

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155480		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/21/2013	
NAME OF PROVIDER OR SUPPLIER  BROOKVILLE HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 11049 SR 101 BROOKVILLE, IN 47012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F000000	<p>This visit was for the Investigation of Complaint IN00129567.</p> <p>Complaint IN00129567 - Substantiated. Federal/state deficiency related to the allegation is cited at F246.</p> <p>Survey Dates: June 20 and 21, 2013</p> <p>Facility number: 000550 Provider number: 155480 AIM number: 100286110</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 9 Medicaid: 46 Other: 17 Total: 72</p> <p>Sample: 7</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/25/13 by Suzanne</p>			F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the thrush of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan or correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for this survey. Due to low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</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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	Williams, RN			

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F000246 SS=E	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on observation, interview and record review, the facility failed to ensure residents were able to easily access and utilize call lights, related to call lights that were laying on the floor and out of reach or difficult to activate, for 4 of 7 residents reviewed for call lights in a sample of 7. (Residents #D, #E, #F and #G)</p> <p>Findings include:</p> <p>1. On 6-20-13 at 8:50 a.m., Resident #E was observed during the initial tour to be lying in bed with the call light not on or near the resident's bed, but laying on the floor. The call light was activated and staff responded to the resident's room, and the call light was placed within reach for the resident at that time by staff.</p> <p>Review of Resident #E's clinical record on 6-21-13 at 1:00 p.m. indicated her diagnoses included, but were not limited to dementia, confusion, anxiety and depression.</p>	F000246	F0246 Requires the facility to ensure residents are easily able to assess and utilize call lights.1. Residents D,E, F and G had their call lights placed within their reach and also maintenance checked to ensure the call lights were easily able to use for these residents.2. All residents have the potential to be affected. The maintenance supervisor inspected all call lights and if noted to be hard to pull, repair occurred. Call lights were placed in reach of all residents.3. All staff was educated to ensure that the residents call lights were within reach and to ensure residents can easily be able to use the call lights. (See Attachment A)4. The DON or her designee will daily conduct call light audits on each unit looking at a minimum of five call lights on each unit to ensure that the call light is in reach for the resident and that the call light is easy to use for the resident daily times four weeks, weekly times four weeks, monthly for three months and quarterly thereafter until compliance is maintained. (See Attachment B) The finding of	06/27/2013			

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	<p>Review of her most recent Minimum Data Set (MDS) assessment, dated 4-10-13, indicated the resident was moderately cognitively impaired, dependent of 2 or more persons for bed mobility and transfers and unable to walk.</p> <p>2. On 6-20-13 at 8:50 a.m., Resident #D was observed during the initial tour to be lying in bed. Her call light was observed to be a red fabric braided cord and was attached to the right upper half side rail of her bed. The call light was activated by pulling on the braided cord. The call light was unable to be activated with a gentle tug of the cord, but required 2 to 3 very firm tugs to activate the light. The braided cord had been laying under several items on the resident's bedside table; when the call light was activated by the multiple tuggings on the braided cord, it resulted in those items falling over or off of the bedside table. The resident did not activate the call light when requested to do so.</p> <p>Review of Resident #D's clinical record on 6-21-13 at 1:20 p.m. indicated her diagnoses included, but were not limited to, Alzheimer's disease, diabetes, high blood pressure, generalized pain and restless leg syndrome. Review of her</p>		<p>these audits will be reviewed during the facility's quarterly Quality Assurance meeting and the plan of action adjusted accordingly, as warranted.5. The above corrective measures will be completed on or before June 27, 2013.</p>				

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	<p>most recent Minimum Data Set (MDS) assessment, dated 6-5-13, indicated she was severely cognitively impaired, unable to walk and dependent for bed mobility with 2 or more persons. It indicated she had impairment of all four limbs and used a wheelchair for mobility in her room or about the facility.</p> <p>3. On 6-20-13 at 9:20 a.m., Resident #G was observed during the initial tour to be lying in bed. Her call light was observed to be a red fabric braided cord and was attached to the right upper half side rail of her bed. The call light was activated by pulling on the braided cord. The call light was unable to be activated with a gentle tug of the cord, but required 2 to 3 very firm tugs to activate the light. The resident did not activate the call light when requested to do so.</p> <p>Review of Resident #G's clinical record on 6-21-13 at 1:20 p.m. indicated her diagnoses included, but were not limited to, cerebrovascular accident (CVA or stroke) with right sided paralysis, high blood pressure, diabetes, aphasia (inability to speak), dementia, anxiety and depression. Review of her most recent Minimum Data Set (MDS) assessment, dated 4-19-13, indicated she was</p>						

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	<p>significantly cognitively impaired, had problems being understood and understanding others, and had unclear speech and hearing problems. It indicated she had impairment of all four limbs, required extensive assistance of 2 or more persons for bed mobility and transferred and used a wheelchair for mobility.</p> <p>4. On 6-20-13 at 9:01 a.m., Resident #F was observed during the initial tour to be lying in bed. His call light was observed to be a red fabric braided cord and was attached to the left upper half side rail of his bed. The call light was activated by pulling on the braided cord. The call light was unable to be activated with a gentle tug of the cord, but required 2 to 3 very firm tugs to activate the light. The resident did not activate the call light when requested to do so.</p> <p>Review of Resident #F's clinical record on 6-21-13 at 1:45 p.m. indicated his diagnoses included, but were not limited to, Parkinson's disease, Alzheimer's disease, high blood pressure, rhabdomyolysis (disorder in which byproducts of skeletal muscle destruction results in kidney failure), congestive heart failure and generalized pain. Review</p>						

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	<p>of his most recent Minimum Data Set (MDS) assessment, dated 4-14-13, indicated he was severely cognitively impaired, was dependent of 2 or more persons for bed mobility and transfers, had impairment of all four limbs and required a wheelchair for mobility.</p> <p>In interview with the Administrator on 6-21-13 at 8:57 a.m., she indicated the facility was actively checking all call lights at that time for any problems. She indicated the maintenance department was using a lubricant spray to any of the call lights that were found to be difficult to activate as some of them were not easily activated. She indicated several of the residents had been provided with manual bells to activate in addition to the call lights.</p> <p>This Federal tag relates to Complaint IN00129567.</p> <p>3.1-3(v)(1) 3.1-19(u)(1)</p>				