

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  07/30/2015
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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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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00178446.</p> <p>Complaint IN00178446-Substantiated. Federal/State deficiencies related to the allegation are cited at F278.</p> <p>Survey dates: July 29 and July 30, 2015</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census Payor type: Medicare: 17 Medicaid: 56 Other: 21 Total: 94</p> <p>Sample: 10</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction constitutes the centers Allegation of Compliance. The following Plan of Correction is not an admission to any of the alleged deficiencies and is submitted at the request of the Indiana State Department of Health. Preparation and execution of this response and the Plan of Correction does not constitute an admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.</p>	
F 0278 SS=E	483.20(g) - (j) ASSESSMENT			

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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Bldg. 00	<p><b>ACCURACY/COORDINATION/CERTIFIED</b> The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to ensure that the Minimum Data Set assessment was accurate related to pressure ulcer assessments for 3 of 3 residents reviewed for pressure ulcers, for 1 of 1 residents reviewed for isolation precautions, and for 1 of 3 residents reviewed for falls in a sample of 10. (Residents #7003, #7004, #7005, #7007, and #7010)</p>	F 0278	<p>F278</p> <p><b>What corrective action will take place for those residents found to be affected by the deficient practice?</b></p> <p>Resident #7005, 7007, 7003, 7004 and 7010 assessments have been modified by the MDS Coordinator.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be</b></p>	08/21/2015

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	<p>Findings include:</p> <p>1. The clinical record for Resident #7007 was reviewed on 7/29/2015 at 3:15 p.m. Diagnoses included, but were not limited to, anxiety, cerebral vascular accident, and chronic obstructive pulmonary disease.</p> <p>The Prospective Payment System (PPS) 14 day Minimum Data Set (MDS) assessment, with a reference date of 7/2/2015, was coded for isolation for Resident #7007. The clinical record indicated that the resident was in isolation for clostridium difficult colitis (bacterial infection of the colon). The clinical record did not indicate that the resident was symptomatic and in the infectious stage of the disease. The clinical record did not indicate that the resident remained in their room the entire time of the assessment reference period of 6/26/2015 through 7/2/2015. Physical therapy notes, dated 7/1/2015, indicated that the resident went to the therapy gym on 7/1/2015 and used the parallel bars.</p> <p>During an interview on 7/30/2015 at 10:50 a.m., the MDS Coordinator, indicated that the PPS 14 day MDS assessment, with a reference date of 7/2/2015, for Resident #7007 was not</p>		<p><b>identified and what corrective action will be taken?</b></p> <p>Residents with the same condition/treatment identified as cited inaccuracies have the potential to be affected by this deficient practice, MDS Coordinator/Designee conducted audit of residents with the same condition/treatment as identified cited inaccuracies for accuracy.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</b></p> <p>IDT staff including MDS Coordinator, Nurse Management, Social Services, Rehab Services Manager and Activities Director re-educated by MDS Consultant on 8/12/15 regarding accurately completing MDS Assessments. Licensed nurses re-educated by 8/21/15 on conditions/treatments identified as cited inaccuracies to ensure accurate documentation and treatment to ensure accurately completing MDS Assessments. Residents will be reviewed on the care plan schedule utilizing the IDT Quarterly Care Plan and Resident Review Tool to ensure MDS is completed accurately.</p> <p><b>How will the corrective actions be monitored to ensure they do not occur again?</b></p> <p>An IDT Quarterly Care Plan and Resident Review Tool CQI monitoring tool will be completed by</p>				

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	<p>coded accurately for isolation.</p> <p>2. The clinical record for Resident #7003 was reviewed on 7/30/2015 at 9:00 a.m. Diagnoses included, but were not limited to, anxiety, Alzheimer's dementia, and congestive heart failure.</p> <p>The quarterly MDS assessment, with a reference date of 7/10/2015, for Resident #7003 was coded for urinary tract infection. The clinical record did not indicate a physician diagnosis for urinary tract infection.</p> <p>During an interview on 7/30/2015 at 2:50 p.m., the MDS Coordinator indicated that the quarterly MDS assessment, with a reference date of 7/10/2015, for Resident #7003 was not coded accurately for urinary tract infection.</p> <p>The quarterly MDS assessment, with a reference date of 7/10/2015, indicated Resident #7003 had no falls since the prior significant change MDS assessment, with reference date of 4/9/2015. The clinical record indicated that the resident had a fall on 5/16/2015. The fall resulted in a fracture of a bone in a toe on the right foot of resident.</p> <p>During an interview on 7/30/2015 at 2:50 p.m., the MDS Coordinator, indicated</p>		<p>the MDS or designee weekly x 4 weeks and monthly x 6 months to monitor to ensure MDS Accuracy. Audit tools will be submitted to the CQI committee and action plans will be developed as needed if the threshold of 100% is not met.</p> <p><b>By what date will the changes occur</b> 8.21.15</p>		

