Resident #14 had a current, 11/26/14, care plan problem/need regarding</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015	
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>delusional thinking. Approaches to this problem included, but were not limited to "provide if applicable an activity of choice or interest" and "encourage activities of interest."</p> <p>Resident #14 had a current, 1/30/15, care plan problem/need regarding a decline in cognitive functioning. Approaches to this problem included, but were not limited to provide special environmental stimuli and directional markers.</p> <p>Resident #14 had a current, 1/30/15, care plan problem/need regarding decreased vision. Approaches to this problem included, but were not limited to, "wear eye glasses ... ensure and encourage to attend activities of choice."</p> <p>Resident #14 had a current, 1/23/15, care plan problem/need regarding being a passive activity participant.</p> <p>Review of the January 2015 group activity attendance record indicated Residents #14 attended 5 sensory groups in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #14 indicated the resident attended 4 sensory groups and 1 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>12. Resident #2's clinical record was reviewed on 2/13/2015 at 9:27 a.m. Resident #2's current diagnoses included, but were not limited to, expressive aphasia, Alzheimer's dementia with delusions and depressive psychotic features and macular degeneration.</p> <p>Resident #2 had a current, 12/11/14, Activities Quarterly Review which indicated the resident needed physical assistance, verbal assistance, visual assistance and reminders to participate in activities of interest. The resident was a passive participant in activities at times. The resident needed encouragement to participate in activities.</p> <p>Resident #2 had a current, 12/14/14, quarterly, Minimum Data Set assessment (MDS) which indicated the resident did not have speech, rarely or never understood others, rarely or never made decisions, was dependent on staff assistance for mobility both on and off the unit and needed staff assistance to eat.</p> <p>Resident #2 had a current, 12/19/14, care plan problem/need regarding a communication deficit.</p> <p>Resident #2 had a current, 12/19/14, care plan problem/need regarding difficulty making herself understood.</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>Resident #2 had a current, 12/19/14, care plan problem/need regarding being a passive activity participant. Approaches to this problem included, but were not limited to provide multi-sensory small groups.</p> <p>13. Resident #47's clinical record was reviewed on 2/12/15, 1:37 p.m. Resident #47 current diagnoses included, but were not limited to, Alzheimer's disease, osteoporosis and arthritis.</p> <p>Resident #47 had a current, 2/9/15, Activity Quarterly Review which indicated the resident could participate in activities with assistance and cueing, required encouragement, needed reminders, and required physical and verbal assistance.</p> <p>Resident #47 had a current, 11/9/14, significant change, Minimum Data Set assessment (MDS) which indicated the resident was moderately hearing impaired which required the speaker to increase his volume, had highly impaired visual functioning, had unclear speech, rarely or never understood others, rarely or never made decisions, was totally dependent on staff assistance for locomotion both on and off the unit and required staff assistance to eat.</p>						

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>Resident #47 had a current, 11/23/14, care plan problem/need regarding Alzheimer's disease. Approaches to this problem included, but were not limited to, "encourage activities of interest such as [this area was left blank]."</p> <p>Resident #47 had a current, 11/23/14, care plan problem/need regarding visual impairment. Approaches to this problem included, but were not limited to "assist and encourage to attend activities of choice" and "provide activities appropriate to the resident."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #47 attended 8 sensory groups and 13 other events in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #47 indicated the residents attended 4 sensory groups and 5 other events thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>14. Resident #27's clinical record was reviewed on 2/12/15 at 10:50 a.m. Resident #27's current diagnoses included, but were not limited to, generalized anxiety, end stage dementia, debility and wasting syndrome and osteoarthritis. Resident #27 received</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>hospice services.</p> <p>Resident #27 had a current, 12/5/14, Activity Quarterly Review, "Resident does not understand, therefore needs assistance to and from activities... Resident shows little/no interest or response during activities... Active at times, Passive at times."</p> <p>Resident #27 had a current, 12/5/14, Quarterly, Minimum Data Set assessment (MDS) which indicated moderate hearing impairment and required the speaker to increase his volume, had severe visual impairment, had unclear speech, rarely or never understood, rarely or never made choices, was dependent on staff assistance for mobility both on and off the unit and was dependent on staff assistance to eat.</p> <p>Resident #27 had a current, 12/11/14, care plan problem/need regarding cognitive impairment. Approaches to this problem included, but were not limited to "Provide special environmental stimuli and directional markers."</p> <p>Resident #27 had a current, 12/11/14, care plan problem/need regarding decreased vision. Approaches to this problem included, but were not limited to " Provide activities appropriate for the</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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	<p>resident...Assist and encourage to attend activities of choice.</p> <p>Resident #27 had a current,12/24/14, care plan problem/need regarding being passive in activities. Approaches to this problem included, but were not limited to "Assist resident to activities of choice ...Provide multi-sensory small group."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #27 attended 8 sensory groups and 2 other activities in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #27 indicated the resident attended 4 sensory groups and 1 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>15. Resident #24's clinical record was reviewed on 2/12/15 at 2:02 p.m. Resident #24's current diagnoses included, but were not limited to, vascular dementia, depression, anxiety and Parkinson's disease. The resident was receiving hospice services.</p> <p>Resident #24 had a current, 11/26/14, Activity Assessment which indicated "resident can participate in activities with assistance and cueing...physical assistance, verbal assistance, visual</p>				

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>assistance and reminders [needed]... Active at times, passive at times encouragement needed."</p> <p>Resident #24 had a current, 11/26/14, annual, Minimum Data Set assessment (MDS) which indicated the resident had moderate hearing impairment, had highly impaired vision, rarely or never understood, rarely or never made decisions and was totally dependent on staff assistance for mobility both on and off the unit and required staff assistance for eating.</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding impairment in hearing. Approaches to this problem included, but were not limited to "be aware of severity of hearing problem and adapt as needed."</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding anxiety. Approaches to this problem included, but were not limited to, "encourage activities of preference such as [this area was blank]."</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding delusions due to dementia.</p> <p>Resident #24 had a current, 12/11/14,</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>care plan problem/need regarding cognitive loss. Approaches to this problem included, but were not limited to, "Provide special environmental stimuli and directional marks as indicated."</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding vision impairment. Approaches to this problem included, but were not limited to, "Provide activities that are appropriate for the resident... assist resident to attend activities of choice."</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding being a passive participant in activities. Approaches to this problem included, but were not limited to, "provide multi-sensory small group activities."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #42 attended 8 sensory groups and 5 other activities in January. The February 2015 activity attendance record (2/1 to 2/11/15) for Resident #24 attended 4 sensory groups and 2 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>16. Resident #38's clinical record was reviewed on 2/13/15 at 10:32 a.m.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>Resident #38's current diagnoses included, but were not limited to, Alzheimer's disease, depression and glaucoma. The resident required hospice services</p> <p>Resident #38 had a current, 12/24/14, Activity Quarterly Review which indicated: "Resident can participate in activities with assistance and cueing... Physical assistance, Verbal assistance and reminders [needed]."</p> <p>Resident # 38 had a current, 12/27/14, quarterly, Minimum Data Set assessment (MDS) which indicated the resident had moderate visual impairment, rarely or never made decisions, required staff assistance for locomotion both on and off the unit.</p> <p>Resident #38 had a current, 12/27/14, care plan problem/need regarding decreased vision. Approaches to this problem included, but were not limited to "provide activities appropriate for the resident."</p> <p>Resident #38 had a current, 12/27/14 , care plan problem/need regarding Alzheimer's disease. Approaches to this problem included, but were not limited to "encourage activities of interest such as [this area was left blank]."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>Resident #38 had a current, 12/27/14, care plan problem/need regarding being a passive activity participant. Approaches to this problem included, but were not limited to "provide multi-sensory small group activities...Assist resident to activities of choice and interest."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #38 attended 8 sensory groups and 5 other events in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #38 indicated the resident attended 4 sensory groups and 2 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>During a 2/12/15, 9:29 a.m., observation and interview, Resident #38 was sleeping in the 100 Lounge in his wheelchair facing the TV. Resident #38 woke when he was spoken to. He indicated he only liked to watch TV once in a while. He watched it at the facility because there was nothing else to do. At this time the 100 Lounge TV was playing court TV. He indicated he did not like court TV.</p> <p>Review of the undated facility policy, titled "Residents Rights ", provided by the Administrator on 2/12/15</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015	
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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F000246 SS=D	<p>at 11:18 a.m., included, but was not limited to, the following:</p> <p>"...(a) DIGNITY A facility must care for its residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality..."</p> <p>3.1-3(t)</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on clinical record review and interview, the facility failed to identify and honor resident's preferences for showers. This deficiency had the potential to affect 2 out of 20 residents (Resident #13 and Resident #50).</p>	F000246	<p>1. Resident #13 and #50 did not experience any negative outcome related to this alleged deficient practice. Resident #13 was interviewed and it is noted that his choices regarding the time he is gotten up changes depending on the day. He is asked daily and</p>	03/10/2015			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>Findings include:</p> <p>1. Resident #13's clinical record was reviewed on 2/11/2015 at 1:24 p.m. Resident #13's current diagnoses included, but were not limited to, hypertension, congestive heart failure, benign prostatic hyperplasia, asthma, dementia and anemia.</p> <p>Resident #13's Daily Preferences care plan dated 1/13/15 indicated "During the Preferences for Customary Routine Interview, Resident responded that the indicated daily preferences are:...prefers to awaken at 7:30 - 8 a.m. after breakfast and get up and dressed. Interventions included but were not limited to Caregiver preference will be honored".</p> <p>During an interview on 2/10/2015 at 9:05 a.m., Resident #13 stated, "They jerk me out of bed at 6:00 a.m. in the morning. I would like to get up after breakfast."</p> <p>During an interview on 2/11/2015 at 3:49 p.m., the Unit Manager #3 indicated the resident was gotten up between 6:00 a.m. and 7:00 a.m. She returned and confirmed the resident is one of the first to be gotten up in the morning, around 6:00 a.m.</p>		<p>his choice regarding what time he is gotten up in the morning is honored. Resident #13's Daily Preference Care Plan has been updated to reflect "Resident's preferences will be honored". Resident #50 has been interviewed regarding the amount of showers/baths she prefers each week and the Daily Preference Care Plan has been updated to reflect her choices. 2. All residents have the potential to be affected. Each resident has been interviewed regarding their daily preferences and their Daily Preference Care Plan has been updated to reflect their individual choices. 3. The Social Service Director has been re-educated on interviewing the residents regarding their daily preferences, updating daily preference careplans to reflect the residents choices, and informing DON regarding the residents choices. The nursing staff have been re-educated on providing care based on resident choices with focus on times the residents choose to rise in the mornings and providing the number of showers/baths each week that the residents choose. A Daily Preference Form has been implemented (See Attachment C). 4. The SSD or designee will be responsible for completing the Daily Preference Form on five residents per day on scheduled work days as follows: Daily for two weeks, weekly for four weeks,</p>				

