

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2014
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00160117 and IN00160538.</p> <p>Complaint IN00160117 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00160538 - Substantiated. Federal/State deficiency related to the allegations is cited at F318.</p> <p>Survey dates: December 15, 16, 17, 18, and 19, 2014.</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Survey team: Lora Brettnacher, RN-TC Tracina Moody, RN Megan Burgess, RN Kewanna Gordon, RN</p> <p>Census bed type: SNF/NF: 112 Total: 112</p> <p>Census payor type: Medicare: 16</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>Please find enclosed the plan of correction for the survey ending December 19, 2014.</p> <p>Respectfully,</p> <p>Steve Kassen Administrator</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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F000153 SS=D	<p>Medicaid : 84 Other: 12 Total: 112</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 12/22/14 by Brenda Marshall, RN.</p> <p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>Based on interview and record review, the facility failed to provide a resident access to medical records in a timely manner for 1 of 1 residents reviewed for access to medical records (Resident #142).</p> <p>Findings include:</p>	F000153	<p>1. Resident # 142 was affected. There had initially been a request from Resident # 142's girl friend to alter the medical record as well as a request for copies of the medical record. At that time resident #142 nor his POA were certain what copies they wanted therefore a meeting was scheduled to review the medical record with resident #142, his POA, and the care plan team to review the medical record and</p>	01/06/2015			

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	<p>During an interview on 12/18/14 at 4:15 p.m., Resident #142 indicated on October 16, 2014 at 11:00 a.m., during a care plan meeting with the Social Services Director and Director of Nursing (DON), he repeatedly asked to view his medical record, but was denied. The Social Services Director indicated to him that he was not allowed to view his medical record without corporate's approval.</p> <p>During an interview on 12/19/14 at 3:00 p.m., the DON indicated Resident #142 requested his medical record and was denied due to corporate policy. She indicated on 10/27/14 (11 days after oral request was made), Resident #142 and his Power of Attorney was provided access to his medical record.</p> <p>A policy titled "Inspection/Reproduction of Medical Records," identified as current by the Assistant Director of Nursing (ADON) on 12/19/14 at 5:05 p.m., indicated "POLICY: This facility will observe the resident's or his/her legal representative's right to have immediate access to the current active clinical record. Upon oral or written request, access to all other records pertaining to himself/herself will be made available within twenty-four (24) hours...PROCEDURE: 1. The resident or his/her legal representative shall provide</p>		<p>provide explanation in layman terms as needed. After the meeting a written request was made by resident #142 and requested copies were provided per facility policy.</p> <p>2.All residents have the potential to be affected. All nursing staff will be in-serviced on the facility policy regarding access to medical records, (see attachment A).</p> <p>3.As a measure of ongoing compliance the DON or designee will complete an audit weekly, (see attachment B) to ensure requested access to records is honored per facility policy.</p> <p>4.As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting.</p>	

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F000157 SS=E	<p>an oral or written request to access desired records...."</p> <p>3.1-4(b)(1) 3.1-4(b)(2)</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of</p>			

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	<p>the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to ensure physician and/or family notification of residents' change in status and/or course of treatment for 2 of 3 residents reviewed for notification of health changes (Residents #99 and #142).</p> <p>Findings include</p> <p>1. During an interview on 12/16/14 at 9:00 a.m., Resident #99's power of attorney (POA) indicated the facility did not notify her when the resident had a urinary tract infection (UTI) and was started on medication a few weeks ago.</p> <p>On 12/19/2014 at 12:04 p.m., Resident #99's record was reviewed. The physician order, dated 11/26/14, indicated the staff was to collect and send a urine sample for a urinalysis, and culture and sensitivity for a possible UTI. The physician order, dated 12/1/14, indicated the physician ordered an antibiotic, ciprofloxacin 250 milligrams, to be taken by mouth twice a day for three days to treat a UTI.</p> <p>The nursing progress notes, dated 12/1/14 at 9:00 p.m., indicated Resident #99 had</p>	F000157	<p>1. Resident #99 and #142 were affected. The residents were not harmed. The physician and responsible party for said residents have since been notified.</p> <p>2. All residents have the potential to be affected. All nurses will be in-serviced on the facility's policy on physician and responsible party notification, (see attachment A).</p> <p>3. As a measure of quality assurance the DON or designee will review nurses' notes, incident reports, and new orders daily on regularly scheduled days to ensure the physician and responsible party are notified as indicated with such documented. This audit will be completed daily on regularly scheduled days for 30 days, then three times a week for 30 days, then weekly ongoing, (see attachment C).</p> <p>4. As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>	01/06/2015

