

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/03/2013
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NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
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F000000	<p>This visit was for the Investigation of Complaint IN00126988.</p> <p>Complaint IN00126988 - Substantiated. Federal/State deficiencies related to allegations are cited at F202, F203 and F425.</p> <p>Survey dates: May 2 & 3, 2013</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Survey team: Leslie Parrett RN, TC Sharon Lasher RN (May 3, 2013)</p> <p>Census bed type: SNF: 65 SNF/NF: 5 Total: 70</p> <p>Census payor type: Medicare: 13 Medicaid: 43 Other: 14 Total: 70</p> <p>Sample: 4</p> <p>These deficiencies also reflect state</p>	F000000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible evidence and request a desk review in lieu of post re-certification on or after 5/17/13.</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 5/09/13 by Suzanne Williams, RN				

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F000202 SS=D	<p>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>Based on record review and interview, the facility failed to document the reason for discharge of a resident from the facility, for 1 of 3 residents reviewed for discharge from the facility (Resident # A) in the sample of 4.</p> <p>Findings include:</p> <p>Review of Resident # A's record on 5/2/13 at 11:15 a.m., indicated a Physician's telephone order dated 2/21/13 (no time indicated) "discharge Resident to home with 3 day supply medication." Review of progress notes indicated no documentation found from the Physician or nursing staff as to the reason(s) Resident # A was discharged from the facility.</p> <p>On 5/2/13 at 2:10 p.m., an interview with the Administrator indicated</p>	F000202	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible evidence and request a desk review in lieu of post re-certification on or after 5/17/13.</p> <p>F 202 Documentation for Transfer/Discharge of Resident When the facility transfers or discharges resident, under any circumstances, resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? * Resident A was</p>	05/17/2013	

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	<p>Resident # A was discharged from the facility on 2/21/13. She indicated the Resident was inappropriately touching a female resident in the facility, and Resident # A's POA (Power of Attorney) requested to take him on a leave of absence on 2/19/13, instead of the resident remaining on 1:1 supervision until evaluated by Psychiatric Services. The Administrator indicated Resident # A's POA returned to the facility on 2/21/13 (no time indicated) without the Resident and asked if Resident # A could return to the facility. She indicated the Resident could return to the facility but he would be placed on 1:1 supervision until evaluated by Psychiatric Services. The administrator indicated the POA decided to to have Resident # A discharged from the facility.</p> <p>On 5/3/13 at 1:20 p.m. the Transfer/Discharge policy was requested from the Administrator, with no policy provided as of exit at 3:30 p.m.</p> <p>This Federal tag relates to complaint IN00126988.</p> <p>3.1-12(a)(5)</p>		<p>not negatively affected by the alleged deficiency. * Resident A was discharged from the facility. *An updated transfer/discharge form for Resident A will include reason for transfer/discharge. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>* Residents who reside in this facility have the potential to be affected by the alleged deficient practice. * All licensed staff were inserviced by the Director of Nursing and/or designee on proper transfer/discharge documentation on 5/14/13. * Post test related to documentation of transfer/discharge of resident were completed on all licensed staff on all shifts by the director of nursing and/or designee by 5/17/13. *An audit will be completed on transfer/discharges within the last month to ensure that they are completed appropriately by the Director of Nursing and/or designee, or medical records. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? * Director of nursing and/or designee will conduct audits on transfer/discharge forms to monitor the correct policy and procedure is occurring. * All licensed staff were</p>				

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			<p>inserviced by the Director of Nursing and/or designee on proper transfer/discharge documentation on 5/14/13. * Post test related to transfer/discharge documentation was completed on all licensed staff on all shifts by the director of nursing and/or designee by 5/17/13. *A transfer/discharge checklist has been initiated and will be completed by all licensed staff when transferring or discharging a resident from facility. The Director of nursing/designee will ensure check list forms are completed appropriately. * The director of nursing is responsible for compliance related to transfer/discharge documentation. * Non-compliance with transfer/discharge documentation procedures may result in further education, and/or disciplinary action. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? * A Discharge/Transfer CQI tool will be utilized by the director of nursing and/or designee weekly x 4 weeks, monthly x 2 months and quarterly x 1 for at least 6 months. * Audit tools will be submitted to the CQI committee and if 95% compliance is not achieved, action plans will be developed.</p>	

