

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/26/2016
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NAME OF PROVIDER OR SUPPLIER SUMMERFIELD HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 34 S MAIN ST CLOVERDALE, IN 46120
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 18, 19, 20, 21, 22, 25, and 26, 2016</p> <p>Facility number: 000415 Provider number: 155587 AIM number: 100291250</p> <p>Census bed type: SNF/NF: 42 Total: 42</p> <p>Census payor type: Medicaid: 41 Other: 1 Total: 42</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 7/28/16 by 29479.</p>	F 0000	Preparation and/or execution of this plan 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. This plan of correction is prepared and/or executed solely as required.	
F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise</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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	<p>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 record review and interview, the facility failed to ensure a care plan was developed to address noncompliance with care related to urinary incontinence for 1 of 1 resident reviewed for urinary incontinence care plans (Residents #15).</p> <p>Findings include:</p> <p>1. On 7/20/16 at 2:55 p.m., review of Resident #15's medical record indicated the resident's diagnoses included, but were not limited to, Huntington's disease, pervasive developmental disorder, borderline personality disorder, and difficulty in walking.</p> <p>Review of Resident #15's ADL (Activities of Daily Living) grids, dated</p>	F 0279	<p>The facility has, and had at the time of survey, policies and procedures to assure the development of a comprehensive care plan for each resident to meet a resident's medical, nursing, and mental and psychosocial needs identified in the comprehensive assessment; including services to maintain or attain a resident's highest practicable level of function; and any services that would otherwise be required but for a resident's right to refuse treatment.</p> <p>The care plan related to urinary incontinence of Resident #15 was reviewed by the MDS Coordinator and updated to reflect the resident's current urinary incontinence status, including the need for encouragement when staff</p>	08/04/2016

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	<p>June 29, 30, 2016, and July 1, 2, 3, 4, and 5, 2016, indicated the resident had 8 documented episodes of urinary incontinence during the look-back period.</p> <p>The resident's quarterly MDS assessment, dated 7/5/16, indicated the resident had no cognitive deficit and was frequently incontinent of urine.</p> <p>The MDS Coordinator provided copies of Resident #15's care plans on 7/20/16 at 3:31 p.m. and indicated the plans were current. There was not a plan to address the resident having urinary incontinence and resisting assistance from staff.</p> <p>On 7/21/16 at 10:24 a.m., Resident #15 indicated he had urinated on his floor, in the past, because he could not make it to the bathroom on time.</p> <p>On 7/21/16 at 11:22 a.m., CNA #1 indicated the staff attempted to check the resident every 2 hours to see if he needed to be assisted to the bathroom. She indicated the resident often refused their assistance.</p> <p>On 7/26/16 at 12:17 p.m., the DON (Director of Nursing) indicated the resident was noncompliant with all care and did not have a care plan for urinary incontinence.</p>		<p>assistance is refused.</p> <p>The MDS Coordinator reviewed the last full MDS assessment for all residents to ensure the Interdisciplinary Team considered the development of care planning interventions for all CAA's triggered, including urinary incontinence, and updated them as needed.</p> <p>As a pro-active measure, The Interdisciplinary Team will make it a practice to review the list of CAAs triggered when a resident is due for review at the initial and ongoing care plan meetings, to determine the rationale for deciding whether to proceed with care planning is appropriate, and the care plan is a current reflection of the resident's needs.</p> <p>The Social Worker as facilitator and attendee at the care plan meeting will audit compliance with the new practice and document results in the care plan meeting minutes. The care plan process will be assigned to a Performance Improvement Team (PIP) and reviewed monthly at the QAPI Committee meeting until the Committee deems otherwise. Completion Date 8-4-2016</p>	

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	<p>A current policy, dated April 2006, was provided on 7/26/16 at 12:06 p.m., by the DON. The policy indicated, "Care Plans-Comprehensive...Policy Statement: An individualized comprehensive care plan...is developed for each resident...Policy Interpretation and Implementation: ...3. Each resident's comprehensive care plan has been designed to: a. Incorporate identified problem areas...f. Aid in preventing or reducing declines in resident's functional status...."</p> <p>3.1-35(a)</p>			