

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155711	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/04/2013
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NAME OF PROVIDER OR SUPPLIER  HIGHLAND MANOR HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2926 N CAPITOL AVE INDIANAPOLIS, IN 46208
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F0000	<p>This visit was for the Investigation of Complaint IN00123130.</p> <p>Complaint IN00123130 substantiated. Federal/state deficiency related to the allegations is cited at F 226.</p> <p>Survey dates: January 31, 2013, February 1, 4, 2013</p> <p>Facility number: 000567 Provider number: 155711 AIM number: 100289560</p> <p>Survey team: Connie Landman RN TC</p> <p>Census bed type: SNF: 2 NF: 12 SNF/NF: 22 Total: 36</p> <p>Census payor type: Medicare: 4 Medicaid: 31 Other: 1 Total: 36</p> <p>Sample: 12</p> <p>These deficiencies cited also reflect</p>	F0000	<p>Please accept this plan of correction as our credible allegation of compliance. Preparation and execution of correction in general, or this corrective action in particular does not constitute an admission or agreement by Highland Manor Healthcare of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and / or executed in compliance with Federal and State laws.</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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	state findings in accordance with 410 IAC 16.2.  Quality Review completed on 02/07/2013 by Brenda Nunan, RN.				

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F0226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to ensure an unusual death was investigated and reported to the State Agency for 1 of 3 residents reviewed for death circumstances in a sample of 12 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/31/13 at 12:15 P.M.</p> <p>Diagnoses included, but were not limited to, glioblastoma, hypertension, diabetes mellitus, and brain mass.</p> <p>The Physician Notes, dated 1/2/13, indicated the resident was admitted to the facility on 1/1/13 on hospice services, and indicated the family declined surgery and radiotherapy.</p> <p>Nurses Notes on 1/16/31 indicated Resident B was found face down on the floor of the bathroom in his room at 7:00 A.M. The notes indicated he had a small laceration on his</p>	F0226	<p>All residents have the potential to be affected.</p> <p>In light of the patient death, nothing can be done for the individual. The family of the resident, however, did speak with the DON and the attending physician about the circumstances of the resident's death.</p> <p>A record review of the past three months of in house deaths revealed no unusual circumstances and/or falls associated with the death.</p> <p>All Department Heads in-serviced on Reportable Unusual Occurrences. All nurses in-serviced on Reportable Unusual Occurrences with particular attention to deaths of residents and reporting procedures. Administrator, DON, and Executive Director convened a discussion with the Medical Director about unusual occurrences and in particular, resident's deaths that are reportable and require investigation.</p> <p>DON will report in daily stand-up</p>	02/05/2013	

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	<p>forehead, and the resident took 2 breaths after the fall before respirations ceased.</p> <p>During an interview with the DON (Director of Nursing) on 2/1/13 at 10:30 A.M., she indicated the hospital palliative care physician, who had cared for Resident B, on 1/23/13 indicated he was not surprised of the sudden death of Resident B.</p> <p>On 1/31/13 at 9:15 A.M., during the entrance meeting with the DON, a request was made for all investigations for the last 3 months. An investigation regarding Resident B's death was not provided.</p> <p>On 2/1/13 at 10:30 A.M., during an interview, the DON indicated she had not considered Resident B's death to be an unusual occurrence as he was on hospice and palliative care. She also indicated it hadn't occurred to her the circumstances of his death were unusual.</p> <p>A current facility policy, dated 8/30/10, titled "Reportable Unusual Occurrences (sic)", provided by the Administrator on 2/4/13 at 2:45 P.M., indicated: "Purpose: To insure that reportable occurrences are identified, recorded</p>		<p>meeting any deaths with the circumstances reported and documented by the charge nurse.</p> <p>Charge nurses are responsible for report and documentation. DON and Administrator will monitor daily, indefinitely. Monitor in QA by record review monthly for three months, then quarterly thereafter for compliance.</p> <p>Date completed February 5, 2013 and on going</p>				

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	<p>and communicated in a timely manner, to facilitate compliance with state and federal guidelines. Policy: ... Reportable unusual occurrences also include unusual death, ... falls with significant injuries ..."</p> <p>This federal tag relates to Complaint IN00123130.</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e)</p>			