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F000203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a) (6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone</p>			

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	<p>number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to provide Transfer/Discharge notice for the discharge of Resident # A from the facility for 1 of 3 residents reviewed for discharge from the facility (Resident # A) in the sample of 4.</p> <p>Findings include:</p> <p>Review of Resident # A's record on 5/2/13 at 11:15 a.m., indicated a Physician's telephone order dated 2/21/13 (no time indicated) "discharge Resident to home with 3 day supply medication." Review of progress notes indicated no documentation found from the Physician or nursing staff as to the reason(s) Resident # A was discharged from the facility. Review of the record indicated no notice of transfer/discharge was given</p>	F000203	<p>F 203 Notice requirements before transfer/discharge The facility must notify the resident and if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing or a language in a manner they understand; record the reason in the resident's clinical record. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? * Resident A was not negatively affected by the alleged deficiency. * Resident A was discharged from the facility. *An updated transfer/discharge form for Resident A will include reason for transfer/discharge. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective</p>	05/17/2013

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	<p>to the resident or family.</p> <p>On 5/2/13 at 2:10 p.m., an interview with the Administrator indicated Resident # A was discharged from the facility on 2/21/13. She indicated the Resident was inappropriately touching a female resident in the facility, and Resident # A's POA (Power of Attorney) requested on 2/19/13 to take him on a leave of absence instead of the Resident remaining on 1:1 supervision until evaluated by Psychiatric Services. The Administrator indicated Resident # A's POA returned to the facility on 2/21/13 (no time indicated) without the Resident and asked if Resident # A could return to the facility. She indicated the Resident could return to the facility but would be placed on 1:1 supervision until evaluated by Psychiatric Services. The Administrator indicated the POA decided to have Resident # A discharged from the facility. She indicated there was no Transfer/Discharge notice given to the POA at time of discharge.</p> <p>On 5/3/13 at 1:20 p.m. the Transfer/Discharge policy was requested from the Administrator, with no policy provided as of exit at 3:30 p.m.</p>		<p>action will be taken.</p> <p>* Residents who reside in this facility have the potential to be affected by the alleged deficient practice. * All licensed staff were inserviced by the Director of Nursing and/or designee on proper transfer/discharge documentation on 5/14/13. * Post test related to documentation of transfer/discharge of resident were completed on all licensed staff on all shifts by the director of nursing and/or designee by 5/17/13. *An audit will be completed on transfer/discharges within the last month to ensure that they are completed appropriately by the Director of Nursing and/or designee, or medical records. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? * Director of nursing and/or designee will conduct audits on transfer/discharge forms to monitor the correct policy and procedure is occurring. * All licensed staff were inserviced by the Director of Nursing and/or designee on proper transfer/discharge documentation on 5/14/13. * Post test related to transfer/discharge documentation was completed on all licensed staff on all shifts by the director of nursing and/or designee by 5/17/13. *A transfer/discharge checklist has</p>		

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	This Federal tag relates to complaint IN00126988. 3.1-12(a)(5)		been initiated and will be completed by all licensed staff when transferring or discharging a resident from facility. The Director of nursing/designee will ensure check list forms are completed appropriately. * The director of nursing is responsible for compliance related to transfer/discharge documentation. * Non-compliance with transfer/discharge documentation procedures may result in further education, and/or disciplinary action. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? * A Discharge/Transfer CQI tool will be utilized by the director of nursing and/or designee weekly x 4 weeks, monthly x 2 months and quarterly x 1 for at least 6 months. * Audit tools will be submitted to the CQI committee and if 95% compliance is not achieved, action plans will be developed.		