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>During an interview on 2/12/2015 at 10:17 a.m., the Social Services Director indicated the Daily Preferences care plan intervention should have stated "Resident's preferences will be honored".</p> <p>2. Resident #50's clinical record was reviewed on 2/12/2015 at 8:20 a.m. Resident #50's current diagnoses included, but were not limited to, hypothyroidism, seizures, insomnia, acute respiratory failure, hypertension, and encephalopathy.</p> <p>Resident #50's Daily Preference care plan dated 1/8/2015 did not address the resident's preference for the number of baths or showers the resident would like to receive. Interventions for the care plan included, but were not limited to, "Assist to bathe according to his/her preferences and comfort."</p> <p>During an interview on 2/10/2015 at 10:03 a.m., Resident #50 stated when asked about her showers frequency, "They told me how many I got so I thought is was a rule so I let it alone." Resident # 50 was scheduled to receive two showers a week.</p> <p>During an interview on 2/12/2015 at 9:39 a.m., QMA #2 stated, "There is a list</p>		<p>monthly for two months, then quarterly thereafter. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be reviewed during the facility's QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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	<p>and each room is scheduled to get a shower twice a week. When it is their shower day we ask them if they want a shower or a bath. We give them an option if they want it once a week or twice a week it is up to them."</p> <p>During an interview on 2/12/2015 at 10:17 a.m., the Social Service Director stated, "I know that routinely they give 2 showers a week. I haven't been asking them how many they would like to have."</p> <p>3.1-(v)(1)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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F000248 SS=E	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review, the facility failed to provide meaningful activities for cognitively impaired, physically dependent residents who could not self initiate activities for 5 of 5 residents reviewed for activities (Resident #27, #14, #47, #24 and #38)</p> <p>Findings include:</p> <p>1. During a 2/11/15, 2:34 p.m., interview, the Activity Director indicated activities for cognitively impaired residents should be short and primarily focused on sensory stimulation. Many activities would be only 5 minutes in length. The activity scheduled in the Rosewood Dining Room prior to lunch was scheduled to begin at 11:45 a.m. She had not asked staff to bring residents to the dining area earlier than 11:45 a.m. for any scheduled activity or event. Her activity director training indicated cognitively impaired residents would not</p>	F000248	<p>1. and 2. Resident # 47, #14, #27, #24, and #38 did not experience any negative outcome from this alleged deficient practice. All cognitively impaired residents have the potential to be affected. If residents are taken to an activity prior to dining, the residents will not be placed at the dining tables but rather placed so they are facing the activity occurring at the time. Magazines, books, puzzles, busy boxes, etc. have been placed in the dining room and lounges and offered periodically to the residents. Residents who are observed to be sleeping in the lounges will be asked if they would like to lay down for a nap in which the facility will honor their wishes. 3. The activity staff have been re-educated on providing care and services to cognitively impaired dependent residents in a manner that promotes dignity with a special focus on providing meaningful activities to the cognitively impaired residents. A Dignity Monitoring form has been implemented (See Attachment B).</p>	03/10/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015
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	<p>have activities that lasted 1 hour or more.</p> <p>During a 2/12/15, 9:01 a.m. interview, the Activity Director indicated she had not considered the fact that a cognitively impaired resident who attended only 2 sensory activities a week had a total of 6 to 10 minutes of structure activities for the entire week. She indicated 10 minutes of activities a week for cognitively impaired resident would not be sufficient. She additionally indicated residents who are only passive participants in all group activities may benefit from individualized one to one activities.</p> <p>2. During a 2/9/15, 11:00 a.m. to 12:10 p.m., Rosewood Dining Room lunch observation the following occurred: cognitively impaired, dependent residents were escorted into the dining room by staff. Residents were assisted to sit facing the table as if ready to dine. No residents were seated facing the TV. Sensory music was playing loudly. The TV could not be heard over the music. Residents did not converse with each other. The area did not contain diversionary materials such as books, magazines, games or puzzles. During this 1 hour and 10 minute period the activity staff provided an individual sensory activity to each resident. The individualized activity</p>		<p>4. The Administrator or designee will be responsible for completing the Dignity Monitoring form on scheduled work days as follows: Daily for two weeks, weekly for four weeks, then monthly thereafter to ensure residents are receiving meaningful leisure pursuits. If a concern is noted, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be discussed during the facility's QA meetings on an ongoing basis for a minimum of six months and the plan adjusted if indicated.</p>		

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>lasted 1 to 3 minutes per resident. With the exception of the sensory activity, no staff interacted with residents until meal time. The residents sat facing the table, slept, worked their hands, touched the table and manipulated their clothing. None of the residents appeared to attend to the sensory music by taping a finger or toe, smiling or moving their body to the rhythm. The music had no words so residents did not sing along. Thirteen dependent resident were in this group. Residents #38, #47, #24 and #27 were included in the group of thirteen.</p> <p>3. During a 2/10/15, 8:45 a.m. to 10:15 a.m. observation of the 100 Hall Lounge, cognitively impaired, physically dependent residents, some of which had vision and or hearing impairment, sat in the lounge facing the TV. The TV programs varied in content. The residents did not appear to watch the TV for periods of greater than 5 minute intervals. They did not smile, laugh, comment or track the action on the TV with their eyes. They sat with their eyes closed, manipulated blankets or clothing, sat chin to chest, reach toward items that were not there and/or talked to people who were not present. The area lacked any form of diversionary materials.</p> <p>4. During a 2/11/15, 8:20 a.m. to 11:40</p>			

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	<p>p.m., observation of the 100 Hall Lounge, cognitively impaired, physically dependent, some of whom had vision and or hearing impairment, sat in the lounge facing the TV. The TV programs varied in content from news, which discussed bombings and terror attacks, to "Maury Povich", which discussed one night stands, phone sex and paternity testing. The residents did not appear to watch the TV for periods of greater than 5 minute intervals. They did not smile, laugh, comment or track the action on the TV with their eyes. They sat with their eyes closed, manipulated blankets or clothing, sat chin to chest, reach toward items that were not there and/or talked to people who were not present. During this period an individualized ball toss which lasted 1 to 3 minutes per resident was provided. The area lacked any form of diversionary materials</p> <p>5. During a 2/11/15, 11:00 a.m. to 12:10 p.m., Rosewood Dining Room lunch observation the following occurred: cognitively impaired, dependent residents were escorted into the dining room by staff. Residents were assisted to sit facing the table as if ready to dine. No residents were seated facing to TV. Sensory music was playing loudly. The TV could not be heard over the music. Residents did not converse with each other. The area did</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>not contain diversionary materials such as books, magazines, games or puzzles. During this 1 hour and 10 minute period the activity staff provided an individual sensory activity to each resident. The individualized activity lasted 1 to 3 minutes per resident. With the exception of the sensory event no staff interacted with residents until meal time. The residents sat facing the table, slept, worked their hands, touched the table and manipulated their clothing. None of the residents appeared to attend to the sensory music by tapping a fingers or toes, smiling or moving their body to the rhythm. The music had no words so residents did not sing along. Eleven dependent resident were in this group. Residents #38, #47, #14, and #24 were included in the group of ten.</p> <p>6. During a 2/11/15, 2:24 p.m., interview, the Social Services Director indicated cognitively impaired residents can generally not attend to activities or events for long periods of time. They often need assistance to initiate activities or leisure time pursuits. When in common areas, cognitively impaired residents would benefit from diversionary materials such as a "busy box" with tactile activities and other sensory stimulating items. When waiting for meals, it was reasonable to expect a</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>cognitively impaired resident to wait no longer than the average person would be willing to wait for his/her meal at a restaurant. The facility should follow cultural standards for cognitively impaired residents as they would other residents.</p> <p>7. Resident #14's clinical record was reviewed on 2/13/2015 at 11:16:55 a.m. Resident #14's current diagnoses included, but were not limited to, macular degeneration, delirium, congestive heart failure and osteoarthritis.</p> <p>Resident #14 had a current, 1/23/15, Activity Assessment which indicated the resident was cognitively impaired, needed encouragement in activities and should wear glasses.</p> <p>Resident #14 had a current, 1/24/15, significant change, Minimum Data Set assessment (MDS) which indicated the resident had cognitive impairment and needed assistance for decision making, required staff assistance for mobility and required glasses at all time for adequate vision.</p> <p>Resident #14 had a current, 11/26/14, care plan problem/need regarding delusion thinking. Approaches to this</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015	
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>problem included, but were not limited to "provide if applicable an activity of choice or interest" and "encourage activities of interest."</p> <p>Resident #14 had a current, 1/30/15, care plan problem/need regarding decreased vision. Approaches to this problem included, but were not limited to wear eye glasses and ensure and encourage to attend activities of choice.</p> <p>Resident #14 had a current, 1/23/15, care plan problem/need regarding being a passive activity participant.</p> <p>Review of the January 2015 group activity attendance record indicated Residents #14 attended 5 sensory groups in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #14 indicated the resident attended 4 sensory groups and 1 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>On 2/11/15, Resident #14 sat in front of the TV in the lounge from 9:08 a.m. to 10:40 p.m. (a period of 1 hour and 32 minutes). Resident #14 appeared to watch the TV for periods of 3 minutes or less. The majority of the time she dozed on and off with her chin down. When awake she would lift her head and look</p>						

