

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2013
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NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203
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F000000	<p>This visit was for the Investigation of Complaint #00136401.</p> <p>Complaint IN00136401 - Substantiated - Federal/state deficiency related to the allegation is cited at F170.</p> <p>Survey date: December 11, 2013</p> <p>Facility Number: 000572 Provider Number: 155535 AIM Number: 100267710</p> <p>Survey Team: Gloria J. Reisert, MSW</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 07 Medicaid: 47 Other: 02 Total: 56</p> <p>Sample: 16</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of 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 the survey. Due to the 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>	
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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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	Quality review completed on December 12, 2013 by Cheryl Fielden RN.			

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F000170 SS=D	<p>483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL</p> <p>The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</p> <p>Based on record review and interviews, the facility failed to ensure residents received their mail unopened unless assistance was requested. This deficient practice affected 1 of 16 residents reviewed for mail delivery in a sample of 16 residents. (Resident #A)</p> <p>Findings include:</p> <p>On 12/11/13 at 9:15 a.m., the Director of Nursing presented a list of residents determined via the Minimum Data Set Assessments' Cognitive Scoring to be alert and oriented. Resident #A was on that list.</p> <p>Review of the clinical record for Resident #A on 12/11/13 at 11:48 a.m., indicated the resident had diagnoses which included ,but were not limited to: Multiple Sclerosis and quadriplegic.</p> <p>During an interview with Resident #A on 12/11/13 at 9:22 a.m., he indicated that he had ordered a batch of citric</p>	F000170	F170 Requires the facility to ensure residents receive their mail unopened unless assistance was requested.1. Resident #A mail was opened and given to the resident.2. All residents have the potential to be affected. Mail delivery has been monitored to ensure privacy.3. The policy and procedure of mail delivery was reviewed with no changes made. The activity assistance was inserviced on this policy. Resident Right's policy and procedure was reviewed with no changes made. (See attachment A and B) The staff was inserviced on the above procedure.4. The Activity Director or her designee will ensure mail is delivered correctly ensuring the the privacy of each resident is being maintained. The Activity Director will utilize the problem log tool when monitoring mail delivery weekly times times four months, then every two weeks times two months, then quarterly thereafter until 100 percent compliance is obtained and maintained for two consecutive quarters. (See attachment C) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of action	12/12/2013	

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	<p>acid via his personal computer in order to make very sour candy as an activity. He indicated he had informed a lot of people, including the Activities Director, that he was going to be expecting a package of citric acid for candy making. The resident also indicated no one told him they had a problem with his order.</p> <p>He indicated that on 9/12/13, he had asked a CNA to assist him in opening his package he saw in his room and discovered it had been previously opened. The resident indicated he heard that the reason she had opened the package was because "For all she knew, he could have been making meth in his room and that she thought she should check out what he was getting in the mail." He was very upset by this as he felt his rights of privacy were violated. He also indicated that upon asking around, that he had been told that the Activity Assistant had "accidentally" opened the package as she thought it belonged to her department.</p> <p>During an interview with the Activity Director on 12/11/13 at 10:45 a.m., she indicated "It was towards the end of my shift and since my Assistant was working late that night, I asked her to deliver the packages to the</p>		will be adjusted accordingly if warranted.5. The above corrective measure will be completed on or before December 12, 2013.				

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	<p>residents for her. Resident #A had gotten a package and it was among the ones to be delivered. My Assistant told me that she thought the big package belonged to the department and opened it without even looking at the name and who it belonged to. She then delivered it to Resident #A's room. When a CNA went to assist Resident #A with opening his package, they had discovered it already open and the resident became upset. I asked her if she had told the resident she was the one who opened the package by mistake and say she was sorry, she told me she had not. For some reason, Resident #A has a long standing dislike for my Assistant - not sure why. We did one - on - one counseling with her on having to read labels of who the packages are for and mail is to be delivered to first before opening any mail as it was an invasion of their Rights and privacy."</p> <p>Review of the "Report of Concern" completed by the Administrator on 9/12/13 when the resident voiced being upset over his mail being opened without his permission, the witness to the incident stated " [name of Activity Assistant] showed me the contents of his mail and when [name of resident] became aware that [name</p>			
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	<p>of Activity Assistant] had opened it before he had received it, he became very upset about the issue " .</p> <p>On 12/11/13 at 11:38 a.m. and again at 12:30 p.m., attempts were made to contact the Activity Assistant without success.</p> <p>On 12/11/13 at 9:50 a.m., the Director of Nursing presented a copy of the facility's current policy titled "Mail Distribution". Review of this policy at this time included, but was not limited to: "Policy: It is the policy of this facility to: Distribute all mail promptly to the addressed resident unopened, unless otherwise advised by the resident's guardian or other responsible party if the resident has been deemed incompetent to make decisions by the physician...Procedures: The Activity staff or designated volunteer will:...2. Give the residents the choice of privately opening the mail or receiving assistance from the staff in opening and/or reading the mail..."</p> <p>On 12/11/13 at 11:40 a.m., the Business Office Manager presented a copy of the Activity Assistant's signed Job Description dated 2/27/08. Under "Standards:...2. Must uphold resident rights standards through job</p>			

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	performance..." 3.1-3(s)(1)			