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	<p>a UTI and was taking ciprofloxacin 250 milligrams. The nursing progress notes, from 10/21/14 to 12/17/14, were reviewed and no documentation of family notification was observed.</p> <p>During an interview on 12/18/2014 at 3:35 p.m., the Assistant Director of Nursing (ADON) indicated the family and/or POA should have been notified when the resident had a new order. She indicated nursing was to document on the physician's order when they notified the family. She indicated if notification of the family was not documented on the physician order, then it should have been documented in the nursing progress notes.</p> <p>During an interview on 12/19/2014 at 1:15 p.m., licensed practical nurse (LPN) #90 indicated documentation of family notification for new orders or concerns should be in the nursing progress notes.</p> <p>During an interview on 12/19/2014 at 3:47 p.m., Unit Manager #6 indicated there was no documentation in the nursing progress notes or chart indicating Resident #99's family was notified of the antibiotic being started on 12/1/14. She indicated the nurse should have been notified the family and documented the notification in the nursing progress notes.</p>						

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F000241 SS=D	<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 ensure a resident's dignity was honored by staff knocking before entering a resident's room for 1 of 3 residents reviewed for dignity in a sample of 30 residents. (Resident #108).</p> <p>Findings include:</p> <p>During an interview on 12/16/14 at 10:41 a.m., Resident's #108 indicated the staff was supposed to knock and wait for the resident to tell them they could enter. The resident indicated the staff always came in even if the door was closed and did not knock or wait for her to respond.</p> <p>On 12/16/14 at 11:10 a.m., the door to Resident #108's private room was observed closed and a certified nursing assistant (CNA) #14 was observed to enter the room without knocking or asking for permission to enter.</p> <p>On 12/19/14 at 10:04 a.m., Resident</p>	F000241	<p>1. Resident #108 was affected. The resident was not harmed. Staff were immediately re-educated on providing dignity by knocking prior to entering a resident room.</p> <p>2. All residents have the potential to be affected. All nursing staff will be in-serviced on providing dignity and knocking prior to entering a resident room, (see attachment A).</p> <p>3. As a measure of ongoing compliance the DON or designee will complete an audit to ensure residents are provided with dignity with staff knocking prior to entering rooms. The audit will include at least five observations on varying residents at varying times daily on regularly scheduled days for 30 days, then three times weekly for 30 days, then weekly for 30 days, then monthly ongoing, (please see attachment D).</p> <p>4. As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>	01/06/2015

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	<p>#108's record was reviewed. The care plan, dated 8/12/14, indicated the staff was educated to provide privacy and maintain the resident's confidentiality. The care plan also indicated all staff was to knock on the door and only enter if the resident said, "come in."</p> <p>The care plan, entitled, "Couple has need for privacy," dated 9/14/14, indicated all staff was to honor the couples' request for privacy.</p> <p>The daily preferences sheet, dated 9/14/14, indicated it was very important to Resident #108 to have a private environment.</p> <p>The interdisciplinary care conference record, dated 9/18/14, indicated the resident was able to make her needs known.</p> <p>The quarterly minimum data set (MDS) assessment, dated 9/19/14, indicated Resident #108 had a brief interview for mental status (BIMS) score of 15.</p> <p>On 12/19/14 at 5:51 p.m., the administrator provided the current policy entitled, "Steps, Initial and Final - Provision of Care," dated 10/2014. The policy indicated staff was to knock and identify themselves prior to entering a</p>						