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>around. Resident #14 was not wearing her eye glasses during this time.</p> <p>On 2/11/15, Resident #14 was escorted in to the Rosewood dining room at 11:08 a.m. and received her meal at 12:06 p.m. (58 minutes). Resident #14 did not self initiate any leisure activity during this 58 minute period. Resident #14 received 1 to 3 minutes of sensory activity during her pre-meal wait. Resident #14 was not wearing her eye glasses during this time.</p> <p>8. Resident #47's clinical record was reviewed on 2/12/15, 1:37 p.m. Resident #47 current diagnoses included, but were not limited to, Alzheimer's disease, osteoporosis and arthritis.</p> <p>Resident #47 had a current, 2/9/15, Activity Quarterly Review which indicated the resident could participate in activities with assistance and cueing, required encouragement, needed reminders required physical and verbal assistance.</p> <p>Resident #47 had a current, 11/9/14, significant change, Minimum Data Set assessment (MDS) which indicated the resident was moderately hearing impaired which required the speaker to increase his volume, had highly impaired visual functioning, had unclear speech, rarely or</p>						

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>never understood others, rarely or never made decisions, was totally dependent on staff assistance for locomotion both on and off the unit and required staff assistance to eat.</p> <p>Resident #47 had a current, 11/23/14, care plan problem/need regarding Alzheimer's disease. Approaches to this problem included, but were not limited to, "encourage activities of interest such as (this area was left blank)."</p> <p>Resident #47 had a current, 11/23/14, care plan problem/need regarding visual impairment. Approaches to this problem included, but were not limited to "assist and encourage to attend activities of choice" and "provide activities appropriate to the resident."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #47 attended 8 sensory groups and 13 other events in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #47 indicated the residents attended 4 sensory groups and 5 other events thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>On 2/9/15, Resident #47 was escorted in to the Rosewood dining room at 11:12</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>a.m. and received her meal at 12:12 p.m. (a period of one hour). Resident #47 did not self initiate any leisure activity during this hour period. Resident #47 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>On 2/10/15, Resident #47 sat in front of the TV in the lounge from 8:20 a.m. to 11:40 p.m. (a period of 1 hours and 28 minutes). Resident #47 sat with her eyes closed the majority of this 1 and 1/2 hour period.</p> <p>During a 2/10/5, 12:42 p.m. to 1:35 p.m., observation of the 100 Hall Lounge, Resident #47 sat in front of the TV in the lounge facing the TV (a period 53 minutes). Resident #47 sat with her eyes closed the majority of this 53 minute period.</p> <p>On 2/11/15, Resident #47 sat in front of the TV in the lounge from 8:20 a.m. to 9:08 a.m. (a period of 48 minutes). During the 48 minute period, she sat with her eyes closed the majority of the time. At 9:18 a.m. a staff member approached her, spoke to her, and wheeled her away. At 9:29 a.m. a staff member escorted Resident #47 to the aviary to watch the birds. At 9:33 a.m. a staff member entered the aviary area and informed Resident #47 that he needed to scrub a</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>spill on the carpet. He then moved Resident #47's wheelchair away from the bird aviary and placed the resident facing the TV in the 200 Lounge. Vision and hearing impaired Resident #47 was then seated over 25 feet from the TV with the TV volume on low.</p> <p>On 2/11/15, Resident #47 was escorted in to the Rosewood dining room at 11:06 a.m. and received her meal at 12:09 p.m. (a period of one hour and 3 minutes). Resident #47 did not self initiate any leisure activity during this hour and 3 minute period. Resident #47 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>9. Resident #27's clinical record was reviewed on 2/12/15 at 10:50 a.m. Resident #27's current diagnoses included, but were not limited to, generalized anxiety, end stage dementia, debility and wasting syndrome and osteoarthritis. Resident #27 received hospice services.</p> <p>Resident #27 had a current, 12/5/14, Activity Quarterly Review, "Resident does not understand, therefore needs assistance to and from activities... Resident shows little/no interest or response during activities... Active at times, Passive at times."</p>						

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>Resident #27 had a current,12/5/14, Quarterly, Minimum Data Set assessment (MDS) which indicated moderate hearing impairment and required the speaker to increase his volume, had severe visual impairment, had unclear speech, rarely or never understood, rarely or never made choices, was dependent on staff assistance for mobility both on and off the unit and was dependent on staff assistance to eat.</p> <p>Resident #27 had a current, 12/11/14, care plan problem/need regarding decreased vision. Approaches to this problem included, but were not limited to " Provide activities appropriate for the resident...Assist and encourage to attend activities of choice.</p> <p>Resident #27 had a current,12/24/14, care plan problem/need regarding being passive in activities. Approaches to this problem included, but were not limited to "Assist resident to activities of choice ...Provide multi-sensory small group."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #27 attended 8 sensory groups and 2 other activities in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #27 indicated the</p>						

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>resident attended 4 sensory groups and 1 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>On 2/9/15, Resident #27 was escorted in to the Rosewood dining room at 11:13 a.m. and received her meal at 12:09 p.m. (a period of 56 minutes). Resident #27 did not self initiate any leisure activity during this 56 minute period. Resident #27 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>On 2/10/15, Resident #27 sat in front of the TV in the lounge from 8:20 a.m. to 11:40 a.m. (a period of 1 hours and 28 minutes). Vision and hearing impaired, Resident #27 sat with her eyes closed and semi-fetal position in her broda chair the majority of this 1 and 1/2 hour period. Resident #27 was never seen with her eyes open during this period.</p> <p>On 2/11/15, Resident #27 sat in front of the TV in the lounge from 8:20 a.m. to 9:08 p.m. (a period of 48 minutes). Hearing impaired and vision impaired, Resident #27 sat the majority of the time in a semi-fetal position asleep in her broda chair. She was never observed with her eyes open.</p> <p>10. Resident #24's clinical record was</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>reviewed on 2/12/15 at 2:02 p.m. Resident #24's current diagnoses included, but were not limited to, vascular dementia, depression, anxiety and Parkinson's disease. The resident was receiving hospice services.</p> <p>Resident #24 had a current, 11/26/14, Activity Assessment which indicated "resident can participate in activities with assistance and cueing...physical assistance, verbal assistance, visual assistance and reminders [needed]... Active at times, passive at times encouragement needed."</p> <p>Resident #24 had a current, 11/26/14, annual, Minimum Data Set assessment (MDS) which indicated the resident the resident had moderate hearing impairment, had highly impaired vision, rarely or never understood, rarely or never made decisions, was totally dependent on staff assistance for mobility both on and off the unit, and required staff assistance for eating.</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding impairment in hearing. Approaches to this problem included, but were not limited to "be aware of severity of hearing problem and adapt as needed."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>Resident #24 had a current, 12/11/14, care plan problem/need regarding anxiety. Approaches to this problem included, but were not limited to, "encourage activities of preference such as [this area was blank]."</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding vision impairment. Approaches to this problem included, but were not limited to, "Provide activities that are appropriate for the resident... assist resident to attend activities of choice."</p> <p>Resident #24 had a current, 12/11/14, care plan problem/need regarding being a passive participant in activities. Approaches to this problem included, but were not limited to, "provide multi-sensory small group activities."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #42 attended 8 sensory groups and 5 other activities in January. The February 2015 activity attendance record (2/1 to 2/11/15) for Resident #24 attended 4 sensory groups and 2 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>On 2/9/15, Resident #24 was escorted in to the Rosewood dining room at 11:19</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>a.m. and received her meal at 12:13 p.m. (a period of 54 minutes). Resident #24 did not self initiate any leisure activity during this 54 minute period. Resident #24 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>On 2/11/15, Resident #24 sat in front of the TV in the lounge from 8:20 a.m. to 11:28 p.m. (a period of 2 hours and 2 minutes). Resident #24 slept with her chin to her chest, worked her hands, reached out to unseen items and talked to people who were not there during this 2 hour period.</p> <p>On 2/11/15, Resident #24 was escorted in to the Rosewood dining room at 11:10 a.m. and received her meal at 12:08 p.m. (a period of 56 minutes). Resident #24 did not self initiate any leisure activity during this 56 minute period. Resident #24 received 1 to 3 minutes of sensory activity during her pre-meal wait.</p> <p>11. Resident #38's clinical record was reviewed on 2/13/15 at 10:32 a.m. Resident #38's current diagnoses included, but were not limited to, Alzheimer's disease, depression and glaucoma. The resident required hospice services</p> <p>Resident #38 had a current, 12/24/14,</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>Activity Quarterly Review which indicated: "Resident can participate in activities with assistance and cueing... Physical assistance, Verbal assistance and reminders [needed]."</p> <p>Resident # 38 had a current 12/27/14, quarterly, Minimum Data Set assessment (MDS) which indicated the resident had moderate visual impairment, rarely or never made decisions, and required staff assistance for locomotion both on and off the unit.</p> <p>Resident #38 had a current, 12/27/14, care plan problem/need regarding decreased vision. Approaches to this problem included, but were not limited to "provide activities appropriate for the resident."</p> <p>Resident #38 had a current, 12/27/14, care plan problem/need regarding Alzheimer's disease. Approaches to this problem included, but were not limited to "encourage activities of interest such as [this area was left blank]."</p> <p>Resident #38 had a current, 12/27/14, care plan problem/need regarding being a passive activity participant. Approaches to this problem included, but were not limited to "provide multi-sensory small group activities...Assist resident to</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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	<p>activities of choice and interest."</p> <p>Review of the January 2015 group activity attendance record indicated Resident #38 attended 8 sensory groups and 5 other events in January. The February 2015 attendance record (2/1 to 2/11/15) for Resident #38 indicated the resident attended 4 sensory groups and 2 music event thus far in February. Sensory events were 3 to 5 minutes in length.</p> <p>On 2/9/15, Resident #38 was escorted in to the Rosewood dining room at 11:15 a.m. and received his meal at 12:09 p.m. (a period of 54 minutes). Resident #38 did not self initiate any leisure activity during this 54 minute period. He received 1 to 3 minutes of sensory activity during his pre-meal wait.</p> <p>On 2/10/15, Resident #38 sat in front of the TV in the lounge from 8:20 a.m. to 11:40 p.m. (a period of 1 hour and 28 minutes). Resident #38 sat with his eyes closed the majority of this 1 and 1/2 hour period.</p> <p>On 2/11/15, Resident #38 sat in front of the TV in the lounge from 8:20 a.m. to 11:40 p.m. (a period of 2 hours and 20 minutes). Resident #38 sat with his eyes closed the majority of this 2 hour period.</p>				

