

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155672	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2013
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NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 31869 CHICAGO TR NEW CARLISLE, IN 46552
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F000000	<p>This visit was for Recertification and State Licensure Survey. This visit included the Investigation of Complaints #IN00130946 and #IN00128288.</p> <p>Complaint #IN00130946- Unsubstantiated due to lack of evidence.</p> <p>Complaint #IN00128288- Substantiated. Federal/state deficiencies related to the allegation are cited at F406.</p> <p>Survey dates: July 23, 24, 25, 26, 29, and 30, 2013.</p> <p>Facility number: 000427 Provider number: 155672 AIM number: 1002755150</p> <p>Survey Team: Shelly Vice, RN, TC Julie Baumgartner, RN Shauna Carlson, RN (7/23, 2013) Brenda Meredith, RN (7/23, 7/25 and 7/29, 2013) Sharon Ewing, RN (7/29, and 7/30, 2013)</p> <p>Census bed type:</p>	F000000	<p>This Plan of Correction constitutes Hamilton Grove's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of correction is submitted to meet requirements established by state and federal law.</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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	<p>SNF/NF: 70 Residential: 64 Total: 134</p> <p>Census payor type: Medicare: 8 Medicaid: 66 Other: 60 Total: 134</p> <p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on August 2, 2013, by Brenda Meredith, R.N.</p>			

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F000406 SS=D	<p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on interviews and record reviews, the facility failed to provide physical therapy services for 1 of 3 residents sampled for physical therapy services.(Resident B)</p> <p>Finding included's:</p> <p>On 7/25/13 at 2:55 p.m., an interview was conducted with the daughter of Resident B indicating on April 19th, 2013, Resident B, along with family present, was admitted to room # 1139 at 4:50 p.m., from a local acute-hospital to receive physical therapy; the nursing services paperwork was completed and they were informed,"... dad would receive physical therapy starting the weekend. Friday the 19th, Saturday the 20th, Sunday the 21st and Monday the 22nd, there was no</p>	F000406	<p>This Plan of Correction constitutes Hamilton Grove's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of correction is submitted to meet requirements established by state and federal law.</p> <p>F406</p> <p>It is the policy and practice of Hamilton Grove to provide specialized rehabilitation services (Occupational, Physical and Speech-pathology therapy and mental health rehabilitative services) seven days a week during normal business hours, provided residents remain on the premises to receive these services.</p> <p>No residents were adversely</p>	08/29/2013

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	<p>therapy for my father... he wasn't seen at all by the therapy department... I took my father home and brought him back each night as we were told we had to do; we figured, if he wasn't going to get therapy at the facility as we were lead to believe, there was no sense him staying there... then, on Monday, when the therapy department didn't come in to see him yet again, we decided to bring him home and were told we had to sign him out AMA [against medical advice]... he was there to get physical therapy and he didn't...."</p> <p>On 7/26/13 at 4:08 p.m., a record review was conducted of Resident B's clinical medical record indicating the following: "...4/17/13. Primary Diagnosis. Acute Renal Failure. Dementia & COPD [chronic obstructive respiratory disease]. Prognosis: Fair. Treatment: Physical Therapy...." "4/19/13 at 4 pm..." all nursing admission paperwork completed and signed by nursing staff." "4/19/13: ADL [Activities of Daily Living] & Mobility Plan of Care. Date: 4/19/13.... Due Date:7/19/13... Interventions:...Provide Therapy per physician order. 4/19/13...." There were no records from the</p>		<p>affected by this alleged deficiency. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient episode?</i> Sufficient time has elapsed too preclude corrective action for this resident. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</i> All newly admitted residents with rehabilitative service orders (i.e., Occupational, Physical, speech-pathology services) have the potential to be affected by the same alleged deficient episode. No other residents were found to be out of compliance relative to the delivery of timely rehabilitative evaluations/therapy. <i>How other resident having the potential to be affected by the same alleged deficient episode will be identified and what corrective actions will be taken:</i></p> <ol style="list-style-type: none"> 1. A form has been created to notify residents and families that residents will be evaluated within 24 hours of admission to the facility and will need to be on the premises in order for evaluations to take place.* 2. Director of Therapy services/Designee will monitor all new admissions (skilled, 				

