

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155473	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2012
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NAME OF PROVIDER OR SUPPLIER CHALET VILLAGE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 PARKWAY ST BERNE, IN 46711
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: March 12, 13, 14, 15, 2012</p> <p>Facility number: 000546 Provider number: 155473 AIM number: 100267370</p> <p>Survey team: Karen Lewis, RN TC Betty Retherford, RN (March 12, 13, 2012 Ginger McNamee, RN Linn Mackey, RN</p> <p>Census bed type: SNF/NF: 28 Total: 28</p> <p>Census payor type: Medicare: 5 Medicaid: 19 Other: 4 Total: 28</p> <p>Stage 2 Sample: 21</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p>	F0000	<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.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of 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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	Quality review completed on March 18, 2012 by Bev Faulkner, RN				

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F0156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure residents were informed of possible charges that could be incurred as a result of the lack of Medicare coverage benefits for 2 of 3 residents reviewed who had received notification of Medicare non-coverage. (Resident #'s 5 and 8)</p> <p>Findings include:</p> <p>Review of the "Notice of Medicare Provider Non-Coverage" letters for Resident #'s 5 and 8 on 3/15/12 at 1:30 p.m., indicated the letters lacked information related to a list of items and services with charges for non-Medicare residents and what the resident's daily rate would be when Medicare services were discontinued.</p>	F0156	<p>1. Resident's #5 and #8 were notified of the daily room rate versus the monthly room rate.2. All residents who will experience cessation of Medicare coverage have the potential to be affected. See below for corrective measures. 3. The business office manager and administrator were re-educated on ABN notice requirements. The ABN notice form was revised to include the daily room rate rather than the monthly room rate (see attachment A). The Administrator or her deisgnee will review all issues ABN notices weekly for 8 weeks, then monthly for 2 months, then quarterly thereafter to ensure all necessary information is included (see attachment B).4. The findings of the audits will be reviewed during the facility's monthly quality assurance meetings and the plan of action adjusted accordingly.</p>	04/01/2012

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	<p>During an interview on 3/15/12 at 2:00 p.m., the Corporate Administrator indicated she was not aware it was necessary to have this information listed on the non-coverage letters and would implement that procedure on future letters.</p> <p>3.1-4(a) 3.1-4(f)(3)</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure laboratory testing was completed as ordered by the physician for 1 of 10 residents reviewed for unnecessary medications (Resident #15.)</p> <p>Findings include:</p> <p>1.) Clinical record for Resident #15 was reviewed on 3/14/12 at 2:29 p.m.</p> <p>Diagnoses for Resident #15 included, but were not limited to, insulin dependent diabetes mellitus, hypertension, and congestive heart failure.</p> <p>Current physician's orders indicated Resident #15 had an order for a Hemoglobin A1c (HgbA1c) to be drawn every 3 months in January, April, July, and October. This order was current in January of 2012.</p> <p>The clinical record lacked any results for a HgbA1c laboratory test as ordered by the physician for January, 2012, for Resident #15.</p>	F0282	<p>Resident # 15'slabs were drawn when brought to facility's attention and physician notified of results. All residents have the potential to be affected. A facility-wide audits of labs was conducted to ensure all labs ordered for the past 120 days to ensure labs were drawn, results obtained, and physician's notified. The policy and procedure for Physician's Orders was reviewed and no changes were indicated (see attachment C). Licensed staff were re-educated on this policy, paying particular attention to ordered labs. The DON or her designee will audit all lab draws and results twice weekly for 8 weeks then, weekly for 4 weeks, then monthly thereafter (see attachment D). The findings of these audits will be reviewed during the facility's monthly Quality Assurance meetings and the plan of action adjusted accordingly.</p>	04/01/2012			

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	<p>During an interview with the RN Consultant on 3/15/12, at 9:40 a.m., additional information was requested regarding the lack of a January HgbA1c laboratory result.</p> <p>During an interview with the Director of Nursing (DoN) on 3/15/12, at 1:19 p.m., she indicated the HgbA1c ordered in January had not been obtained. The clinical record indicated other blood tests had been completed since January.</p> <p>The facility failed to provide any additional information as of exit on 3/15/12.</p> <p>3.1-35(g)(2)</p>			

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review and interview, the facility failed to ensure physician orders were clarified to include times medications were to be given and/or accurate for 2 of 10 residents reviewed for unnecessary medications. (Resident #'s 15 and 21)</p> <p>Findings include:</p> <p>1.) Resident #21's clinical record was reviewed on 3/14/12 at 10:05 a.m. The resident's diagnoses included, but were not limited to, end stage chronic obstructive pulmonary disease, respiratory failure, and</p>	F0425	Residents #15 and #21 medication orders were clarified as warranted. All residents have the potential to be affected. A facility-wide audit of the recapitulation orders for April was completed and clarifications obtained as warranted. Licensed staff were re-educated on the Physician's Orders policy and procedure (see attachment C). The DON or her designee will review new physician's orders daily, on scheduled working days and within 24 hours of a new admission, to ensure orders are written thoroughly and transcribed accurately (see attachment E)-on-going. The findings of these	04/01/2012			