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F000248 SS=E	<p>resident's room. The policy also indicated staff was to wait for permission to enter a resident's room.</p> <p>3.1-3(t)</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES 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, record review, and interview, the facility failed to ensure residents were provided with activities designed to meet their interest and their physical, mental, and psychosocial well being for 3 of 3 residents reviewed for activities (Residents #35, #25, and #82).</p> <p>Findings include:</p> <p>1. On 12/17/14 at 3:05 p.m., Resident #35 was observed in her bed lying on her back with her eyes open. The resident was not involved in any activities or sensory stimulation at that time.</p> <p>On 12/18/14 at 9:02 a.m., Resident #35 was observed in bed lying on her back with her eyes open. The resident was not</p>	F000248	<p>1. Resident #35, #25, and #82 were affected. The residents will be assessed for appropriate activities and the activity plan will be revised accordingly.</p> <p>2. All residents have the potential to be affected. All residents will be reviewed to ensure appropriate activities are provided. The activity plan will be revised as indicated. Activity staff will be in-serviced on the requirements for activities provided and documentation, (see attachment E).</p> <p>3. As a measure for ongoing compliance the Activity Director or designee will complete an audit weekly ongoing to ensure adequate activities are provided for all residents with such documented, (see attachment F).</p> <p>4. As a measure of quality assurance the Activity Director or designee will review any findings</p>	01/06/2015

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	<p>involved in any activities or sensory stimulation at that time.</p> <p>On 12/18/14 at 12:02 p.m., Resident #35 was observed in her room lying on her back with her eyes open. The residents nails were not filed or polished.</p> <p>During a continuous observation on 12/18/14 at 3:29 p.m. until 4:50 p.m., Resident #35 was observed in her room lying in bed with her eyes open. The resident was not involved in any activities or sensory stimulation at that time.</p> <p>During an interview on 12/18/14 at 12:37 p.m., CNA #31, indicated activities staff did not come in to see resident because she was on hospice. She indicated the resident only got out of bed on days when hospice came.</p> <p>During an interview on 12/19/14 at 10:45 a.m., CNA #32 indicated the hospice aide came for the resident twice a week. She indicated she had not seen activities staff in with the resident. She indicated she talked to the resident while she provided care, however, the resident "does not have much going on."</p> <p>During an interview on 12/19/14 at 3:09 p.m., Activities Assistant #34 indicated,</p>		and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.		

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	<p>one on one time was supposed to be provided for residents who did not get out of bed and could not establish their own activities goals. She indicated residents received nail care daily, and Resident #35's nails should have been painted the previous Wednesday. She further indicated, during times when activities staff were not conducting a one on one session with residents a radio was brought into residents rooms or the activities staff made sure the television was on.</p> <p>During an interview on 12/19/14 at 4:10 p.m., the Activities Director, indicated Resident #35 should have received special events, music, and nail care, however, she had not received any of those services.</p> <p>Resident #35's record was reviewed on 12/18/14 at 11:39 a.m. A review of the quarterly Minimum Data Set (MDS), dated 5/5/14, indicated the resident enjoyed activities including but not limited to, listening to music, being around animals, keeping up with the news, and participating in religious activities.</p> <p>A review of an, Activities Quarterly Review, dated 11/5/14, indicated Resident #35 should have received</p>			