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>On 2/11/15, Resident #38 was escorted in to the Rosewood dining room at 11:05 a.m. and received his meal at 12:05 p.m. (a period of one hour). Resident #38 did not self initiate any leisure activity during this hour period. He received 1 to 3 minutes of sensory activity during his pre-meal wait.</p> <p>During a 2/12/15, 9:29 a.m., observation and interview, Resident #38 was sleeping in the 100 Lounge in his wheelchair facing the TV. Resident #38 woke when he was spoken to. He indicated he only liked to watch TV once in a while. He watched it at the facility because there was nothing else to do. At this time the 100 Lounge TV was playing court TV. He indicated he did not like court TV.</p> <p>During a 2/11/15 2:34 p.m. interview, the Activity Director indicated activities for cognitively impaired residents should be short and primarily focus on sensory stimulation. The activity scheduled in the Rosewood Dining Room prior to lunch was scheduled to begin at 11:45 a.m. She had not asked staff to bring residents to the dining area earlier than 11:45 a.m. for any scheduled activity or event. Her activity director training indicated cognitively impaired residents would not have activities that lasted 1</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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F000279 SS=E	<p>hour or more.</p> <p>3.1-33(a)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to develop care plans to address targeted behaviors for residents who used psychoactive medications for 4 of 5 residents reviewed for care plan development related to psychoactive medication use. (Residents #2, #31, #32, and #12)</p>	F000279	1. Resident #2, #31, #32, and #12 did not experience any negative outcome related to the alleged deficient practice. Resident #2's care plan has been updated to reflect targeted behaviors to support the use of antidepressant and mood stabilizer medications. Resident #32's care plan has been updated to reflect targeted behaviors to support the use of	03/10/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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	<p>Findings include:</p> <p>1. The clinical record for Resident #2 was reviewed on 2/11/15 at 8:46 a.m. Diagnoses for Resident #2 included, but were not limited to, dementia with delusions and psychotic features, and depression.</p> <p>Current physician's orders for Resident #2 included, but were not limited to, the following orders:</p> <p>a. Zyprexa (an antipsychotic medication) 5 milligrams (mg) 1 tablet by mouth every day. This order originated on 6/19/14. The dose was decreased in November of 2014 and returned to original dosage in January of 2015.</p> <p>b. Paxil (an antidepressant medication) 40 mg 1 tablet by mouth every day. This order originated on 6/19/14. The dose was decreased in December of 2014 and returned to original dosage in January of 2015.</p> <p>c. Depakote (a mood stabilizer medication) 125 mg give 4 capsules (500 mg) by mouth 3 times a day. This order originated on 6/19/14.</p> <p>Resident #2 had a quarterly Minimum Data Set (MDS) assessment dated</p>		<p>antianxiety, antidepressant, and antipsychotic medications. Resident #31' care plan has been updated to reflect targeted behaviors to support the use of antipsychotic and antidepressant medications. Resident #12's care plan has been updated to reflect targeted behaviors to support the use of antipsychotic and antidepressant medications. 2. All residents receiving psychoactive medications have the potential to be affected. Their careplans have been reviewed and updated to include targeted behaviors to support psychoactive medication use if indicated. 3. The facility's policy for the Mood and Behavior Program has been reviewed and no changes are indicated at this time. The SSD has been re-educated on the policy with special focus on the need to care plan targeted behaviors to support the use of psychoactive medications. A Psychoactive Medication/CarePlan Review form has been implemented (See Attachment D) 4. The Administrator or designee will be responsible for completing the Psychoactive Medication/Care Plan Review on schedule work days as follows: 5 residents receiving psychoactive medications will have their care plans reviewed daily for two weeks, weekly for two weeks, monthly for two months then quarterly thereafter. Should a</p>		

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>12/14/14. The assessment indicated the resident was severely cognitively impaired and never or rarely made decisions.</p> <p>Resident #2 lacked health care plans with specific targeted behaviors for the use of her anti-depressant and mood stabilizer medications.</p> <p>During an interview with the Social Services Director (SSD) on 2/13/15 at 8:35 a.m., she indicated a health care plan with specific or targeted behaviors for Resident #2's use of an anti-depressant and mood stabilizer medications had not been created.</p> <p>2. The clinical record for Resident #32 was reviewed 2/12/15 at 7:59 a.m. Diagnoses for Resident #32 included, but were not limited to, schizophrenia, depression, and anxiety.</p> <p>Current physician's orders for Resident #32 included, but were not limited to, the following orders:</p> <p>a. Abilify (an antipsychotic medication) 5 mg 1 tablet by mouth every day. This order originated 3/12/13.</p> <p>b. Lexapro (an antidepressant medication) 20 mg 1 tablet by mouth</p>		<p>concern be noted, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be reviewed during the facility's QA meetings ongoing for a minimum of six months and the plan adjusted if indicated</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>every day. This order originated 9/4/14.</p> <p>c. Clonazepam (an anti-anxiety medication) 0.5 mg 1 tablet 2 times a day. This order originated 6/2/14.</p> <p>Resident #32 lacked health care plans with specific targeted behaviors for the use of her antipsychotic, antidepressant and anti-anxiety medications.</p> <p>During an interview with the SSD on 2/13/15 at 8:35 a.m., she indicated a health care plan with specific or targeted behaviors for Resident #32's use of an antipsychotic, antidepressant and anti-anxiety medications had not been created.</p> <p>3. The clinical record for Resident #31 was reviewed on 2/11/15 at 7:23 a.m. Diagnosis for Resident #31 included, but were not limited to, dementia with behavioral disturbances, depression, and anxiety.</p> <p>Current physician's orders for Resident #31 included, but were not limited to, the following orders:</p> <p>a. Seroquel (an antipsychotic medication) 75 mg by mouth 3 times a day. This order originated 11/22/14. This was an increase in the dosage and</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>the dosage had been changed multiple times.</p> <p>b. Cymbalta (an antidepressant medication) 90 mg by mouth every day. This order originated 9/30/14.</p> <p>c. Wellbutrin SR (an antidepressant medication) 100 mg by mouth 2 times a day. This order originated 9/30/14.</p> <p>Resident #31 had a quarterly Minimum Data Set (MDS) assessment dated 10/29/14. The assessment indicated the resident was severely cognitively impaired and rarely made decisions.</p> <p>Resident #31 lacked health care plans with specific targeted behaviors for the use of her antidepressant medications.</p> <p>During an interview with the SSD on 2/13/15 at 8:35 a.m., she indicated a health care plan with specific or targeted behaviors for Resident #31's use of antidepressant medications had not been created.</p> <p>4. Resident # 12's clinical record was reviewed on 2/11/2015 at 8:17 a.m. Resident #12's diagnoses included, but were not limited to, anemia, dementia with psychotic features, diabetes, end stage renal disease, hypertension, cerebrovascular accident, morbid obesity,</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>debility and depression.</p> <p>Resident #12 had current January 2015 orders for the following psychoactive medications:</p> <p>a.) Prozac 40 mg (an anti-depressant medication) give 1 capsule every day. This order originated 9/4/2014.</p> <p>b.) Seroquel 25 mg (an antipsychotic medication) ½ tablet (equal 12.5 mg) two times a day. This order originated 11/2/2014.</p> <p>Resident #12 had a current, 12/10/14, quarterly, Minimum Data Set (MDS) assessment which indicated the resident has trouble concentrating on things, such as reading the newspaper or watching the television and displayed no maladaptive behaviors or psychosis during the assessment period.</p> <p>Resident #12 did not have a care plan to address the specific behavioral symptoms or targeted behaviors being treated by the use of an antipsychotic medication, or an anti-depressant medication.</p> <p>Review of the current facility policy, dated 11/20/2013, titled "Mood and Behavior Program", provided by the Administrator on 2/13/5 at 8:55 a.m., included, but was not limited to, the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>"Documentation of Mood/Behavior ...</p> <p>7. A written plan of care will be developed by social services and the interdisciplinary team to address the mood(s) and/or behavior((s), including interventions to address any entries relative to mood/behavior/management, will be accessible to all caregivers. ...Tracking/Identification of Patterns/Trends...</p> <p>4. Should revisions to the careplan be warranted, the same shall be completed and communicated to direct caregivers, as appropriate, via careplan, assignment sheet, and/or communication tool utilized by the facility."</p> <p>3.1-35(a)</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, interview, and</p>	F000280	1. Resident #60 did not experience any negative	03/10/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015	
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>record review, the facility failed to update and revise a resident's care plan regarding the use of a Foley catheter leg bag, for 1 of 2 residents who met the criteria for catheter use. (Resident #60)</p> <p>Findings include:</p> <p>On 02/10/2015 at 3:25 p.m., during an observation of Resident #60 in her room, the resident pulled up her right pant leg to reveal a urine leg bag attached to her right lower leg. The bag was 50% full of clear amber urine.</p> <p>On 02/12/2015 at 4:00 p.m., Resident #60 pulled up her right pant leg to reveal a urine leg bag 75% full of clear amber urine.</p> <p>On 02/13/2015 at 8:30 a.m., during an observation with Resident #60, while in her room, the resident pulled up her right pant leg to reveal a urine leg bag attached to her right lower leg. The bag was 50% full of clear amber urine.</p> <p>On 02/13/2015 at 8:30 a.m., during an interview Resident #60 indicated her kidneys did not work resulting in a Foley catheter. The resident indicated she wore the leg bag at all times including to sleep. The resident also indicated the leg bag did not get anchored below the level of</p>		<p>outcomes related to this alleged deficient practice. The care plan has been updated to reflect the resident' choice to wear a leg bag at all times. 2. All residents with catheters have the potential to be affected. Their care plans have been reviewed and updated if indicated. 3. The facility's Care Plan policy has been reviewed and no changes are indicated at this time. The unit managers have been re-educated on care planning with a special focus on individualizing the care plan. A Catheter Review form has been implemented (See Attachment D). 4. The Administrator or designee will be responsible for completing the Catheter Review form on scheduled work days as follows: 5 residents will be reviewed daily for two weeks, weekly for two weeks, monthly for two months, then quarterly thereafter. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be reviewed during the facility's QA meetings on an ongoing basis for a minimum of six months and the plan adjusted if indicated.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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	<p>the bladder while she was in bed, and she had not received any education about positioning of the leg bag.</p> <p>On 02/13/2015 at 9:32 a.m., during an interview LPN #8 indicated Resident #60 refused to use a gravity bag, and had been educated on the importance of the drainage bag below the level of the bladder. LPN #8 indicated there should be a care plan in place related to the resident's refusal to utilize a Foley to gravity system at night.</p> <p>On 02/12/2015 at 10:59 a.m., the clinical records were reviewed for Resident #60.</p> <p>The annual MDS (Minimum Data Set) assessment, dated 12/04/2014, indicated Resident #60's BIMS (Brief Interview for Mental Status), total score was 12 with a total score of 8-12 as interviewable. The MDS indicated an indwelling catheter was in use.</p> <p>Resident #60's diagnosis included but were not limited to; heart failure, hypertension, peripheral vascular disease, urinary tract infection, diabetes mellitus, Alzheimer's Disease, and anxiety and urinary retention.</p> <p>The assessment for Resident #60 included, but was not limited to, urinary</p>			