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	<p>physical or occupational therapy services located on the chart.</p> <p>"4/20/13 at 5 am: to have PT/OT [Physical Therapy/Occupational Therapy] while on unit d/t (due to weakness and falls..."</p> <p>"4/20/13 at 1:30 p.m.... here for PT/OT. Eval (evaluation) will be done on Monday..." with a note that daughter takes father (Resident B) on a LOA (leave of absence) after being told this information.</p> <p>"4/20/13. 8pm.... returned from LOA..."</p> <p>"4/21/13 at 7 am.... working with PT/OT to gain strength w (with) goal to return home..."</p> <p>"4/21/13 at 10pm.... returned from LOA..."</p> <p>"4/22/13 at 3am.... pt working with PT/OT to rehab home..."</p> <p>"4/22/13 at 10:30 a.m.... daughter extremely unhappy concerning pt at a nursing home... left premises AMA and Admission came down and completed paper work..."</p> <p>"4/22/13. Discharge to home: patient arrived to facility to obtain PT/OT therapy for strengthening of muscles..."</p> <p>On 7/26/13 at 3:30 p.m., a record review was conducted of a Physical Therapy pamphlet used to market the services of the physical therapy</p>		<p>intermediate care) noting the time of admission and actual time therapy evaluations and therapeutic services were delivered to the resident to ensure of timely rehabilitative services are provided. This will be done weekly for 30 days then monthly thereafter.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient episode does not recur</i></p> <p>The Administrator/Designee will review the weekly reports generated by the Director of Therapy services/Designee and cross-reference the date/time of admission of at least five (5) admissions monthly with the date/time of therapy logs to ensure all new admissions receive rehabilitative services in a timely manner. This report will then be submitted to the Quality Assurance committee for further review and recommendations. This will be done monthly for the first 90 days then quarterly thereafter or until a 95% compliance threshold is met.</p> <p><i>Date by which the systemic changes will be completed: August 29, 2013</i></p> <p><i>*As noted by the inspector</i>, (1) the resident arrived late afternoon on Friday, April 19, 2013 (2) then left the building on a leave of absence the next day (Saturday April 20, 2013) and returned at 8:00 pm the same evening. (3) Furthermore, the resident left the building with family</p>				

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	<p>services of the facility indicating, "... Rehabilitation Services managed by RehabCare... Our unique service model includes: Physical, occupational and speech therapies available seven days a week...."</p> <p>On 7/26/13 at 3:35 p.m. an interview was conducted with the facility's Social Worker indicating, "...yes, we [the facility] have physical therapy 7 days a week.... a new admit coming in on a Friday afternoon would be assessed and provided physical therapy starting that day or the very next day...."</p> <p>On 7/26/13 at 4:00 p.m., an interview was conducted with the Occupational Therapist of the Therapy Department indicating, "... we offer physical therapy 7 days a week with an on-call status on Saturdays and Sunday for new admissions... we [the therapy department] have a staff on-call 24/7 on the weekends: we come in and do the assessments as soon as possible and begin the therapy either that same day or the very next day... there is not a set-schedule prepared ahead of time for the next day; we [the therapy department] work this out with the nursing staff on the halls...."</p> <p>On 7/26/13 at 4:05 p.m., an electronic</p>		<p>on Sunday, April 21, 2013 at 10:00 am then returned that evening, at 10:00 pm. (4) Finally, family discharged the resident to home on Monday, April 22, 2013 at approximately, 10:30 am.</p>		

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	<p>record review of the therapies residents from April 1st till April 30, 2013 were reviewed. It was indicated by the Manager of the Therapy Department by telephone conversation that the past staffing records were not kept and if the department had assessed and provided therapy services for a resident it would be indicated on the residents chart and or in the electronic medical record.</p> <p>On 7/26/13 at 4:10 p.m., an interview was conducted with the Admissions Coordinator indicating that the routine process for communicating the physical therapy services to a family was to inform them that physical therapy services are provided 7 days a week. It was noted that the process of an admission was as follows: Upon receiving notification of a resident leaving the hospital to come to the nursing home, we [the facility] receive the discharge orders/ admission orders before they [the resident] leave the hospital; we fax the pharmacy because they provide the medications; then I notify the care-plan-team with an e-mail; the care-plan-team is the Social worker, Registered Dietician, Nursing, Therapy, Activities, MDS [Minimum Data Set Assessment Coordinator],</p>			