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	<p>services that included but were not limited to, group activities, listening to music, special events, and nail care.</p> <p>A review of the Activities Log Book on 12/18/14 at 11:39 a.m., indicated, from the 1st through the 16 th of December 2014 the resident received daily nail care and grooming. The activity log did not indicate the resident was provided her assessed, preferred activities.</p> <p>2. During an observation on 12/15/14 at 11:40 a.m., Resident #25 was observed in bed with his eyes open staring at the ceiling. The television was on but the resident was not positioned to view the television. A radio or other musical device could not be viewed in the resident's room.</p> <p>During an observation on 12/16/14 at 10:30 a.m., Resident #25 was observed in a dark room while laying in bed wearing a hospital gown with his eyes open staring at the ceiling. Music or television was not available for the resident at this time.</p> <p>During an observation on 12/17/14 at 12:18 p.m., Resident #25 was observed in bed with his eyes open as a talk show played on the television. The resident was not positioned to view the television. A</p>			

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	<p>radio or other musical device could not be viewed in the resident's room.</p> <p>During an observation on 12/18/14 at 11:40 a.m., Resident #25 was observed in bed with his eyes open as a game show played on the television in the front of the room. The resident was not positioned to view the television. A radio or other musical device could not be viewed in the resident's room.</p> <p>During an observation on 12/18/14 at 3:25 p.m., Resident #25 was observed in bed with his eyes open as "Rachael Ray" played on the television in the front of the room. The resident was not positioned to view the television. A radio or other musical device could not be viewed in the resident's room.</p> <p>During an observation on 12/19/14 at 11:27 a.m., Resident #25 was observed in bed with his eyes open as the television played a daytime sitcom in the front of the room. The resident was not positioned to view the television. A radio or other musical device could not be viewed in the resident's room.</p> <p>Resident #25's record was reviewed on 12/17/14 at 10:45 a.m. Resident #25 had diagnoses which included, but were not limited to, quadriplegic, mental</p>			

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	<p>retardation, and profound intellectual disabilities. A Minimum Data assessment tool (MDS), dated 12/8/14, indicated Resident #25's had severe cognitive impairment.</p> <p>A comprehensive MDS, dated 12/8/14, indicated Resident #25 enjoyed having books, newspapers, and/or magazines read to him.</p> <p>An Initial Activity Assessment, dated 12/7/14, indicated Resident #25 enjoyed animals, country and hip hop music, and having staff converse with him to provide auditory multiple sensory activities.</p> <p>An Activity Care Plan, dated 12/7/14, indicated Resident #25 required staff to anticipate and meet his needs. Interventions to meet his needs included daily visits, sensory-touch, music and talking.</p> <p>A document titled "Participation/Attendance Record," dated December 2014, indicated Resident #25 had been provided "Nail Care/Grooming" and "Friendly Visits." The record lacked evidence he had been provided his assessed preferences for cognitive stimulation.</p> <p>During an interview on 12/18/14 at 11:30</p>			

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	<p>a.m., the Activities Director indicated the activity department staff was expected to visit their assigned residents at least twice a week to provide one on one activity programs. She indicated one on one time spent with a resident who was unable to communicate or was more passive may only be a few minutes. She indicated her staff was expected to provide one to one activities for Resident #25, such as music and reading, however this had not been done for the month of December 2014 per the "Participation/Attendance Record" for Resident #25. The Activities Director indicated she was unable to provide evidence that this was done.</p> <p>During an interview on 12/19/14 at 1:38 p.m., Certified Nursing Assistant (CNA) #1 indicated the Activities staff had not visited Resident #25's room since she began her shift. She indicated that music had not been played in his room, but she kept the television on for stimulation. She indicated Resident #25 would respond to cognitive stimulation as evidenced by smiling and watching her with his eyes.</p> <p>3. During an observation on 12/16/14 at 10:20 a.m., Resident #82 was observed in bed with her eyes open as a game show played on the television. The resident was not positioned to view the television. A radio or other musical device could not</p>			