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F000329 SS=E	<p>retention requiring a Foley catheter, and indicated the resident utilized a leg bag without difficulty.</p> <p>On 02/13/2015 at 8:48 a.m., the care plan, Urinary Incontinence Foley Catheter, for Resident #60 indicated the interventions included, but were not limited to, to position catheter tubing and drainage bag below the level of the bladder to minimize the risk of urinary reflux.</p> <p>3.1-35(d)(2)(B)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that</p>						

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	<p>residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who received psychoactive medications had behavior indicators for the use of the medication, and identified target behaviors and documented behaviors prior to an increase in medication for 5 of 5 residents reviewed for unnecessary medications. (Residents #2, #31, #32, #12, and #8)</p> <p>Findings include:</p> <p>1. During an observation on 2/9/15 at 11:09 a.m., Resident #2 was sitting in a Geri chair in the Rosewood dining room. Resident #2 was quiet and slept.</p> <p>During an observation on 2/11/15 at 8:55 a.m., Resident #2 was sitting in a Geri chair in the lounge looking at the birds.</p> <p>During an observation on 2/12/15 at 9:35 a.m., Resident #2 was resting in the bed with her eyes closed.</p>	F000329	<p>1. Resident #2, #31, #32, #12, and #8 did not experience any negative outcome associated with this alleged deficient practice. The clinical record for each resident has been reviewed. The physician has been contacted regarding a request for a plan of reduction in psychoactive medications for each resident who did not experience targeted behaviors. Should the residents experience behaviors, the staff will document targeted behaviors to support the psychoactive medications and the care plan will be updated with the targeted behaviors identified. 2. All residents receiving psychoactive medications have the potential to be affected. The physician has been contacted regarding a request for a plan of reduction in psychoactive medications for each resident who did not experience targeted behaviors. Should the residents experience behaviors, the staff will document targeted behaviors to support the psychoactive medications and the care plan will be updated with the</p>	03/10/2015	

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	<p>The clinical record for Resident #2 was reviewed on 2/11/15 at 8:46 a.m. Diagnoses for Resident #2 included, but were not limited to, dementia with delusions and psychotic features, and depression.</p> <p>Current physician's orders for Resident #2 included, but were not limited to, the following orders:</p> <p>a. Zyprexa (an antipsychotic medication) 5 milligrams (mg) 1 tablet by mouth every day. This order originated on 6/19/14. The dose was decreased in November of 2014 and returned to original dosage in January of 2015.</p> <p>b. Paxil (an antidepressant medication) 40 mg 1 tablet by mouth every day. This order originated on 6/19/14. The dose was decreased in December of 2014 and returned to original dosage in January of 2015.</p> <p>c. Depakote (a mood stabilizer medication) 125 mg give 4 capsules (500 mg) by mouth 3 times a day. This order originated on 6/19/14.</p> <p>Resident #2 had a quarterly Minimum Data Set (MDS) assessment dated 12/14/14. The assessment indicated the resident was severely cognitively</p>		<p>targeted behaviors identified. 3 The facility's policies for psychoactive medication use and the mood & behavior program has been reviewed and no changes are indicated at this time. The facility staff has been re-educated on the policies with a special focus on documenting targeted behaviors to support the use of psychoactive medications and adding targeted behaviors to the care plan. A Psychoactive Medication/Care Plan Review form has been implemented (See Attachment D). 4. The DON or designee will be responsible for completing the Psychoactive Medication/Care Plan Review form on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months then quarterly thereafter. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be reviewed during the facility's QA meetings on an ongoing basis for a minimum of six months and the plan adjusted if indicated.</p>				

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	<p>impaired, rarely made decisions and displayed no maladaptive behaviors during the assessment period.</p> <p>The February 2015, the January 2015, and the December 2014 "Mood and Behavior Monthly Flow Records", indicated Resident #2 was to be monitored for "pinching staff, trying to bite staff". No other behaviors had been identified for Resident #2.</p> <p>The February 2015 "PSYCHOACTIVE MEDICATION MONITORING - SIDE EFFECT CHECK LIST", for Resident #2 had only the resident's name, month and year. The "Drug Order", the "Specific Behavior Exhibited", and the "Diagnosis to support use", were blank.</p> <p>The January 2015 "PSYCHOACTIVE MEDICATION MONITORING - SIDE EFFECT CHECK LIST", for Resident #2 had "sad mood, yelling out agitation" as the specific behavior exhibited. The medications listed on check list were Paxil, Depakote, and Zyprexa. Diagnosis to support use was indicated as depression, dementia with delusions and psychotic features.</p> <p>During an interview with the Social Services Director (SSD) on 2/12/15 at</p>						

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	<p>9:25 a.m., additional information regarding identified behaviors, and behavior monitoring was requested for Resident #2.</p> <p>During an interview with the SSD on 2/13/15 at 8:35 a.m., she indicated specific or targeted behaviors for Resident #2's psychoactive medications had not been identified. She indicated pinching, grabbing, and yelling out had been identified for Resident #2. No behaviors regarding depression or delusions had been identified for Resident #2. The SSD indicated the staff were to complete a mood and behavior communication form when a resident had a behavior. The completed form was given to her and reviewed in the morning meetings held Mondays through Fridays with the management staff. The form was then placed in a binder kept in her office.</p> <p>"MOOD AND BEHAVIOR COMMUNICATION MEMO" forms, for Resident #2, were provided on 2/13/15 at 10:00 a.m., by the Administrator. Resident #2 had a memo dated 12/19/14, and a memo dated 1/6/15. The 12/9/14 at 1:45 p.m., memo indicated Resident #2 was being transferred to her bed for a bath and the resident began pinching and grabbing staff. The 1/6/15 at 2:00 p.m.,</p>						

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>memo indicated staff woke Resident #2 up to tell her they were going to give her a shower. After staff woke Resident #2 up she began pinching, hitting, and trying to bite staff.</p> <p>On 1/13/15 Resident #2's Zyprexa was increased to 5 mg by mouth daily due to the facility's identified gradual dose reduction failure based on 2 documented behaviors of resistance of care. The facility failed to show how these 2 events negatively impacted the resident's quality of life prior to stating the dose reduction had failed.</p> <p>2. During an interview and observation on 2/10/15 at 8:45 a.m., Resident #32 was sitting in her room. She was calm and pleasant during the interview.</p> <p>During a medication observation on 2/12/15 at 8:44 a.m., Resident #32 was sitting in her room watching television.</p> <p>The clinical record for Resident #32 was reviewed 2/12/15 at 7:59 a.m. Diagnoses for Resident #32 included, but were not limited to, schizophrenia, depression, and anxiety.</p> <p>Current physician's orders for Resident #32 included, but were not limited to, the following orders:</p>			

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	<p>a. Abilify (an antipsychotic medication) 5 mg 1 tablet by mouth every day. This order originated 3/12/13.</p> <p>b. Lexapro (an antidepressant medication) 20 mg 1 tablet by mouth every day. This order originated 9/4/14.</p> <p>c. Clonazepam (an anti-anxiety medication) 0.5 mg 1 tablet 2 times a day. This order originated 6/2/14.</p> <p>Resident #32 had a quarterly Minimum Data Set (MDS) assessment dated 12/5/14, which indicated the resident was cognitively intact, able to make decisions and displayed no maladaptive behaviors during the assessment period.</p> <p>The February 2015, the January 2015, and the December 2014 "Mood and Behavior Monthly Flow Records", indicated Resident #32 was to be monitored for "took candy, placed in her pocket". No other behaviors had been identified for Resident #32.</p> <p>The February 2015 "PSYCHOACTIVE MEDICATION MONITORING - SIDE EFFECT CHECK LIST", for Resident #32 had only the resident's name, month and year. The "Drug Order", the "Specific Behavior Exhibited",</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>and the "Diagnosis to support use", were blank.</p> <p>The January 2015 "PSYCHOACTIVE MEDICATION MONITORING - SIDE EFFECT CHECK LIST", for Resident #32 had "sad mood anxiety" as the specific behavior exhibited. The medications listed on the check list were Lexapro and clonazepam. Diagnosis to support use was indicated as depression, anxiety.</p> <p>During an interview with the Social Services Director (SSD) on 2/12/15 at 9:25 a.m., additional information regarding identified behaviors, and behavior monitoring was requested for Resident #32.</p> <p>During an interview with the SSD on 2/13/15 at 8:35 a.m., she indicated specific or targeted behaviors for Resident #32's psychoactive medications had not been identified. She indicated taking candy and putting the candy in her pocket had been identified for Resident #32. No behaviors regarding depression or anxiety had been identified for Resident #32. The SSD indicated the staff were to complete a mood and behavior communication form when a resident had a behavior. The completed form was given to her and reviewed in</p>			

