

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155732	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/26/2012
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NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1244 VAIL ST PRINCETON, IN 47670
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F0000	<p>This visit was for the Investigation of Complaint IN00109592.</p> <p>Complaint IN00109592 Substantiated, Federal/State deficiencies related to the allegations are cited at F406 and F514.</p> <p>Survey date: June 26, 2012</p> <p>Facility number: 004130 Provider number: 155732 AIM number: 200491050</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 21 SNF/NF: 40 Residential: 31 Total: 92</p> <p>Census payor type: Medicare: 15 Medicaid: 22 Other: 55 Total: 92</p> <p>Sample: 3</p> <p>These deficiencies also reflect state</p>	F0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or conclusions set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and executed solely because it is required by Federal and State law.</p> <p>This plan of correction is submitted in order to respond to the allegations of noncompliance cited during compliant survey review concluding on 6-26-2012</p> <p>Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 7-20-2012</p> <p>We respectfully request a desk review for compliance.</p>	

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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	findings cited in accordance with 410 IAC 16.2. Quality review completed 6/27/12 Cathy Emswiler RN				

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F0406 SS=D	<p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on interview, and record review, the facility failed to obtain a speech therapy evaluation as ordered by the physician, for 1 of 3 residents reviewed receiving therapy services, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>1. On 6/26/12 at 9:05 A.M., during the initial tour, the Director of Nursing indicated Resident A was currently receiving physical, occupational, and speech therapy.</p> <p>On 6/26/12 at 9:05 A.M., the Administrator provided a list of residents, and indicated the interviewable residents were highlighted in green. Resident A was indicated as being interviewable.</p> <p>On 6/26/12 at 9:55 A.M., during</p>	F0406	<p>F 406</p> <p>Res A had a speech therapy evaluation completed. Completion Date 7-20-2012</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing the campus will ensure therapy evaluations are completed per physician orders Completion date 7-20-2012</p> <p>Therapy and licensed nurses will be in serviced on Paragon Physician Orders Policy. Systemic change will be therapy program director/designee to attend morning clinical meeting to review new physician orders daily. Completion Date 7-20-2012</p> <p>ED/Designee will monitor 2 random residents with therapy</p>	07/20/2012			

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	<p>interview with Resident A, she indicated she had been at the facility approximately 1 week, and received physical and occupational therapy. Resident A indicated she was not receiving speech therapy.</p> <p>On 6/26/12 at 10:00 A.M., the Occupational Therapist [OTR] provided the therapy records for Resident A. The OTR indicated she did not see any speech therapy records.</p> <p>The clinical record of Resident A was reviewed on 6/26/12 at 10:10 A.M.</p> <p>A Nurse's Note, dated 6/21/12 at 1:35 P.M., indicated, "New order rec'd [received]. ST [speech therapy] to [evaluate and treat]."</p> <p>A Physician's order, dated 6/21/12, indicated, "ST [evaluate and treat]."</p> <p>A speech therapy evaluation was not documented in the clinical record.</p> <p>On 6/26/12 at 10:55 A.M., during interview with the Therapy Manager, she indicated she was unaware Resident A had an order for a speech therapy evaluation. The Therapy Manager indicated she knew nursing was going to request an evaluation, but didn't know</p>		<p>evaluation orders to assure evaluation completed timely. 5x week x one month 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 7-20-2012</p>				

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	<p>they received a physician's order. The Therapy Manager indicated when nursing receives a physician's order for therapy, nursing is to fill out a notification form, and the evaluation would be completed within 24 hours.</p> <p>2. On 6/26/12 at 1:35 P.M., the Director of Nursing provided the current facility policy on rehabilitation physician orders, revised 2/12. The policy included: "...The initial order for evaluation and treatment will be written on the facility physician order form and verified prior to the initial assessment. All assessments must be completed within 24-72 hours of the initiation of the order...."</p> <p>This federal tag relates to Complaint IN00109592.</p> <p>3.1-23(a)</p>				

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F0514 SS=D	<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 the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure documentation regarding a resident's progress was accurate, for 1 of 3 residents reviewed receiving therapy, in a sample of 3. Resident C</p> <p>Findings include:</p> <p>The closed clinical record of Resident C was reviewed on 6/26/12 at 10:15 A.M.</p> <p>A Physician's order, dated 4/2/12, indicated, "OT [occupational therapy] 5 days/wk [week] x 30 days may include self [sic] care, there [therapeutic] act [activities], there ex [exercise]...."</p> <p>An OT-Therapist Progress Report, dated 5/4/12, included, "...Updates to Treatment Approach: Cont. [continue] with same</p>	F0514	<p>F 514</p> <p>Resident C suffered no ill effect from the alleged deficiency and no longer resides in the campus.</p> <p>Completion Date 7-20-2012</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus 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>Completion Date 7-20-2012</p> <p>Therapy staff have been in serviced regarding Weekly Summaries and Clinician</p>	07/20/2012			

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	<p>plan of tx [treatment]. New Goals added to address orientation and sequencing to improve independence with ADL [activity of daily living]...Prognosis for Further Progress: Excellent due to Stable medical condition...."</p> <p>An OT-Therapist Progress Report, dated 5/11/12, included: "...Impact on Burden of Care/Daily Life: The patient has shown gains in comprehending and following 1 step directions, progressing to 2 step...Pt [patient] has good rehab potential to become mod [moderate] I [independent] with ADL to decrease burden of care. Updates to Treatment Approach: Cont all STG [short term goals] secondary to progression this week toward goals. Pt progressing nicely...."</p> <p>An OT-Therapist Progress Report and Discharge Summary, dated 5/18/12, indicated, "...Discharge Plans: D/C [discontinue] OT D/T [due to] progress plateau limited by Pt cognitive status and aphasia...."</p> <p>On 6/26/12 at 2:00 P.M., during interview with the Occupational Therapist [OTR], she indicated in the previous 2 to 3 weeks prior to the discontinuation of OT, the resident was not participating as much. The OTR indicated a COTA who came from another facility to help was the</p>		<p>Progress Notes. Systemic change is ED and DHS to attend weekly rehab meeting to assure therapist aware of all clinical issues and to aid in communication to assure accurate notes. Completion Date 7-20-2012</p> <p>Therapy Clinical Support Specialist/designee will review 3 random residents documentation to assure accurate 5 x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 7-20-2012</p>				

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	<p>person who filled out the progress note on 5/4/12, and that person probably did not really know Resident C well. The OTR indicated the note on 5/11/12 was documented by another COTA who had been treating the resident, but was "not entirely accurate." The OTR acknowledged that she did co-sign the progress reports.</p> <p>This federal tag relates to Complaint IN00109592.</p> <p>3.1-50(a)(2)</p>						