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	<p>be viewed within the resident's room.</p> <p>During an observation on 12/18/14 at 11:26 a.m., Resident #82 was observed in bed with her eyes open as a talk show played on the television. The resident was not positioned to view the television. A radio or other musical device could not be viewed within the resident's room.</p> <p>During an observation on 12/18/14 at 11:38 a.m., Resident #82 was observed in bed with her eyes closed as a game show played on the television. A radio or other musical device could not be viewed within the resident's room.</p> <p>During an observation on 12/18/14 at 3:24 p.m., Resident #82 was observed in bed with her eyes open as "Rachael Ray" played on the television. The resident was not positioned to view the television. A radio or other musical device could not be viewed within the resident's room.</p> <p>During an observation on 12/19/14 at 11:24 a.m., Resident #82 was observed in bed with her eyes open as a daytime talk show played on the television. The resident was not positioned to view the television. A radio or other musical device could not be viewed within the resident's room.</p>						

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	<p>During an observation on 12/19/14 from 1:30 p.m. to 1:40 p.m., Resident #82 was observed in bed with the lights off in her room as a talk show played on the television.</p> <p>Resident #82's record was reviewed on 12/17/14 at 10:30 a.m. Resident #82 had diagnoses which included, but were not limited to, anoxic brain damage and persistent vegetative state. A Minimum Data assessment tool (MDS), dated 9/15/14, indicated Resident #82 remained in a persistent vegetative state without discernible consciousness.</p> <p>An Activity care plan, dated 10/2/14, indicated Resident #82 should have been provided 1:1 contact 2x (twice) weekly, provided tactile stimulation such as stroke/squeeze hand or smooth hair when spoken to, and provided stimulation with TV, radio, or read to by staff. A goal indicated Resident #82 would be encouraged to respond to tactile stimulation evident by blinking eyes, smile, or eye contact during 1:1 (one to one) visits 2x (twice) weekly.</p> <p>An Activity Quarterly Review, dated 9/15/14, indicated Resident #82's activity preferences included having books, newspapers, or magazines read to her, as well as listening to music.</p>				

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	<p>A document titled "Participation/Attendance Record", dated December 2014 indicated Resident #82 had been provided "Nail Care/Grooming" and "Friendly Visits." The record lacked evidence she had been provided her assessed preferences for cognitive stimulation.</p> <p>During an interview on 12/18/14 at 11:30 a.m., the Activities Director indicated the activity department staff were expected to visit their assigned residents at least twice a week to provide one on one activity programs. She indicated one on one time spent with residents who were unable to communicate or were more passive may only be assigned a few minutes of time. She indicated her staff were expected to follow the plan of care for each resident. She indicated should was unable to provide evidence that this was done for Resident #82.</p> <p>During an interview on 12/19/14 at 1:41 p.m., CNA #5 indicated Resident #82 had not been provided music during her shift. She indicated she kept the television on for the resident but could not ensure the resident would be positioned to view the television. She indicated Resident #82 was able to watch her with her eyes when she was awake.</p>			

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	<p>During an interview on 12/19/14 at 3:30 p.m., CNA #5 indicated she was not aware if Resident #82 had a radio or musical device in her room.</p> <p>During an interview on 12/19/14 at 4:13 p.m., the Activities Director indicated the Activities department was staffed to provide thirty minutes of one to one activities per week per residents in the facility. She indicated thirty minutes a week was not a sufficient amount of time to meet Resident #35, #25 and #82's needs. She indicated she could not provide recent one to one activity documentation provided for the resident.</p> <p>A policy titled "Daily Programming", identified as current by the Nurse Consultant on 12/18/14 at 1:30 p.m., indicated "Policy: It is the policy of this facility to provide 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...Procedures: The Activity Director/staff will...3. Enhance the resident's highest practicable level of physical, mental, and psychosocial well-being...."</p> <p>3.1-33(a)</p>			

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F000280 SS=D	<p>3.1-33(b)(8)</p> <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 interview and record review, the facility failed to ensure family was invited to participate in a resident's care planning conference for 1 of 1 resident reviewed. (Resident #99).</p> <p>Findings include:</p> <p>During an interview on 12/16/14 at 9:03 a.m., Resident #99's power of attorney (POA) indicated she used to be invited to the resident's care planning conferences. She indicated she recently had not been invited to participate and the last time she</p>	F000280	<p>1. Resident #99 was affected. A care plan meeting had already been scheduled for December 22, 2014 and resident#99's responsible party intends to attend the meeting.</p> <p>2. All residents have the potential to be affected. All residents' records will be reviewed to ensure notifications/invitations to careplan meetings have been provided to the resident/responsible party at least quarterly. Any found without proper notification/invitation will receive such notification/invitation</p>	01/06/2015