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	<p>the morning meetings held Mondays through Fridays with the management staff. The form was then placed in a binder kept in her office.</p> <p>No behaviors for Resident #32 had been documented in November 2014, December 2014, January 2015 or to date in February 2015.</p> <p>3. During an observation on 2/11/15 at 11:31 a.m., Resident #31 was sitting on a love seat near the nurses station with a baby doll on her lap and her walker to the side of her. She held and talked to the baby doll.</p> <p>During an observation on 2/12/15 at 9:31 a.m., Resident #31 was sitting on a love seat near the nurses station with a baby doll on her lap and her walker in front of her. She was holding baby and talking to the baby and staff as they walked by her.</p> <p>During an observation on 2/12/15 at 1:21 p.m., Resident #31 was sitting on a love seat near the nurses station with a baby doll on her lap and her walker to the side of her. She was holding baby and talking to the baby and staff as they walked by her.</p> <p>During an observation on 2/13/15 at 9:38 a.m., Resident #31 was sitting on a love</p>			

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	<p>seat near the nurses station with a baby doll on her lap and her walker in front of her. She was holding baby and talking to the baby.</p> <p>The clinical record for Resident #31 was reviewed on 2/11/15 at 7:23 a.m. Diagnose's for Resident #31 included, but were not limited to, dementia with behavioral disturbances, depression, and anxiety.</p> <p>Current physician's orders for Resident #31 included, but were not limited to, the following orders:</p> <p>a. Seroquel (an antipsychotic medication) 75 mg by mouth 3 times a day. This order originated 11/22/14. This was an increase in the dosage and the dosage had been changed multiple times.</p> <p>b. Cymbalta (an antidepressant medication) 90 mg by mouth every day. This order originated 9/30/14.</p> <p>c. Wellbutrin SR (an antidepressant medication) 100 mg by mouth 2 times a day. This order originated 9/30/14.</p> <p>Resident #31 had a quarterly Minimum Data Set (MDS) assessment dated 10/29/14. The assessment indicated the</p>			

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	<p>resident was severely cognitively impaired, rarely made decisions and displayed no maladaptive behaviors during the assessment period.</p> <p>The February 2015, the January 2015, and the December 2014 "Mood and Behavior Monthly Flow Records", indicated Resident #31 was to be monitored for "hitting staff, pinching, kicking, socially inappropriate with staff, repetitive statements, verbal aggression with staff 1. showers 2. getting out of bed". No other behaviors had been identified for Resident #31.</p> <p>The February 2015 "PSYCHOACTIVE MEDICATION MONITORING - SIDE EFFECT CHECK LIST", for Resident #31 had only the resident's name, month and year. The "Drug Order", the "Specific Behavior Exhibited", and the "Diagnosis to support use", were blank.</p> <p>The January 2015 "PSYCHOACTIVE MEDICATION MONITORING - SIDE EFFECT CHECK LIST", for Resident #31 had "sad mood behavioral disturbance" as the specific behavior exhibited. The medications listed on the check list were Cymbalta, Wellbutrin, Seroquel, and Namenda (an Alzheimer's disease medication). Diagnosis to</p>			

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	<p>support use was indicated as depression, dementia.</p> <p>During an interview with the Social Services Director (SSD) on 2/12/15 at 9:25 a.m., additional information regarding identified behaviors, and behavior monitoring was requested for Resident #31.</p> <p>During an interview with the SSD on 2/13/15 at 8:35 a.m., she indicated specific or targeted behaviors for Resident #31's psychoactive medications had not been identified. She indicated hitting, pinching, kicking staff, socially inappropriate behavior with staff, repetitive statements and verbal aggression with staff had been identified for Resident #31. No behaviors regarding depression had been identified for Resident #31. The SSD indicated the staff were to complete a mood and behavior communication form when a resident had a behavior. The completed form was given to her and reviewed in the morning meetings held Mondays through Fridays with the management staff. The form was then placed in a binder kept in her office.</p> <p>Mood and behavior communication memos were reviewed from October 2014 to February 2015, with no</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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	<p>documented behaviors related to depressive features. An order dated 1/1/15 indicated "Hold Seroquel today d/t [due to] lethargy" and "Check v/s [vital signs] q [every] 15 min [minutes] until awake".</p> <p>During an interview on 2/13/15 at 9:08 a.m., LPN #1 indicated she will look at careplans, behavior monthly flow sheets, and psychoactive medication monitoring check lists to know what specific/targeted behaviors to monitor for residents.</p> <p>During an interview on 2/13/15 at 9:26 a.m., QMA #2 indicated staff will tell other staff the behaviors residents have and what to watch for. She further indicated she checks the behavior monthly flow sheets and medication monitoring check lists if working as the QMA.</p> <p>2. Resident # 12's clinical record was reviewed on 2/11/2015 at 8:17 a.m. Resident #12's diagnoses included, but were not limited to, anemia, dementia with psychotic features, diabetes, end stage renal disease, hypertension, cerebrovascular accident, morbid obesity, debility and depression.</p> <p>Resident #12 had current January 2015 orders for the following psychoactive</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303		
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	<p>medications:</p> <p>a. Prozac 40 mg (an anti-depressant medication) give 1 capsule every day. This order originated 9/4/2014.</p> <p>b. Seroquel 25 mg (an antipsychotic medication) ½ tablet (equal 12.5 mg) two times a day. This order originated 11/2/2014.</p> <p>Resident #12 had a current, 12/10/14, quarterly, Minimum Data Set (MDS) assessment which indicated the resident had trouble concentrating on things, such as reading the newspaper or watching the television and displayed no maladaptive behaviors or psychosis during the assessment period.</p> <p>Resident #12 did not have a care plan to address the specific behavioral symptoms or targeted behaviors being treated by the use of an antipsychotic medication, or an anti-depressant medication.</p> <p>Resident #12 's Depressive Symptoms care plan dated 1/2/2015 lacked any targeted behaviors for the diagnoses of depression. Interventions included, but were not limited to, observe for increased signs and symptoms of depression. No sings or symptoms were documented.</p> <p>Resident #12's record lacked a care plan for the diagnoses of dementia with</p>				

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>psychotic features.</p> <p>Review of the Mood/Behavior Monthly Flow Record for November 2014 indicated Resident #12 was being monitored for refusal of dialysis, yelling, roommate taking up all of the room. Resident #12 had one episode of dialysis refusal dated 11/12/14 and one episode of being upset or yelling dated 11/19/14.</p> <p>Review of the Mood/Behavior Monthly Flow Record for December 2014 indicated Resident #12 was being monitored for refusal of dialysis, yelling, screaming at staff, roommate, negative statements. Resident #12 had one episode of yelling.</p> <p>Review of the Mood/Behavior Monthly Flow record for January 2015 indicated Resident #12 was being monitored for refusal of dialysis, yelling screaming at roommate, staff, negative statements. No maladaptive behaviors were documented.</p> <p>Review of the Mood/Behavior Monthly Flow Record for February 2015 indicated Resident #12 was being monitored for refusal of dialysis, upset, yelling at roommate. No episodes of maladaptive behaviors was noted.</p> <p>Nursing Notes dated 2/2/2015 indicated</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>the following: " 1. Psychological evaluation and treatment-depression/agitation. 2. Discontinue previous seroquel order. 3. Seroquel 25 mg (1/2) tablet by mouth every morning. 4. Seroquel 25 mg one by mouth at bedtime. 5. I/O Cath for UA/C&S secondary to increased behaviors/confusion. Res and family (daughter) aware. Urine obtained for UA/C&A will cont [sic] to monitor." No other documentation of behavioral concerns noted in the nursing notes from 10/29/14 through 2/13/15.</p> <p>A quarterly Social Service Assessment dated 9/10/14 indicated the resident "had some behaviors in July x 5 and no behaviors for August and September 2014".</p> <p>A quarterly Social Service Assessment dated 12/22/2014 indicated the resident had some incidents regarding her roommate and her mood was good at that time during the 90 day observation period.</p> <p>During an interview on 2/12/15 at 1:43 p.m., CNA #5 indicated being familiar with Resident #12. CNA #5 indicated Resident #12 has never displayed any behaviors when providing care for that resident." CNA #5 was unable to</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>identify any depressive or anxiety targeted behaviors specific to Resident #12.</p> <p>During an interview on 2/12/2015 at 2:08 p.m., LPN #6 stated, "She starts being very agitated a lot of times it's over nothing. Example sitting at the table enjoying music and another resident will say how are you and she will start screaming. Depression: not very talkative wants to stay in her room in pajamas. I don't know if it is documented anywhere Anxiety: she gets fidgety sometimes she can't remember things and she becomes overwhelmed with communication and can't get her words out. As far as documentation I would probably go to Social Services to look."</p> <p>During an interview on 2/12/2015 at 2:15 p.m. LPN #7 stated, "She usually stays in her room in her bed from what I have observed. We communicate through the nurses notes. With her anxiety, she usually will start an argument or fuss, it's loud and verbal from what I have seen. I would look in the nurses notes and social service notes, I think."</p> <p>During an interview on 2/12/2015 at 2:21 p.m., the SSD stated, "The staff look under physician orders or mental health notes. We have discussions if a resident</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>is having behaviors. The mood and behaviors are discussed in the morning meeting with the clinical staff. The staff know the targeted behaviors by the daily care they provide working with them. It's not documented on the medical record."</p> <p>3. Resident #8's clinical record was reviewed on 2/11/15 at 9:43 a.m. The resident's diagnose's included, but were not limited to: insomnia, anxiety, chronic obstructive pulmonary disease, hypertension, chronic pain, hx of pulmonary embolism, coagulopathy, and depression. The significant Minimum Data Set assessment, dated 12/23/14, indicated Brief Interview for Mental Status total score was 14 with a total score of 8-15 as interviewable.</p> <p>The physician orders were as follows: On 9/16/14 the physician's order was Buspar 30mg (an anti-anxiety medication) 1 tablet twice daily; on 9/16/14 the physician's order was Celexa 40 mg (an antidepressant medication) 1 tablet daily. On 10/22/14 the physician's order was Ativan 0.5 mg (an anti-anxiety medication) 1 tablet three times daily as needed for agitation. On</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>11/15/14 the physician's order was to increase the Ativan to 0.5mg three times daily routinely.</p> <p>The "Mood and Behavior Monthly Flow Record" from October 2014 through November 2014 included, but were not limited to, the following behaviors: "Verbally upset/frustrated re: grandson..." – no behaviors indicated in October; In November – on 11/3/14 one episode with the interventions attempted were 1 on 1's, allow to vent feelings and validation of feelings with improvement; on 11/15/14 with interventions attempted were conversation of interest, reassurance and comfort, and redirection with worsened outcome. "Arguing with roommate" – no behaviors indicated in October; In November – on 11/27/14 one episode with the interventions attempted were 1 on 1's, allow to vent feelings and time to calm and reproach with outcome unchanged. "Restless, agitated, anxious about turning TV volume down" –no behaviors indicated in October; In November – on 11/5/14 the one episode indicated a quiet environment, allow to vent feelings,</p>						

