

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155717	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/05/2013
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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME ASSOC OF GREATER INDIANAPOLIS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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F000000	<p>This visit was for the Investigation of Complaints IN00124141 and IN00125328.</p> <p>Complaint IN00124141 substantiated no deficiencies related to the allegations are cited.</p> <p>Complaint IN00125328 substantiated, federal/state deficiencies related to the allegations are cited at F 206.</p> <p>Survey dates: March 4,5, 2013</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Survey team: Connie Landman RN TC</p> <p>Census bed type: SNF/NF: 39 Total: 39</p> <p>Census payor type: Medicare: 3 Medicaid: 32 Other: 4 Total: 39</p> <p>Sample: 3</p>	F000000		

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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	<p>This deficiency cited also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on 03/06/2013 by Brenda Nunan, RN.</p>			

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F000206 SS=D	<p>483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>Based on record review and interview, the facility failed to readmit a resident to the facility following an emergency room evaluation and failed to ensure a resident was given appropriate discharge notification prior to being sent to the emergency room for evaluation for 1 of 3 residents reviewed for resident rights in a sample of 3 (Resident E).</p> <p>Findings include:</p> <p>The record for Resident E was reviewed on 3/5/13 at 12:20 P.M.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus type 2, diabetic foot ulcer, osteomyelitis of foot, hypertension, non-compliant with medications, polysubstance abuse and tobacco abuse.</p> <p>Nurses Notes indicated a change in the resident's alertness and confusion</p>	F000206	<p><b>F 206– Readmission Policy Beyond Bed Hold:</b></p> <p><b>It is the policy of the Alpha Home when transferring or discharging resident under any circumstance to ensure documentation by the resident physician, copy of the completed transfer/discharge form for hospital and therapeutic leave.</b></p> <p><b><u>Corrective Action Taken Related to this Finding:</u></b></p> <p>- Resident E decided he no longer wanted to return or reside at the Alpha Home. Resident E has discharged to another facility. The Alpha Home downloaded state form (49669) notice of transfer&amp; discharge. The facility is using this form for training and the tool for continuous quality improvement. The new Alpha Home assessments and reassessment form is completed</p>	03/08/2013

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	<p>were noted on 3/2/13 at 5:00 P.M. At 5:20 P.M., the nurse indicated the resident's midline catheter appeared to be dislodged. The nurse called the physician and left a message concerning the midline catheter and the resident's confusion. At 7:00 P.M., the physician returned the call, and gave an order to send the resident to the emergency room.</p> <p>At 7:20 P.M. on 3/2/13, the Nurses Notes indicated the resident was "vomiting profusely &amp; sweating." An ambulance service was called for transportation to the hospital. The Nurses Notes indicated the resident left the facility at 9:00 P.M.</p> <p>A Nurses Note, at 12:01 A.M. on 3/3/13, indicated the resident was "discharged to" hospital. The next Nurses Note indicated at 1:40 A.M. on 3/3/13, the hospital called to report "condition on return." The nurse then indicated she informed the caller from the hospital "after midnight the resident had been discharged (to the hospital) per facility policy and was unable to re-admit him."</p> <p>The transfer record indicated a copy of the Notice of Transfer or Discharge was attached, and indicated the transfer or discharge was necessary</p>		<p>upon return from hospital, In-serviced with staff completed on Friday 3/08/2013.</p> <p>The in service presented federal guideline F 201 Transfer &amp; Discharge along with Tag 202 Documentation. Before discharge/transfer the resident assessment is completed will any significant changes addressed. The physician is notified of all resident conditions prior to a discharged. Staff documentation competition for the resident record with the intervention documented. Assessments, nurses' notes, the physician orders, the direct care staff assignment sheets, behavior logs, along with the significant changes review together with the interdisciplinary team.</p> <p><b><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u></b></p> <p>All other residents having the potential to be affected by the finding had their transfer/discharge forms audited. There are no other residents present that are affected by this finding. The transfer discharges monitoring continues with all residents before transfer or discharge to the hospital. The interdisciplinary team reviews the communication form with the transfer discharge notice for residents at the Alpha Home. This is the additional step</p>				