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	<p>Admissions; the day and time/hour, what type of source of payor the resident has for example Medicare B, then either myself or [name of the other admissions staff] will stay here for late admissions and help them get checked in...we take them [the family/ resident] to their room, explain to them what has already been covered about the process while they were still in the hospital, review the therapy and how Medicare pays 100% up until 20 days, verification of their insurance, review the operations of Medicare; typically, we do not delay paperwork until the following Monday unless say, a family didn't arrive 'with' the resident and or the resident wasn't capable of completing the paperwork on their own...."</p> <p>On 7/26/13 at 4:11 p.m., a record review was conducted of an e-mail as follows: "date. 4/19/13. 12:47 p.m.. from [name of admissions coordinator].To: New Admissions: Nursing. Subject: [Resident B's name] admit healthcare today, 4/19. Room #1139. He'll be medicare. the plan is for him to either rehab back home with his daughter or to the Pointe. His admitting diagnosis is: dehydration, fall & weakness. His code status is; DNR [Do Not Resuscitate]...." Date faxed, "4/19/13</p>			

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	<p>at 12:43:35. Page 1 of 1. Marketing."</p> <p>On 7/26/13 at 4:15 p.m., an interview was conducted with the Nursing Case Manager of Admissions indicating that the routine process for communicating the physical therapy services to a family was to inform them that the physical therapy services,"...provide care 24/7 and on-call on off hours and on the weekends...they (therapy) will come in and complete the assessment and provide the therapies regardless of the times of admission... therapy will be started immediately...."</p> <p>3.1-23(a)(1)</p>				

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F009999	<p>3.1-14 PERSONNEL</p> <p>(s) Professional staff must be licensed, certified, or registered in accordance with applicable state laws or rules.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record reviews and interviews, the facility failed to assure a certified nurses aid license was not expired. This affected 1 of 5 of the sampled employees.</p> <p>Findings include:</p> <p>On 7/29/13 at 4:45 p.m., a record review was conducted of the employee file of Staff #2 indicating the expiration date was "1/7/2013."</p> <p>On 7/29/13 at 4:46 p.m., a record review was conducted of the policy and procedure for the licensure of the facility employees indicating, "...Team members holding positions that require professional licenses, certifications, or other credential are personally responsible for maintaining the current status of their credentials, and shall comply with all federal and</p>	F009999	<p>This Plan of Correction constitutes Hamilton Grove's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of correction is submitted to meet requirements established by state and federal law.</p> <p>F9999</p> <p><i>It is the policy and practice of Hamilton Grove to ensure all professional staff are licensed, certified or registered in accordance with applicable state laws or rules.</i></p> <p>No residents were adversely affected by this alleged deficiency.</p> <p><i>What corrective actions will be accomplished for these residents found to have been affected by the alleged deficient episode?</i></p> <p>For staff #2 identified in this citation: was immediately removed from the work schedule. Staff # 2 renewed the certification on July 30, 2013 (cf. exhibit F9999 #1).and is currently active through 1/7/2015.</p> <p><i>How other resident having the potential to be affected by the same</i></p>	08/29/2013

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	<p>state requirements applicable to their respective discipline. Team members will not be allowed to work without a valid and current license or credentials. A copy of your current license or certification must be provided to human resources each year...."</p> <p>On 7/30/13 at 10:30 a.m., a record review was conducted of the "Time Detail" from the dates of "Mon 1/07 to 7/30 of 2013" indicating a routinely worked schedule of activity for Staff #2.</p> <p>On 7/30/13 at 10:31 a.m., an interview was conducted with the Human Resources Manager indicating that Staff #2 was and had been actively working with an expired Certified Nurses Licensing and that this was not permitted.</p> <p>3.1-14(s)</p>		<p><i>alleged deficient episode will be identified and what corrective actions will be taken:</i></p> <p>All professionally licensed/certified staff is potentially affected by this alleged deficiency.</p> <p>All active licensed/certified staff personal records were reviewed. All licenses/certifications were found to be current.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient episode does not recur</i></p> <p>On the first of each month the Human Resource Director/ Designee will review current personnel licensed/certifications scheduled to expire during that month's cycle to remind staff to update their certifications. Those staff to be found out of compliance by their due date will be removed from the work schedule until such time their license/certifications are renewed.</p> <p><i>How the corrective action will be monitored to ensure the alleged deficient episode will not recur, i.e., what quality assurance program will be put into place</i></p> <p>The Administrator/Designee will review the monthly report and submit his findings to the Quality Assurance Committee for further review and recommendations. This will be done monthly for the first 90 days then quarterly thereafter or until a 100% compliance threshold is met.</p>		

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