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>reassurance and comfort and prn med which were effective. On 11/15/14 one episode with the interventions attempted were conversation of interest, reassurance and comfort and redirection with worsened outcome.</p> <p>The "PRN (as needed) Medication Flow Sheet" indicated Ativan was administered PRN on the following dates: No information the resident received Ativan in October, 2014; In November – On 11/2/14 at 1 a.m., 3 p.m., and p.m. with "behavioral" as the documented interventions, on 11/3/14 at 9:30 a.m. with the intervention as a position change and at 8 p.m. with the intervention as position change, behavioral and "refused", on 11/4/14 at 4:15 a.m. with no interventions indicated, and on 11/5/14 at 9 a.m. with the intervention as position change. All administrations were indicated for anxiety/agitation .</p> <p>Review of the resident's Nurse's Notes indicated the following: On 10/22/14 at 2:15 p.m., the resident was noted with "increased agitation" with the physician</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>notified and a new order was received for Ativan 0.5 mg three times daily as needed for agitation; On 11/5/14 at 11:00 a.m., the physician order was to "add dx (diagnosis) of anxiety with Ativan order to schedule it TID (three times daily) 6 a.m., 2 p.m., 10 p.m." No further indication in Nurse's Notes related to periods of anxiety or agitation.</p> <p>Resident #8's "Mood and/or Behavior Care Plan" was indicated for anxiety with the following interventions: "psychiatric care with (name of services), psychiatric medications as ordered per M.D., ensure all needs are met, assess for pain/discomfort as needed, encourage resident to vent feelings and provide reassurance, be a good listener, encourage activities of interest, redirect any inappropriate behavior and comments, use humor to diffuse, and assist resident in problem solving issues".</p> <p>On 2/13/2015 at 9:47 a.m., during an interview the Social Services Director (SSD) indicated when a resident displayed a behavior, the nursing staff should be completing the "Mood and Behavior</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015	
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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	<p>Communication Memo". She indicated she would pick up and review these forms and presented them at the morning meeting with other management staff. She would then document the behavior from the memo onto the "Mood and Behavior Monthly Flow Record". She also indicated the behaviors may be documented in the nurse's notes and not on the flow sheet. If there was a mood or behavior indicated, a care plan would be triggered, and the mood or behavior would be added to the resident's behavior tracking. SSD indicated Resident #8 had a lot of mood and or behaviors related to grandson rejecting her, a lot of verbal conflict, and roommate issues. SSD described one instance of increased anxiety in beauty shop with wringing hands and feeling that she was not wanted in building by other residents. Resident was sent to ER for psych evaluation but refused to be admitted, then had Ativan increased within a week or two afterward.</p> <p>6. Review of the current facility policy, dated 10/2014, titled "USE OF ANTIPSYCHOTIC MEDICATIONS/GRADUAL DOSE</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
---	--

(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
	<p>REDUCTIONS", provided by the Administrator on 2/13/15 at 8:35 a.m., included, but was not limited to, the following:</p> <p>"POLICY: Residents who have not used antipsychotic medications are not to be given these medications unless antipsychotic medication therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record....</p> <p>...1. Criteria: Since diagnoses alone do not warrant the use of antipsychotic medications, the clinical condition must also meet at least one of the following criteria (A or B or C):...</p> <p>...ENDURING PSYCHIATRIC CONDITIONS...</p> <p>...before initiating or increasing an antipsychotic medication for enduring conditions, the target behavior must be clearly and specifically identified and monitored objectively and qualitatively in order to ensure the behavioral symptoms are:</p> <p>A. Not due to a medical condition or problem...</p> <p>...B. Persistent or likely to reoccur without continued treatment...</p>			

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--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
---	--

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	<p>...C. Not sufficiently relieved by non-pharmacological interventions...</p> <p>...D. Not due to environmental stressors...</p> <p>...E. Not due to psychological stressors..."</p> <p>7. Review of the current facility policy, dated 10/2014, titled "USE AND TAPERING OF PSYCHOPHARMACOLOGICAL MEDICATIONS [OTHER THAN ANTIPSYCHOTIC'S AND SEDATIVE HYPNOTICS]", provided by the Administrator on 2/13/15 at 8:35 a.m., included, but was not limited to, the following:</p> <p>"POLICY: Each resident's medication regimen must be free from unnecessary medications. An unnecessary medication is any medication when used: In excessive dose [including duplicate therapy]; or For excessive duration; or Without adequate monitoring; or Without adequate indications for its use; or In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or Any combination of the reasons above...."</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
(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			
F000371 SS=E	<p>3.1-48(a)(6) 3.1-48(b)(2)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to serve food under sanitary conditions for 2 of 2 dining observations. This deficient practice had the potential to impact 25 of 25 residents who ate meals in the Main Dining Room.</p> <p>Findings include:</p> <p>On 2/9/15 at 12:09 p.m., a lunch service observation was conducted in the main dining room. At 12:19 p.m., CNA #15 was observed mopping a spilled drink from floor with a clean clothing protector with his foot and picking up soiled clothing protector with bare hands and disposing of cloth in soiled linen container. CNA #15 then applied hand sanitizer to palmar</p>	F000371	<p>1. and 2. There were no residents negatively affected by this alleged deficient practice but the residents who eat in the dining room have the potential to be affected. The meals are being served in a sanitary condition. 3. The facility's policies for Handwashing/Hand Hygiene and Dish & Utensil Handling have been reviewed and no changes are indicated at this time. The nursing staff have been re-educated on the policies with a special focus on washing hands after cleaning spills and not sticking fingers inside cups or drink packets. A Meal Observation form has been implemented(See Attachment F). The DON or designee will be responsible for completing the Meal Observation form observing one meal on an alternating basis on scheduled work days as follows: Daily for two weeks, weekly for two weeks, monthly for</p>	03/10/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
---	--

(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
	<p>surface of hands only and continued to serve trays. No handwashing was observed.</p> <p>On 2/11/15 at 12:01 p.m., a lunch service observation was conducted in the main dining room. At this time, CNA #15 was observed placing his fingers inside 2 drinking cups while preparing to fill them with liquids. CNA #15 was also observed at this time placing his fingers inside the individual hot cocoa packets while opening them.</p> <p>During an interview on 12/12/15 at 12:12 p.m., CNA #15 indicated staff was to use hand sanitizer after every 3rd tray passed, staff was to handle only the bottom of drinking cups, and trays were to be served to residents without touching food. CNA #15 also indicated to clean spills staff was to apply gloves, clean up the spill, replace food/drink, then sanitize hands.</p> <p>2. On 02/09/2015 at 11:56 a.m., a lunch observation in the main dining room was observed. During this observation while awaiting for the meals to be served, CAN # 15</p>		<p>two months, then quarterly thereafter. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be reviewed at the facility's QA meetings on an ongoing basis for a minimum of six months and the plan adjusted if indicated.</p>	

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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	<p>was observed carrying 3 glasses of water at once with his right index finger hooked over the rim of the forward most glass and resting on the inside of the rim.</p> <p>Review of policy titled "Handwashing/Hand Hygiene" dated October 2014, and provided by the Administrator on 2/13/15 at 1:30 p.m., indicated the following:</p> <p>"Situations that require hand hygiene include, but are not limited to:..."</p> <p>"...When hands are visibly soiled (hand washing with soap and water)..."</p> <p>"...After handling soiled or used linens..."</p> <p>"...How to Use Handrub (Duration 20-30 seconds):</p> <p>"...3. Right palm over left dorsum with interlaced fingers and vice versa."</p> <p>"...4. Palm to palm with fingers interlaced."</p> <p>"...5. Backs of fingers to opposing palms with fingers interlocked."</p> <p>"...6. Rotational rubbing of left thumb clasped in right palm and vice versa."</p> <p>"...7. Rotational rubbing, backwards and forwards with</p>			

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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303			
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F000431 SS=E	<p>clasped fingers of right hand in left palm and vice versa.' "...8. Allow hands to dry."</p> <p>Review of policy titled "Dish & Utensil Handling" dated November 2014, and provided by the Administrator on 2/13/15 at 8:50 a.m., indicated the following:</p> <p>"...2. Fingers should not be placed in or at the lip contact surfaces of cups, glasses and flatware".</p> <p>3.1-21(i)(3) 3.1-21(i)(2)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2015
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	<p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to secure medication for 7 of 7 residents (Residents' #107, #50, #108, #76, #17, #105, and #109) on 1 of 3 hallways(Rosewood Hall) and failed to maintain an accurate narcotic count for 5 of 13 residents (Residents" #62, #26, #61, #55,and #7) with narcotic medications on 1 of 3 hallways (Freedom Hall).</p> <p>Findings include:</p> <p>1. On 2/12/2015 at 10:40 a.m., Rosewood Unit medication cart was observed unlocked with no staff present in hallway or at nurses' station. At this same time,</p>	F000431	<p>1. Resident #107, #50, #108, #76, #17, #105, and #109 were not affected by this alleged deficient practice. The medication cart was locked and remains locked when not in attendance by a nurse or QMA. Resident #62, #26, #61, #55, and #7 were not affected by this alleged deficient practice. Thenarcotic counts have been reviewed and the counts are currently correct. An investigation was completed for Resident#62's Morphine on the day the discrepancy was noted and was provided to the surveyors for review. 2. All residents have the potential to be affected. All medication and treatment carts remain locked when not in attendance by a nurse or QMA. All residents receiving narcotics have the potential to be affected. The narcotic counts have been</p>	03/10/2015	