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	<p>to meet the resident's welfare and the resident's needs cannot be met in the facility.</p> <p>During an interview with the DON (Director of Nursing) on 3/5/13 at 11:50 A.M., she indicated the resident had not been given a 30 day notice of discharge.</p> <p>During an interview on 3/5/13 at 2:30 P.M., the DON indicated she did not know if the resident had been given a copy of the Bed Hold Policy or had one sent with him. She stated at that time "it has been our policy if someone goes LOA (leave of absence) or to the hospital, and midnight passes, we discharge them and can choose not to re-admit them."</p> <p>A current facility policy, dated 2/1/11, titled "Alpha Home Bed Hold Policy", provided by the DON on 3/5/13 at 2:25 P.M., indicated:</p> <p>"...1. Hospitalization ...B. If you leave the Alpha Home overnight and admitted to the hospital or if you go visit family overnight and you are absent from the Alpha Home overnight you will be discharged from Alpha Home and you could be asked to pay a fee at the Alpha Home</p>		<p>implemented for audit compliance. This compliance audit improvement continues with every transfer discharge. Transfer/Discharge audits with the internal audit. 100 percent of the Transfer/Discharges audits have been completed. The weekly monitoring will continue with the unit manager and the director of nurses.</p> <p><b><u>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</u></b></p> <ul style="list-style-type: none"> <li>-</li> <li>-</li> <li>-</li> <li>-</li> <li>-</li> </ul> <p><u>Quality Assurance interdisciplinary team audits completed on all facility transfers/discharges. This is presented at the morning managers meeting and on the unit with facility huddle meeting. All transfer /discharges audits completed. Completed audited transfer forms submitted to the Quality Assurance team for compliance along with the additional input for recommendations for the continuous quality improvement.</u></p> <p>Resident behaviors and resident conditions care planned. And documented into the resident record. Resident care planned for transfer discharged with the thirty</p>				

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	<p>per-diem rate on a private pay basis for each day you are in the hospital or on LOA to hold your bed to guarantee you will have a bed to return to.</p> <p>C. If you leave the Alpha Home the facility will inform you of this policy regarding bed holds. The facility may not charge to hold your bed on any day that Medicaid programs pays for your care at the Alpha Home." Under the section labeled "Therapeutic Leave of Absence" part "C" indicated "The resident must return to the Alpha Home before 12:00 midnight."</p> <p>This federal relates to Complaint IN00125328.</p> <p>3.1-12(a)(27)((A) 3.1-12(a)(27)(B)</p>		<p>day requirement. Care Plans will additionally address new physician orders; significant changes updated progress notes from services provided and contributing information that addresses resident care. The unit manager will continue to monitor the twenty four reports with the audit sheets for communication and compliance with review with the Director of Nurses. Staff assignment sheets, audit sheets, and resident updates are communicated to the staff daily. This shall continue daily for the next twelve months. Quality Assurance committee to continue monitoring monthly for the next twelve months.</p> <p><b><u>IV. Corrective Actions will be monitored to Ensure Compliance by:</u></b></p> <p>- - -</p> <p>The Alpha Home corrective action plan to ensure compliance shall be accomplished by. The interdisciplinary each week to conduct corrective action review of the audits. These daily audit sheets completed by the nurses, and reviewed by the interdisciplinary team are submitted to the Quality Assurance Committee scheduled meeting monthly. Interdisciplinary Team will review</p>		

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			<p>the 24 hour report daily at the morning managers meeting. All reports and findings will be submitted to the quality assurance committee at its scheduled meeting. This monitoring audit record will be presented each month. This audit record shall be ongoing each month for all resident transfer and hospital readmissions. The interdisciplinary team will receive monthly recommendations from the members from the quality assurance committee each month for the next 12 months with 100% compliance.</p> <p><b>V. Corrected Action Completion</b> 03/08/2013</p> <p><b>F 206– Readmission Policy Beyond Bed Hold:</b></p> <p><b>It is the policy of the Alpha Home when transferring or discharging resident under any circumstance to ensure documentation by the resident physician, copy of the completed transfer/discharge form for hospital and therapeutic leave.</b></p> <p><b><u>Corrective Action Taken Related to this Finding:</u></b></p> <p>- Resident E decided he no longer</p>		

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			<p>wanted to return or reside at the Alpha Home. Resident E has discharged to another facility. The Alpha Home downloaded state form (49669) notice of transfer&amp; discharge. The facility is using this form for training and the tool for continuous quality improvement. The new Alpha Home assessments and reassessment form is completed upon return from hospital, In-serviced with staff completed on Friday 3/08/2013.</p> <p>The in service presented federal guideline F 201 Transfer &amp; Discharge along with Tag 202 Documentation. Before discharge/transfer the resident assessment is completed will any significant changes addressed. The physician is notified of all resident conditions prior to a discharged. Staff documentation competition for the resident record with the intervention documented. Assessments, nurses' notes, the physician orders, the direct care staff assignment sheets, behavior logs, along with the significant changes review together with the interdisciplinary team.</p> <p><b><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u></b></p> <p>All other residents having the potential to be affected by the finding had their transfer/discharge forms audited.</p>	