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	<p>that the quarterly MDS assessment, with a reference date of 7/10/2015, for Resident #7003 was not coded accurately for a fall with major injury.</p> <p>3. The clinical record for Resident #7004 was reviewed on 7/29/2015 at 5:00 p.m. Diagnoses included, but were not limited to, neurogenic bladder, quadriplegia, anxiety, and osteoporosis.</p> <p>The significant change MDS assessment, with a reference date of 6/22/2015, indicated Resident #7004 had one Stage 2 pressure ulcer. The Composite Pressure Skin Evaluation Report, dated 5/21/2015, indicated that the Stage 2 pressure ulcer had resolved on 5/21/2015. The Composite Pressure Skin Evaluation Report, dated 6/18/2015, indicated that the resident had one unstageable pressure ulcer.</p> <p>During an interview on 7/30/2015 at 10:40 a.m., the MDS Coordinator, indicated that the Composite Pressure Skin Evaluation Report, dated 6/18/2015, would have been referenced to code the significant change MDS assessment, with a reference date of 6/22/2015. The MDS Coordinator indicated that the significant change MDS assessment, with a reference date of 6/22/2015, for Resident #7004 was not coded accurately.</p>			

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	<p>The significant change MDS assessment, with a reference date of 6/22/2015, indicated Resident #7004 had no pressure ulcers on the prior assessment and no healed pressure ulcers. The prior MDS assessment was a quarterly MDS assessment, with a reference date of 5/11/2015, and indicated that the resident had one Stage 2 pressure ulcer. The Composite Pressure Skin Evaluation Report, dated 5/21/2015, indicated that the Stage 2 pressure ulcer was healed on 5/21/2015.</p> <p>During an interview on 7/30/2015 at 10:40 a.m., the MDS Coordinator, indicated that the significant change MDS assessment, with a reference date of 6/22/2015, for Resident #7004 was not coded accurately for healed pressure ulcers.</p> <p>4. The clinical record for Resident #7010 was reviewed on 7/30/2015 at 10:30 a.m. Diagnoses included, but were not limited to, Parkinson ' s disease, dementia, anxiety, and depression.</p> <p>The admission and PPS 5 day MDS assessment, with a reference date of 6/3/2015, for Resident #7010 indicated that the resident received a treatment of a non-surgical dressing. The clinical record</p>			

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	<p>did not indicate that the resident received a treatment of a non-surgical dressing.</p> <p>During an interview on 7/30/2015 at 1:25 p.m., the MDS Coordinator, indicated that the admission and PPS 5 day MDS assessment, with a reference date of 6/3/2015, for Resident #7010 was not coded accurately.</p> <p>The PPS 14 day MDS assessment, with a reference date of 6/8/2015, for Resident # 7010 indicated that the resident had no pressure ulcers on the prior assessment. The prior MDS assessment was an admission and PPS 5 day MDS assessment, with a reference date of 6/3/2015, and indicated that the resident had one Stage 2 pressure ulcer.</p> <p>During an interview on 7/30/2015 at 10:30 a.m., the MDS Coordinator, indicated that the PPS 14 day MDS assessment, with a reference date of 6/8/2015, for Resident #7010 was not coded accurately.</p> <p>5. The clinical record for Resident #7005 was reviewed on 7/29/2015 at 3:40 p.m.. Diagnoses included, but were not limited to, hypertension, congestive heart failure, cerebral vascular accident with hemiparesis, and dysphagia.</p> <p>The quarterly MDS assessment, with a</p>			

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	<p>reference date of 4/27/2015, indicated Resident #7005 had no pressure ulcers present on the prior assessment. The prior MDS assessment, with a reference date of 4/14/2015, indicated that the resident had one unstageable pressure ulcer.</p> <p>During an interview on 7/30/2015 at 3:12 p.m, the MDS Coordinator, indicated that the quarterly MDS assessment, with a reference date of 4/27/2015, for Resident #7005 was not coded accurately.</p> <p>The significant change MDS assessment, with a reference date of 6/24/2015, indicated Resident #7005 had one Stage 2 pressure ulcer and that there were no pressure ulcers present on the prior assessment. The Composite Report Pressure Wound Skin Evaluation Report, dated 5/14/2015 indicated that the Stage 2 pressure ulcer had healed on 5/14/2015. The Composite Report Pressure Wound Skin Evaluation Report, dated 6/18/15, indicated that the resident had one unstageable pressure ulcer.</p> <p>During an interview on 7/30/2015 at 3:25 p.m, the MDS Coordinator, indicated that the Composite Report Pressure Wound Skin Evaluation Report, dated 6/18/15, would have been referenced to code the significant change MDS</p>			

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	assessment, with a reference date of 6/24/15, for Resident #7005 was not coded accurately.  This Federal tag relates to complaint IN00178446.  3.1-31(i)				