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F000318 SS=G	<p>was invited was in the summer.</p> <p>On 12/19/14 at 12:04 p.m., Resident #99's record was reviewed. The interdisciplinary care plan conference record, dated 8/21/14, indicated a care planning conference for Resident #99 was completed, but did not indicate if the resident or responsible party were notified. The interdisciplinary care plan conference record, dated 11/20/14, indicated a care planning conference for Resident #99 was completed, but did not indicate if the resident or responsible party were notified.</p> <p>The social service progress note, dated 11/20/14 at 1:45 p.m., indicated a care planning meeting for Resident #99 was held, and family and/or POA did not attend.</p> <p>During an interview on 12/19/2014 at 4:12 p.m., Social Services Assistant #13 indicated he made a mistake and forgot to invite Resident #99's family and/or POA to the resident's care planning conference in November.</p> <p>3.1-35(d)(2)(B)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p>		<p>immediately. The Social Services staff will be in-serviced on the care plan meeting requirements and documentation, (please see attachment G).</p> <p>3. As a measure for ongoing compliance the Social Services Director or designee will complete an audit monthly to ensure all residents and their responsible parties have received notification/invitation to care plan meetings at least quarterly, (see attachment H).</p> <p>4. As a measure of quality assurance the Social Services Director or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>				

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	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>Based on interview and record review, the facility failed to ensure recommended restorative services were provided to 1 of 3 resident reviewed for restorative therapy resulting in harm as evidenced by a decline in functional status (Resident V).</p> <p>Findings include:</p> <p>During a Stage 1 interview on, 12/15/14 at 12:03 p.m., Resident V indicated she had pain in her legs which she rated at a 6 or 7 out of 10. She indicated she was supposed to have her legs stretched as a part of her therapy and had not received those services. She indicated the leg stretches made her feel better and alleviated some of her pain. She indicated she informed the nurses and Director of Nursing (DON) of her request to have these services, but had not received them for several months. She indicated when the facility had a restorative program she routinely received stretching exercises from a restorative aide. She indicated the facility discontinued offering restorative</p>	F000318	<p>1. Resident V was affected. A restorative program, as recommended by therapy, has been implemented. One should note, due to resident V's health conditions her functional status has fluctuated.</p> <p>2. All residents with recommendations for a restorative program have the potential to be affected. All residents will be reviewed and restorative programs initiated as appropriate. All nursing staff will be in-serviced on the restorative program policy and documentation, (see attachment A).</p> <p>3. As a measure for ongoing compliance the DON or designee will review restorative programs weekly ongoing to ensure appropriate restorative programs are in place and documented, (see attachment I). Changes to the restorative programs and/or therapy referrals will be made as indicated.</p> <p>4. As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>	01/06/2015

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	<p>services.</p> <p>During an interview with Unit Manger #34 on 12/16/14 at 11:00 a.m., she indicated she thought Resident V had a contracture to her left wrist. She indicated the resident wore a splint for her wrist at night, but was not on a restorative program. She further indicated the facility discontinued its restorative program.</p> <p>On 12/18/14 at 12:31 p.m., Resident V was observed sitting in her wheel chair in her room. She indicated her legs had not been exercised or stretched since the interview on 12/15/14. She further indicated she had not received massages for her pain.</p> <p>During an interview on 12/19/14 at 10:53 a.m., CNA #32 indicated she was not sure who provided restorative care for residents.</p> <p>During an interview on 12/19/2014 at 11:00 a.m., Physical Therapist # 36 indicated when a resident's therapy services were discontinued a restorative program was provided by the nurses. She indicated physical therapy set up the exercises and restorative plan.</p> <p>During an interview on 12/19/14 at 11:16</p>						