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			<p>There are no other residents present that are affected by this finding. The transfer discharges monitoring continues with all residents before transfer or discharge to the hospital. The interdisciplinary team reviews the communication form with the transfer discharge notice for residents at the Alpha Home. This is the additional step implemented for audit compliance. This compliance audit improvement continues with every transfer discharge. Transfer/Discharge audits with the internal audit. 100 percent of the Transfer/Discharges audits have been completed. The weekly monitoring will continue with the unit manager and the director of nurses.</p> <p><b><u>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</u></b></p> <ul style="list-style-type: none"> <li>-</li> <li>-</li> <li>-</li> <li>-</li> <li>-</li> </ul> <p><u>Quality Assurance interdisciplinary team audits completed on all facility transfers/discharges. This is presented at the morning managers meeting and on the unit with facility huddle meeting. All transfer /discharges audits completed. Completed audited transfer forms submitted to the</u></p>	

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			<p><u>Quality Assurance team for compliance along with the additional input for recommendations for the continuous quality improvement.</u></p> <p>Resident behaviors and resident conditions care planned. And documented into the resident record. Resident care planned for transfer discharged with the thirty day requirement. Care Plans will additionally address new physician orders; significant changes updated progress notes from services provided and contributing information that addresses resident care. The unit manager will continue to monitor the twenty four reports with the audit sheets for communication and compliance with review with the Director of Nurses. Staff assignment sheets, audit sheets, and resident updates are communicated to the staff daily. This shall continue daily for the next twelve months. Quality Assurance committee to continue monitoring monthly for the next twelve months.</p> <p><b><u>IV. Corrective Actions will be monitored to Ensure Compliance by:</u></b></p> <p>-</p> <p>-</p> <p>-</p> <p>The Alpha Home corrective action plan to ensure compliance</p>		

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			<p>shall be accomplished by. The interdisciplinary each week to conduct corrective action review of the audits. These daily audit sheets completed by the nurses, and reviewed by the interdisciplinary team are submitted to the Quality Assurance Committee scheduled meeting monthly. Interdisciplinary Team will review the 24 hour report daily at the morning managers meeting. All reports and findings will be submitted to the quality assurance committee at its scheduled meeting. This monitoring audit record will be presented each month. This audit record shall be ongoing each month for all resident transfer and hospital readmissions. The interdisciplinary team will receive monthly recommendations from the members from the quality assurance committee each month for the next 12 months with 100% compliance.</p> <p><b>V. Corrected Action Completion</b> 03/08/2013</p> <p><b>F 206-- Readmission Policy Beyond Bed Hold:It is the policy of the Alpha Home when transferring or discharging residents under any circumstances to ensure documentation by the resident's physician, copy of</b></p>		

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			<p><b>the completed transfer/discharge form for hospitalization and therapeutic leave. <u>Corrective Action Taken Related to this Finding:</u></b> Resident E decided he no longer wanted to return or reside at the Alpha Home. Resident E has discharged to another facility. The Alpha Home downloaded state form (49669) notice of transfer, discharge the facility is using this form for training and the tool for continuous quality improvement. The facility staff was in serviced on Friday (3/8/2013).The in service presented federal guidelines F 201 Transfer and Discharge, with F 202 Documentation. Before discharge/transfer occurs the resident assessment will is completed and any significant changes addressed. The physician is notified of all resident conditions prior to a discharge. Staff documentation completed for the resident record also. <b><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u></b>All other residents having the potential to be affected by the finding had their transfer/discharge forms audited. There are no other residents present that are affected by this finding.The transfer/discharge monitoring continues with all residents before transfer//discharges and hospitalization. The</p>		

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			interdisciplinary team reviews the communication form, with the transfer discharge notice for residents at the Alpha Home .This is the additional step added for audit compliance. This audit compliance improvement continues with every transfer discharge. <b><u>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</u></b> Quality Assurance interdisciplinary team audits all facility transfers. This is presented at the morning managers meeting and on the unit with stand-up huddle meetings. All the transfer audits completed. Completed audited transfer forms submitted to the Quality assurance team for compliance along with additional input for recommendation for the continuous improvement. Resident behaviors and conditions care planned and documented into the resident record. Resident's care planned for transfer discharged with the thirty day requirement. Care Plans will additionally address new physician orders, significant, changes , updated progress noted from service provides and contributing information that address the resident care. The unit manager will continue to monitor the twenty four reports with the audit sheets for communication and compliance with review with the Director of		

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			nursing services. Resident updates are communicated to the staff at morning managers meeting and the communication huddle <b><u>IV. Corrective Actions will be monitored to Ensure Compliance by:</u></b> The Alpha Home corrective action plan to ensure compliance shall be accomplished by. The interdisciplinary each week to conduct correct action review of the audits. These daily audit sheets completed by the nurses, and reviewed by the interdisciplinary team are submitted to the Quality Assurance Committee scheduled meeting monthly. Interdisciplinary Team will review the 24 hour report daily at the morning managers meeting. All reports and findings will be submitted to the quality assurance committee at its scheduled meeting. This monitoring audit record will be presented each month for the next three months with recommendation from the members from the quality assurance committee. V. <b>Corrected Action Completion 03/08/2013</b>		