

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/19/2015
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NAME OF PROVIDER OR SUPPLIER SOUTHFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6450 MIAMI CIR SOUTH BEND, IN 46614
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00169142.</p> <p>Complaint IN00169142 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: March 16, 17, 18 & 19, 2015</p> <p>Facility number: 002662 Provider number: 155684 AIM number: 200315930</p> <p>Survey team: Diana McDonald, RN-TC</p> <p>Census bed type: SNF: 26 SNF/NF: 30 Total: 56</p> <p>Census payor type: Medicare: 14 Medicaid: 25 Other: 17 Total: 56</p> <p>Sample: 3</p> <p>The deficiency reflects state findings</p>	F 000	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission that a deficiency exists or that a deficiency was cited correctly. This plan of correction is being submitted to meet the requirements established by state and federal law</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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F 282 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on March 24, 2015, by Brenda Meredith, RN.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure the care plan was followed related to a NAS (No Added Salt) diet for 1 of 1 residents reviewed for NAS diet. (Resident B)</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 3/16/2015 at 1:20 p.m. Resident B's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, congestive heart failure, hypertension, chronic kidney disease, dementia with behavioral disturbances, and Alzheimer's disease. Resident B's Brief Interview for Mental Status (BIMS), dated 2/27/2015, indicated a</p>	F 282	<p>Resident B has been re-educated regarding his no added salt(NAS) diet, this has been documented in his medical record; his care plan has beenrevised to include "Encourage Resident B to adhere to his NAS diet by notadding salt to his food with the salt shaker" and staff have been in-servicedto encourage resident not to use added salt.</p> <p>An audit has been conducted to identify all other residentswho have the potential to be affected by this same practice. These residents have been re-educatedregarding their no added salt (NAS) diets, this has been documented in theirmedical record and their care plans have been revised to include "Encourage_____ to adhere to their NAS diet by not</p>	04/07/2015	

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	<p>score of 13, cognitively intact.</p> <p>The Nutritional Status Care Plan, start date 2/23/15, for Resident B indicated a No Added Salt diet and to monitor diet acceptance and diet acceptance patterns.</p> <p>During an observation on 3/17/2015 at 12:25 p.m. Resident B was having a salad with chicken tenders for lunch. Resident B asked his table mate for the salt shaker Resident B added 7 shakes of a large holed salt shaker on to his salad. No staff intervened with Resident B adding salt to his food.</p> <p>During an observation on 3/18/2015 at 1:20 p.m., Resident B reached for salt shaker and added 5 shakes of a large holed salt shaker on to his food. No staff intervened with Resident B adding salt to his food.</p> <p>During an interview with Unit Manager on 3/19/2015 at 11:45 p.m., the Unit Manager indicated Resident B is on a NAS diet. She indicated Resident B had been educated not to add salt to his food. No monitoring was in place.</p> <p>During an interview with Resident B on 3/19/2015 at 1:34 p.m., Resident B indicated he did add salt to his food. Resident B indicated no one here</p>		<p>adding salt to their food withthe salt shaker". As previously stated,staff have been in-serviced to encourage residents not to use added salt.</p> <p>Systemically, staff in the dining room will encourage allresidents to adhere to their diets.</p> <p>A licensed nurse will monitor the dining room at meal timesfor compliance. The Weight and WoundCommittee, a subcommittee of the quality assurance program, will monitor thedining room one meal per week for compliance. The committee will look for opportunities to assist residents to be morecompliant with their diets. This monitoringwill continue until 100% compliance is achieved for two consecutive weeks. The results of Weight and Wound Committeewill be reported to the full QAPI Committee quarterly.</p>	

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	(facility) told me not to add salt to my food. This Federal tag relates to complaint IN00169142. 3.1-35(g)(2)				