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	<p>a.m., LPN # 37 indicated the facility's restorative program was discontinued earlier in the year. She indicated the CNA's were responsible for providing restorative care. LPN #37 indicated she had not performed massages or similar interventions for Resident V.</p> <p>During an interview on 12/19/14 at 11:57 a.m., Physical Therapist #36 indicated a change on the MDS assessment for functional status from limited assistance to extensive assistance indicated a decline. She indicated the restorative program exercises were to maintain or improve joint range of motion (ROM) and muscular flexibility. She indicated a decline was possible when a resident had not received recommended services.</p> <p>During an interview on 12/19/14 at 12:16 a.m., the Director of Nursing (DON), indicated the facility used to have a contracted restorative team. She indicated CNA's were responsible for restorative care. The DON indicated Resident #41 informed her she needed therapy and was "upset" the service was discontinued. The DON indicated CNA #37 provided restorative care for Resident V. She indicated CNA #37 worked 5 days a week and did not chart the restorative exercises she provided for Resident #41. The DON indicated CNA</p>			

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	<p>#37 knew what exercises to perform.</p> <p>During an interview on, 12/19/14 at 12:24 p.m., Resident V indicated she had not received restorative services from CNA #37.</p> <p>During a phone interview on 12/19/14 at 12:36 p.m., CNA #37 indicated she cared for Resident V a " couple of days every 3 weeks. " She indicated she had not cared for Resident V for 2 weeks or longer and indicated if she did ROM it consisted of bending the resident's knee and raising her knee up 5 times when the resident's legs got stiff.</p> <p>A chart review of Resident V's medical record was completed on 12/18/14 at 10:54 a.m. An MDS dated 7/26/14 indicated Resident V required limited assistance for bed mobility.</p> <p>A physicians order, dated 9/13/14, indicated, "PT (Physical Therapy)/Restorative (Resident V) is requesting stretching and standing exercises legs 10 minutes to 15 minutes 3 times per week to prevent cramps."</p> <p>A Restorative Program plan, dated 9/26/14, indicated the resident was quadriplegic and at risk for contractures related to decreased mobility. The</p>						

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	<p>resident was to have Passive Range of Motion (PROM) exercises to her bilateral lower extremities (ble) at the rate of 25 reps to each joint 6 days a week. The order also indicated the resident was to have lotion applied as needed, pain monitoring, resistance monitoring and monitoring for swelling and or redness.</p> <p>A Minimum Data Set (MDS) assessment, dated 10/26/14, indicated Resident V was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 and required extensive assistance for mobility.</p> <p>A pain care plan dated, 11/13/14, indicated interventions of light therapeutic massage of the afflicted areas</p> <p>An undated "CNA Assignment Sheet" did not indicate Resident V received restorative services.</p> <p>A physicians order for December of 2014 indicated the resident, "May participate in restorative nursing program." The record indicated the last date the facility documented the resident received restorative ROM services was February 28, 2014.</p> <p>A policy and procedure entitled, "Restorative Nursing Services," received</p>			

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F000356 SS=C	<p>from the Administrator on 12/19/14 at 3:32 p.m., indicated, "The facility shall be responsible to ensure that residents receive restorative nursing programs in an effort to assist them in maintaining/attaining their highest practicable level of physical independence...."</p> <p>This Federal tag relates to Complaint IN00160538.</p> <p>3.1-42(a)(2)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. 			