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	<p>pulmonary hypertension.</p> <p>The resident had current physician's orders signed by the physician on 2/26/12. The resident had an order for albuterol [a bronchodilator] 0.083% inhalation solution, give 1 vial per nebulizer as needed for shortness of breath. This order was initiated 8/22/11. The order lacked directions on how often the medication was to be given. The resident had an order for ipratropium bromide [a broncodialator] 0.02% solution inhale 1 vial via nebulizer as needed for shortness of breath. The order lacked directions as to how often to administer the medication.</p> <p>During an interview with the RN Consultant on 3/15/12 at 10:00 a.m., she indicated the albuterol and ipratropium bromide orders had been clarified to be given together and they could be given every two hours.</p> <p>2.) Clinical record for Resident #15 was reviewed on 3/14/12 at 2:29 p.m.</p> <p>Diagnoses for Resident #15 included, but were not limited to, insulin dependent diabetes mellitus, hypertension, and congestive heart failure.</p>		<p>audits will be reviewed during the facility's monthly quality assurance meetings and the plan of action adjusted accordingly.</p>		

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	<p>Resident #15 had physician's orders for the following,</p> <p>A. Monitor blood glucose levels before meals and at bedtime. 6:30 a.m., 11:30 a.m., 4:30 p.m. and 9:00 p.m. The original date of this order was 3/5/11.</p> <p>B. Administer Novolog sliding scale insulin coverage based on blood glucose results according to the scale below,</p> <p>60-180 = 0 units 181-250 = 5 units 251-300 = 10 units 301-350 = 15 units greater than 350 call the physician.</p> <p>The diabetic flowsheet for January and February 2012 indicated insulin coverage was given according to the scale below,</p> <p>181-250 = 4 units 251-300 = 6 units 301-350 = 8 units greater than 350 call physician and assess.</p> <p>The clinical record lacked any insulin sliding scale clarification orders.</p>						

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	<p>During an interview with the RN Consultant on 3/15/12 at 9:30 a.m., additional information was requested related to the insulin sliding scale coverage orders.</p> <p>She indicated the facility has standing insulin sliding scale coverage orders given by the Medical Director.</p> <p>During an telephone interview with the Medical Director on 3/13/12 at 11:45 a.m., he indicated the facility was following the protocol he prescribed for Resident #15.</p> <p>3.) The 10/10, revised "Physician's Orders Procedure" was provided by the RN consultant on 3/15/12 at 2:11 p.m. The purpose was to ensure accurate and complete physician's orders. The procedure indicated order clarification requests were needed when an order is received and there is any question regarding the right dose and right frequency. The nurse should attempt to obtain a clarification of any order in question and document the attempts in the Nurse's Notes.</p> <p>3.1-25(e)(1)</p>				

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F0465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORT ABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, record review and interview, the facility failed to ensure the floors of the kitchen were maintained in a clean and sanitary manner for 1 of 1 kitchens observed . This deficient practice had the potential to affect 28 of 28 residents who receive meals from the kitchen.</p> <p>Findings include:</p> <p>During the initial tour with the Dietary Manager on 3/12/12 at 9:30 a.m., the kitchen had a tile floor. Throughout the entire floor the grout lines were dark and discolored. When interviewed at this time, the Dietary Manager indicated the staff mop the floor every evening. The Dietary Manager indicated the grout in the floor had been installed incorrectly and that makes it hard to clean.</p> <p>The cleaning schedule was reviewed with the Dietician on 3/12/12 at 9:50 a.m. The cleaning schedule did not indicate any deep cleaning of the floor.</p> <p>During an Interview with the Dietician</p>	F0465	<p>An outside contractor was utilized to steam clean the kitchen floor, which was completed on March 17, 2012. A good result was obtained, in that the grout appears clean. All residents have the potential to be affected. See below for corrective measures. Kitchen staff were re-educated on cleaning schedules. Cleaning schedules were revised to include a weekly deep clean of the kitchen floor, in addition to the every evening sweeping and mopping. The dietary manager or her designee will check cleaning schedules daily, on scheduled working days, to ensure floor care is indicated to have been completed and visually observe to ensure it appears to have been completed. She will confirm this by co-initialling on the cleaning schedule form (see attachment F). The findings of these audits will be reviewed during the facility's monthly quality assurance meetings and the plan of action adjusted accordingly.</p>	04/01/2012

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	<p>on 3/13/12 at 10:00 a.m., she indicated the deep cleaning of the floor weekly was added to the cleaning schedule.</p> <p>3.1-19(f)</p>				