

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155532	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/25/2013
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NAME OF PROVIDER OR SUPPLIER  BLOOMINGTON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 E MILLER DR BLOOMINGTON, IN 47401
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F000000	<p>This visit was for the Investigation of Complaint IN00132260.</p> <p>This visit was in conjunction to the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on June 3, 2013.</p> <p>Complaint IN00132260 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: July 22, 23, 24, and 25, 2013</p> <p>Facility number: 000460 Provider number: 155532 AIM number: 100290620</p> <p>Survey team: Susan Worsham, RN-TC Cheryl Mabry, RN Melissa Gillis, RN</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type: Medicare: 4 Medicaid: 28 Other: 4</p>	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Total: 36</p> <p>Sample: 03</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 06, 2013; by Kimberly Perigo, RN.</p>			

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p><b>Based on observation, record review, and interview, the facility failed to ensure adequate supervision for a cognitively impaired resident, for 1 of 1 residents reviewed for wandering behaviors. (Resident # A)</b></p> <p>Findings Include:</p> <p>Resident #A's clinical records were reviewed on 7/22/13 at 10:10 a.m.</p> <p>Resident#A's diagnosis included, but were not limited to Traumatic Brain Injury.</p> <p>The current Minimum Data Set Assessment dated 07/08/13, indicated Resident #A was ambulatory with rollinator (rolling walker), alert, and oriented. A Brief Interview of Mental Status (BIMS) score measured 8, which indicated Resident #A required cues and supervision of daily decision making.</p>	F000323	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. F323 483.25(h) FREE OF ACCIDENT HAZARDS Bloomington Nursing and Rehabilitation Center does ensure the resident environment remains as free of accident hazards as is possible and that each resident receives adequate supervision and assistance to prevent accidents.I. Resident A has been discharged from facility. II. All residents were reassessed for elopement risk and those at high risk were identified. Care plans updated to reflect interventions and supervision needs for those resident at high risk. III. The facility's Elopement policy was reviewed and revised to include changing of door alarm codes weekly and as needed and change in posting of alarm codes. All staff will be provided with directed in-service training on the facility policy and procedures for ensuring adequate</p>	08/26/2013	

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	<p>Physician order dated July 2013, lacked documentation to indicate Resident #A could be outside without staff's supervision.</p> <p>Elopement Risk Assessment dated 07/07/13, lacked documentation to indicate resident left facility on 7/7/13 without letting anyone know to go to the gas station.</p> <p>A facility incident report dated July 07, 2013, indicated "Resident found by Dietary Manager (DM) walking down the road [was walking from a gas station and returning to the facility] with RES #A walker, and was brought back to facility by car."</p> <p>Review of social service notes dated July 07, 2013; indicated Resident #A left the building without notifying staff or being sent out by an appropriate person. On 7/24/13, interview with Social Service Director (SSD), indicated it was not known how resident got out, just that Resident #A was not let out by a staff member.</p> <p>On 7/24/13 at 11:20 a.m., Resident #A was observed coming in the front door, with his rolling walker and no staff around. When Resident #A was asked how he got out the door. He indicated he knew the code.</p>		<p>supervision for cognitively impaired residents with wandering behaviors. This training will be held on August 21 st . No employee will be permitted to work following the final session if he/she has not attended the training until that employee has received the necessary education. IV. In addition to the process noted above, Elopement drills will be conducted under the supervision of the Administrator weekly until 100% compliance for 60 days is achieved then monthly thereafter. Elopement risk assessments will be reviewed and updated no less frequently than quarterly and with any significant change in condition according to the RAI schedule. These assessments will be reviewed by the IDT and care plans will be maintained to address risk factors and individualized interventions. The Maintenance Director will maintain a log indicating date/time of door code changes. These logs will be reviewed weekly by the Administrator until 100% compliance is achieved for 60 days and monthly thereafter. Results of all audits will be presented in Quality Assurance Meeting monthly.</p> <p>Defeciency ID: F_ 0323 Completion Date: 8/26/2013 Plan of Correction Text: By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or</p>				

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	<p>On 7/24/13 at 11:35 a.m., interview with LPN #1 indicated no resident was to be outside without supervision. LPN #1 indicated Resident #A had a mind of his own and "wanted to do what he wanted to."</p> <p>Interview with ADM and DON on 7/24/13, at 11:50 a.m., indicated after being asked if either knew how Resident #A gets out of the building, the ADM stated that Resident #A probably figured out the code. The ADM was then asked how often was the code changed, and the ADM indicated the code was changed every month and when needed. When asked if the code was changed after Resident #A eloped on July 07, 2013, he indicated yes, and thought Resident #A had left around 6/28/13. The DON in the room, indicated it was 7/7/13.</p> <p>On 7/25/13 at 1:30 p.m., Res #A was observed coming out the front door and sitting on porch, with no staff member present. Overheard the Minimum Data Set (MDS) person indicate she changed the codes. She was then asked at what time. She indicated that it was in the past 5-10 minutes.</p>		<p>allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. F323 483.25(h) FREE OF ACCIDENT HAZARDS Bloomington Nursing and Rehabilitation Center does ensure the resident environment remains as free of accident hazards as is possible and that each resident receives adequate supervision and assistance to prevent accidents. I. Resident A has been discharged from facility. II. All residents were reassessed for elopement risk and those at high risk were identified. Care plans updated to reflect interventions and supervision needs for those resident at high risk. III. The facility's Elopement policy was reviewed and revised to include changing of door alarm codes weekly and as needed and change in posting of alarm codes. All staff will be provided with directed in-service training on the facility policy and procedures for ensuring adequate supervision for cognitively impaired residents with wandering behaviors. This training will be held on August 21 st . No employee will be permitted to work following the final session if he/she has not attended the training until that employee has received the necessary education. IV. In addition to the process noted</p>		

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	<p>Interview with Resident #A's guardian (mother) indicated she had concerns about him being other places outside, "other than on smoking breaks" unsupervised due to his diagnosis of TBI (Traumatic Brain Injury).</p> <p>Review of MD orders on 7/24/13 at 1:50 p.m., indicated there was no order for resident to be outside without supervision. At 2:55 p.m. on 7/24/13, a return phone call from Resident #A's Medical Doctor, indicated he had a concern about Resident #A being outside of the building, without supervision due to his TBI.</p> <p>Interviews with Resident #A on 7/22/13 at 10:30 a.m., 7/23/13 at 10:30 a.m., and 7/24/13 at 11:20 a.m., Res #A indicated all three times he knew the code to get out.</p> <p>This Federal tag relates to Complaint IN00132260.</p> <p>3.1-45(a)(2)</p>		<p>above, Elopement drills will be conducted under the supervision of the Administrator weekly until 100% compliance for 60 days is achieved then monthly thereafter. Elopement risk assessments will be reviewed and updated no less frequently than quarterly and with any significant change in condition according to the RAI schedule. These assessments will be reviewed by the IDT and care plans will be maintained to address risk factors and individualized interventions. The Maintenance Director will maintain a log indicating date/time of door code changes. These logs will be reviewed weekly by the Administrator until 100% compliance is achieved for 60 days and monthly thereafter. Results of all audits will be presented in Quality Assurance Meeting monthly.</p> <p>Defeciciency ID: F_0371 Completion Date: 8/26/2013 Plan of Correction Text: By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations.</p>		