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	<p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the nurse staffing data was posted on a daily basis. This deficient practice had the potential to affect 112 of 112 residents whom resided in the facility.</p> <p>Findings include:</p> <p>During the initial tour of the facility on 12/15/14 at 7:45 a.m., a document titled "Nursing Staffing" was observed posted. Unit Manger #50 identified the document as "the current nurse staffing information." The document was dated 12/11/14.</p> <p>During an interview on 12/19/14, at 3:00 p.m., the Director of Nursing (DON) indicated the nurse staff posting was supposed to be updated daily.</p> <p>A policy titled "Posting of Daily Nursing Staffing Hours" identified as current by the facility's Nurse Consultant on</p>	F000356	<p>1.No residents were harmed. The staff posting was posted immediately. Adequate staff was in place to care for residents.</p> <p>2.All residents have the potential to be affected. The staffing coordinator was re-educated on the facility's staffing posting policy.</p> <p>3.As a measure for ongoing compliance the DON or designee will complete an audit to ensure the staff posting is posted daily on regularly scheduled days for 30 days, then three times weekly for 30 days then weekly ongoing, (see attachment J).</p> <p>4.As a measure of quality assurance the DON or designee will review any finings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>	01/06/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/19/2014	
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224			
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F000441 SS=E	<p>12/19/14 at 3:20 p.m., indicated, "...To ensure the personnel and visitors have access to the actual number of hours worked by licensed and non-licensed nursing personnel directly responsible for resident care per shift... Director of Nursing, or designee, will complete the Daily Nursing Staffing form in a clear and legible manner each day. The form will be posted in a designated area that is prominent and readily accessible to residents and visitors. The form will be updated as necessary to reflect changes in the nursing schedule. Record of Daily Staffing will be maintained by Director of Nursing, or designee, for a period of at least 18 months."</p> <p>3.1-13(i)(4)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p>						

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	<p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and document review, the facility failed to ensure sanitary administration of medications for 3 of 4 residents observed during medication administration (Resident #47, #86, and #164).</p> <p>Findings include:</p> <p>1. During an observation on 12/18/14 at 9:44 a.m., Licensed Practical Nurse (LPN) #8 administered eye drops to Resident #47 without wearing disposable gloves.</p>	F000441	<p>1. Resident #47, #86, and #164 were affected. The nurse was immediately re-educated on proper infection control practice with medication pass.</p> <p>2. All residents receiving medications have the potential to be affected. All nurses and QMA's will be in-serviced on the facility's policy on medication administration, eye drop instillation, and nasal spray instillation, as well as handwashing and glove use with medication administration (see attachment A).</p> <p>3. As a measure for ongoing compliance the DON or designee will complete medication administration observations with</p>	01/06/2015

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	<p>2. During an observation on 12/18/14 at 9:32 a.m., LPN #8 administered nasal spray to Resident #86 without wearing disposable gloves.</p> <p>3. During an observation on 12/18/14 at 9:50 a.m., LPN #8 dropped two pills on top of the Medication Administration Record book. Next, she gathered the dropped medications with her bare right hand and placed the two pills into the medication administration cup that she had prepared for Resident #164. She then administered the medication to Resident #164.</p> <p>During an interview on 12/19/14 at 4:34 p.m., the Director of Nursing (DON) indicated she expected her staff to wear gloves during administration of eye drops or nasal spray, and to dispose of any medication that was touched by bare hand.</p> <p>A policy titled " Steps, Initial and Final-Provision of Care," was identified as current by the Nurse Consultant on 12/18/14 at 1:30 p.m., indicated " PURPOSE: To provide resident with care in a manner that ensures maintenance of Residents ' Rights and ensures maximum communication, privacy, safety, infection control and comfort ...PROCEDURE: Initial Steps: ...9. Wear gloves as</p>		<p>varying staff at varying times to ensure the facility policy is followed daily on regularly scheduled days for 30 days, then three times weekly for 30 days, then weekly for 30 days, then monthly ongoing, (see attachment K).</p> <p>4. As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>	

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	<p>indicated by Standard Precautions "</p> <p>A policy titled " Medication Administration," identified as current by the Nurse Consultant on 12/18/14 at 1:30 p.m., indicated " ...INFECTION CONTROL...Never touch medications with hands...."</p> <p>3.1-18(l)</p>				