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	<p>during an interview Unit Manager #3 indicated the medication cart should be locked when unattended and proceeded to lock this medication cart.</p> <p>Review of a policy titled "Storing Drugs", dated January, 2015, provided by the Administrator on 2/12/15 at 3:10 p.m., indicated the following:</p> <p>" ...2. When a permitted person is not in a drug storage area, the drug storage areas and devices must be kept locked " .</p> <p>2. On 2/12/15 at 10:54 a.m., during a narcotic count on Freedom Hall medication cart the following was observed: LPN #8 indicated the narcotic count for Resident #62 's oxycodone 5mg tablets was 35, but the physical count was 36. She indicated she had signed out the medication prior to administering the medication as well as the following medications: Resident #26 's hydrocodone-apap 5-325mg tablets was 79, but the physical count was 80; Resident #61 's oxycodone-apap 5-325mg tablets was 26, but the physical count was</p>		<p>reviewed and are currently correct for all residents. 3. The facility's policies for drug storage and narcotic count/disposal have been reviewed and no changes are indicated at this time. The nurses, including LPN #8, and QMAs have been re-educated on the policies with a special focus on locking the medication and treatment carts when not in attendance, not signing out narcotic medications until given, and initiating an investigation when there is a discrepancy in the narcotic count. A Narcotic & Cart Monitoring form has been implemented (See Attachment G)</p> <p>4. The DON or designee will be responsible for completing the Narcotic & Cart Monitoring form on scheduled work days as follows: All narcotic storage areas, medication and treatment carts will be reviewed weekly for eight weeks, monthly for two months, then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be discussed during the facility's QA meetings on an ongoing basis for a minimum of six months and the plan adjusted if indicated.</p>		

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	<p>27; Resident #55 ' s hydrocodone–apap 5–325mg tablets was 49, but the physical count was 50; Resident #7 ' s hydrocodone–apap 5–325mg tablets was 18, but the physical count was 19.</p> <p>Resident #62 ' s morphine sulfate 100mg/5mL liquid was 28mL, but 24.5mL of liquid was observed. LPN #8 and Unit Manager #9 verified 24.5 mL of morphine sulfate medication liquid remained in this bottle. They proceeded to correct the amount on the narcotic count form with co–signatures and indicated this was their correction for the discrepancy with no further investigation needed.</p> <p>During an interview on 2/12/15 at 2:20 p.m., the Nursing Consultant indicated narcotic discrepancies were to be reported immediately with investigation initiated.</p> <p>Review of a policy titled "Narcotic Count/Disposal ", dated October 2014, provided by the Administrator on 2/12/15 at 3:10 p.m., indicated the following:</p> <p>" ...5. When a schedule II medication is administered, the</p>						

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F000514 SS=D	<p>licensed nurse or QMA will complete the count sheet indicating the date and time of administration, amount administered, amount remaining, and signature. "</p> <p>" ...9. If the count is incorrect, investigation will be started immediately. "</p> <p>" ...10. The DON will be notified of the discrepancy and will make every attempt to reconcile the discrepancy. Irreconcilable discrepancies are documented by the DON in a report... "</p> <p>3.1-25 (m)(n)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by</p>			

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	<p>the State; and progress notes. Based on record review and interview, the facility failed to ensure the clinical record accurately included information regarding the reason for 3 Foley catheter changes within 8 days for 1 of 2 residents reviewed for catheter care. (Resident #60)</p> <p>Findings include:</p> <p>Resident # 60's clinical record was reviewed on 02/12/2015 at 10:59 a.m.. The resident's diagnoses included, but were not limited to: heart failure, hypertension, peripheral vascular disease, urinary tract infection, diabetes mellitus, Alzheimer's disease, anxiety, and urinary retention. The annual MDS (Minimum Data Set) assessment, dated 12/04/2014, indicated an indwelling catheter was in use. The nurse's notes indicated the following; On 12/24/2014 at 9:00 p.m., the Foley catheter was changed using sterile technique with a 16 gauge French catheter with 10cc bulb. There were no complaints of discomfort after the catheter placement with clear yellow urine to</p>	F000514	<p>1. Resident #60 did not experience any negative outcome related to the alleged deficient practice. The clinical record has been reviewed and is currently accurate based on the resident's current status. 2. All other residents with anchored catheters have the potential to be affected. Their clinical records have been reviewed and are currently accurate based on each resident's current condition. 3. The facility's policy for clinical documentation has been reviewed and no changes are indicated at this time. The nurses have been re-educated on the policy with special focus on accurate and thorough documentation. A Nurses Notes Review form has been implemented (See Attachment H). 4. The DON or designee will be responsible for completing the Nurses Notes Review form on scheduled work days as follows: Daily on an ongoing basis. Should a concern be found, immediate corrective action will occur. Results of these reviews and any concerns/corrective actions will be reviewed during the facility's QA meetings on an ongoing basis for a minimum of six months and the plan adjusted if indicated.</p>	03/10/2015	

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	<p>gravity.</p> <p>On 12/26/2014 at 9:00 p.m., a physician's order was received to anchor a latex free 18 French 10cc bulb Foley catheter. 18 French 10cc latex free Foley catheter was placed with no complaint of discomfort. Catheter was draining clear yellow urine to gravity.</p> <p>A late entry for 12/31/2014 indicated a physician's order to discontinue the latex free catheter and a 16 French 10cc bulb catheter was anchored.</p> <p>No further documentation was indicated regarding Foley catheter placements or reason for changing the catheters 3 times in 8 days.</p> <p>On 02/13/2015 at 9:32 a.m., during an interview LPN #8 indicated a routine catheter change was done on 12/24/2014. The catheter was from a different company and not as pliable as those normally used for Resident #60. The resident complained of discomfort, so the catheter was changed to a larger size made by the original company on 12/26/2014. On 12/31/2014 the original catheters came in and an order was given and followed to discontinue the 18 French latex to 16 French of the original maker</p>				

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F000520 SS=E	<p>which was well tolerated.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> <p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on observation, interview and record review, the Quality Assessment and Assurance Committee failed to</p>	F000520	1. Corrective actions as described in the Plan of Correction weretaken for developing care plans for targeted behaviors for	03/10/2015			

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	<p>identify concerns regarding: successfully implementing of a plan of action to address developing care plans for targeted behaviors for residents who receive psychoactive medication for 4 of 47 residents (Residents #31, #2, #32, #12), identifying resident dignity regarding lengthy meal waits and meaningful leisure time for 6 of 6 residents (Residents #47, 314, #2, #27# 24, #38), and failure to ensure residents who received psychoactive medications had identified targeted behaviors for use for 5 of 5 residents reviewed for psycho active medication use (Residents #2, #32, #12, #32, #12, #8).</p> <p>Findings include:</p> <p>During an interview on 2/13/2015 at 12:43 p.m., the Administrator stated, "The QAA Committee have corrected the last survey issues. Stimulation with music and televisions were added in that area [dining room] for the residents to watch [while waiting for meals]. "New contracts with (name of provider) Services were established. Behavior meetings are conducted on a monthly basis to review medications and GDR's (Gradual Dose Reductions). There are improvements that need to be made still. The last QAA review of these issues was in January 2015 for the previous quarter.</p>		<p>residents who receive psychoactive medication (Residents #31, #2, #32, #12), identifyingresident dignity regarding lengthy meal waits and meaningful leisure time (Residents #47,#31, #2, #27, #24, #38), and residents who received psychoactive medications had identified targeted behaviors for use (Residents #2, #32, #12, #31, #8) 2. As all residents could be affected, the following correctiveaction(s) have been taken. 3. Administrative staff have reviewed the current Quality AssuranceCommittee procedures, adding monthly meetings (exceeding the quarterly requirement) to include audits of the behavioral care plans, dignity with meal service and meaningful activities, and targeted behaviors for those receiving psychoactive medications. The Administrator, DON, Activity Director, and Social Service Director or designee shall be responsible to conduct and/or delegate audits in an effort to identify areas of concern and address with the QA committee in an effort to formulate an action plan should deficient practice be identified. 4. As a means of quality assurance, the Administrator, DON, Activity Director, and Social Service Director shall report findings of aforementioned audits and immediate corrective actions taken to the QA committee during monthly meetings. Further</p>				

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	<p>All three issues were reviewed."</p> <p>The QAA Committee failed to identify concerns regarding: care provided and services to cognitively impaired dependent residents in a manner that promoted resident dignity regarding lengthy meal waits and meaningful leisure time pursuits for 6 of 6 residents reviewed for dignity (Resident #47, #14, #2, #27, #24 and #38).</p> <p>The QAA Committee failed to identify concerns regarding: the development of care plans to address targeted behaviors for residents who used psychoactive medications for 4 of 5 residents reviewed for care plan development related to psychoactive medication use. (Residents #2, #31, #32, and #12)</p> <p>The QAA Committee failed to identify concerns regarding: ensuring residents who received psychoactive medications had behavior indicators for the use of the medication, identified target behaviors and documented behaviors prior to an increase in medication for 5 of 5 residents reviewed for unnecessary medications. (Residents #2, #31, #32, #12, and #8)</p> <p>3.1-52(b)(2)</p>		<p>corrective action shall be planned/executed by the committee as warranted with follow up reporting provided/reviewed at the next Quality Assurance meeting in an effort to continually identify issues with respect to which quality assessment and assurance activities are necessary and develop and implement appropriate plans of action to correct identified concern.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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