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F000425 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. Based on record review and interview, the facility failed to provide pharmacy services to obtain and administer ordered medication in a timely manner for 1 of 4 residents reviewed for medication administration (Resident # A) in the sample of 4.</p> <p>Findings include:</p> <p>On 5/2/13 at 11:15 a.m. review of Resident #A's record indicated a Physician's order dated 2/14/13 (no time indicated) for "Depo Provera 150 mg IM (intramuscular) every week,</p>	F000425	<p>F 425 Pharmaceutical SVC- Accurate Procedures, RHP The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement. The facility must provide pharmaceutical services to meet the needs of the resident. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? * Resident A was not negatively affected by the alleged deficiency. * Resident A received medication per physician's order. How will you identify other residents having the potential to be affected by</p>	05/17/2013	

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	<p>Diagnosis: Dementia with behavioral disturbances." Documentation indicated the order was faxed to the pharmacy on 2/14/13 at 10:39 p.m. Review of the medication administration record indicated the Depo Provera 150 mg IM injection was given at 8:00 a.m. on 2/16/13.</p> <p>Interview on 5/3/13 at 11:35 a.m. with LPN # 1 indicated she was on duty on 2/14/13 when Resident # A returned to the facility from Physician's appointment with his family at 9:00 p.m. She indicated she faxed the order to the pharmacy on 2/14/13 at 10:39 p.m. LPN # 1 indicated she was on duty on 2/16/13 when the medication arrived from the pharmacy and did not want to wake the Resident to give the medication, so it was given with his 8:00 a.m. medications. She indicated she did not know why the pharmacy did not deliver the medication the next day (2/15/13).</p> <p>Review on 5/3/13 at 1:15 p.m. of the pharmacy delivery manifest indicated the Depo Provera 150 mg IM injection for Resident # A was delivered on 2/16/13 at 2:03 a.m.</p> <p>On 5/3/13 at 1:35 p.m., the Pharmacy Policy and Procedure manual was</p>		<p>the same deficient practice and what corrective action will be taken. * Residents who reside in this facility have the potential to be affected by the alleged deficient practice. * All licensed staff were inserviced by the Director of Nursing and/or designee on receiving orders after hours and procedure with order medications on 5/14/13. * Post test related to the ordering of medications after hours were completed on all licensed staff on all shifts by the director of nursing and/or designee by 05/17/13. *The Director of Nursing and/or designee will audit MARS/TARS for after hour's orders, as order by physician, on timeliness. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? * All licensed staff have been inserviced by the Director of Nursing and/or designee on timely ordering of medications after hours on 5/14/13. * Post test related to the ordering of medications after hours were completed on all licensed staff on all shifts by the director of nursing and/or designee by 05/17/13. * The director of nursing is responsible for compliance related to timely medication ordering. * Non-compliance with timely ordering of medication may result in further education, and/or disciplinary action. How will the</p>		

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	<p>received from the Administrator. The policy indicated "3.04-5 Physician's Orders/Telephone Orders After Business Hours: Purpose: To ensure that the pharmacy is notified of new orders and the resident(s) receive medications and treatments as ordered by the prescriber in a timely manner.</p> <p>Procedure: All orders received by the pharmacy after order cut off times (see sec 3.02), will be processed and delivered with the scheduled delivery on the next business day....</p> <p>3.02 Delivery Schedule Order Cut Off Times: Facsimile new orders must be received by the pharmacy no later than 7:00 p.m., Monday - Friday and 2:00 p.m., on Saturday for the regular scheduled delivery....</p> <p>Note: All orders, new and refill, received after the cut off times listed above will be processed and delivered the next business day...."</p> <p>This Federal tag relates to complaint IN00126988.</p> <p>3.1-25(a)</p>		<p>corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>* A Pharmacy Services CQI tool will be utilized by the director of nursing and/or designee weekly x 4 weeks, monthly x 2 months and quarterly x 1 for at least 6 months. * Audit tools will be submitted to the CQI committee and if 95% compliance is not achieved, action plans will be developed.</p>		